Ontario

Ministry of Health
and Long-Term Care

Exceptional Access Program (EAP) Request
Lovenox (Enoxaparin Sodium) Therapy

Fax the completed form and/or any additional relevant information to 416 327-7526 or toll-free 1 866 811-9908; or send to Drug Programs Delivery Branch (DPDB), 3rd floor, 5700 Yonge Street, Toronto ON M2M 4K5.

1. To avoid delays, please ensure that all appropriate information for each section (as indicated) is provided.
2. You may wish to use the EAP's Telephone Request Service (TRS) at 416 327-8109 or 1 866 811-9893 to request funding for Lovenox (Enoxaparin Sodium). The TRS provides one business day turnaround for Lovenox (Enoxaparin Sodium) requests which meet criteria requirements. TRS lines are open between 8:30 AM to 5:00 PM.
   Visit http://www.health.gov.on.ca/en/pro/programs/drugs/eap_trs.aspx for further details.
3. For instructions on completing the e-Form and accessing the print (manual) version, visit:
   http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-4972-87~1/$File/4972-87_InstructionSheet.pdf

Fields and questions marked with an asterisk (*) are mandatory.

Section 1 - Prescriber Information

First Name * | Initial | Last Name *

Type of Prescriber *
◯Physician ◯Nurse practitioner ◯Other

Mailing Address
Street Number * | Street Name *

City * | Postal Code * | Province ON

Fax * | Telephone * ext.

Section 2 - Patient Information

First Name * | Initial | Last Name *

Ontario Health Insurance Number * | Version Code

Date of Birth (yyyy/mm/dd) *

Gender ◯Male ◯Female | Weight * ☐Lbs ☐Kg

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