

Please fax completed form and/or any additional relevant information to 416 327-7526 or toll-free 1 866 811-9908; or send to the Exceptional Access Program (EAP), 5700 Yonge Street, 3rd floor, Toronto ON M2M 4K5.

For copies of this and other EAP forms, please visit http://www.health.gov.on.ca/en/pro/programs/drugs/eap_mn.aspx

The Executive Officer (EO) of Ontario Public Drug Programs considers requests for coverage of drug products not listed in the Ontario Drug Benefit Formulary under the Exceptional Access Program (EAP). This form is intended to facilitate requests for drugs considered under the EAP. The EO may request additional documentation to support the request. **Please ensure that all appropriate information for each section is provided to avoid delays.**

Section 1 – Prescriber Information			Section 2 – Patient Information		
First name	Initial	Last name	First name	Initial	Last name
Type of Prescriber <input type="checkbox"/> Physician <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Other ▶			Ontario Health Insurance Number		
Mailing Address Street no. Street name					
City		Postal code	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Treatment Centre			Body Weight (kg)		
Fax no. ()	Telephone no. ()		Date of birth (yyyy/mm/dd)		
<input type="checkbox"/> New request			<input type="checkbox"/> Renewal of existing EAP approval (specify EAP#) _____		

Section 3 – Drug, Dosage and Regimen	
<input type="checkbox"/> Elaprase [®] (idursulfase) 2 mg/ml	Regimen and Dosage

Section 4 – Clinical Information – New Request
<input type="checkbox"/> Confirmed Diagnosis of Hunter's Disease (MPS II) <i>Please provide enzymology testing report AND mutation analysis report</i>

Details on Musculo-Skeletal (MSK) function
<input type="checkbox"/> Ambulatory <input type="checkbox"/> Ambulatory with assistance <input type="checkbox"/> Wheelchair outside the home <input type="checkbox"/> Wheelchair inside the home <input type="checkbox"/> Bedbound
and results of orthopedic assessment, <i>if available</i>

Provide **Spirometry Report** and / or sleep study (to determine respiratory function)

Ventilator Status (if patient on ventilator, please confirm if patient is on ventilator due to complications of MPS II)

Provide **Chest Radiograph, ECG, and Echocardiogram Reports** (to determine cardiac function)

Neurocognitive Status, performed by a clinical psychologist (**Require consult report**) and audiometry results, *if available* for assessment of neuro-sensoral hearing loss

Provide details of **Quality of Life** using age-appropriate measure (e.g. SF-36 for adults, CHQ PF-28 for children)

Section 5 – Clinical Information – Renewal Request

Neurocognitive Status, performed by a clinical psychologist (*Every 3–5 years; Require consult report*) and audiometry results, *if available*

Details on Musculo-Skeletal (MSK) function

- Ambulatory Ambulatory with assistance Wheelchair outside the home
 Wheelchair inside the home Bedbound

and results of orthopedic assessment, *if available*

Provide **Spirometry Report** and / or sleep study (*to determine respiratory function*)

Ventilator Status (*if patient on ventilator, please confirm if patient is on ventilator due to complications of MPS II*)

Provide **Chest Radiograph, ECG, and Echocardiogram Reports** (*to determine cardiac function*)

Provide details of **Quality of Life** using age-appropriate measure (*e.g. SF-36 for adults, CHQ PF-28 for children*)

Details of Sentinel Events (*e.g. hospitalizations, surgical procedures etc.*)

Section 6 – Current Medication Use and Co-Morbid Conditions

List of current medication use **and** document serious co-morbid conditions, if any

The information on this form is collected under the authority of the *Personal Health Information Protection Act, 2004, S.O. 2004, c.3, Sched. A (PHIPA)* and Section 13 of the *Ontario Drug Benefit Act, R.S.O. 1990c.O.10* and will be used in accordance with PHIPA, as set out in the Ministry of Health and Long-Term Care "Statement of Information Practices", which may be accessed at www.health.gov.on.ca. If you have any questions about the collection or use of this information, call the Ontario Drug Programs Help Desk at 1 800 668-6641 or contact the Director, Drug Programs Delivery Branch, 5700 Yonge St., 3rd Floor, Toronto ON M2M 4K5.

Authorized prescriber (*print name*) Authorized prescriber signature (*mandatory*) Registration number Date (*yyyy/mm/dd*)