Ontario

Ministry of Health and Long-Term Care

Ontario Public Drug Programs (OPDP)
Drug Programs Delivery Branch
5700 Yonge Street, 3rd floor
Toronto ON M2M 4K5

Request for Ilaris® (canakinumab)

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), 3rd floor, 5700 Yonge Street, 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. 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

First Name | Initial | Last Name

Type of Prescriber
◯Physician ◯Nurse practitioner ◯Other ►

Mailing Address
Street Number | Street Name

City | Postal Code

Treatment Centre

Fax Number | Telephone Number

Section 2 - Patient Information

First Name | Initial | Last Name

Ontario Health Insurance Number

Gender
◯Male ◯Female

Body Weight (kg)

Date of Birth *(yyyy/mm/dd)*

◯**New Request** ◯**Renewal of existing EAP approval** *(specify EAP#)*

Section 3 - Drug, Dosage and Regimen

☐Ilaris® (canakinumab) | Regimen and Dosage

Section 4 - Clinical Information - New Request

☐Confirmed diagnosis of Muckle-Wells Syndrome (MWS)

☐Confirmed diagnosis of Neonatal-Onset Multisystem Inflammatory Disease (NOMID) | Age of onset of clinical symptoms of NOMID

Muckle-Wells Syndrome (MWS):

☐Clinical Diagnosis of MWS

☐Presence of NLRP3 mutation
(provide mutation analysis report. For patient without NLRP3 mutation, provide full details of the patient's presentation.)

SAA levels | Date *(yyyy/mm/dd)*

Provide details of patient's current disease activity:
(For assessment of disease activity, please see Lachmann et al. N Engl J Med 2009;360:2416-25.)

Skin Disease	◯absent	◯minimal	◯mild	◯moderate	◯severe
Arthralgia	◯absent	◯minimal	◯mild	◯moderate	◯severe
Conjunctivitis	◯absent	◯minimal	◯mild	◯moderate	◯severe
Fatigue/malaise	◯absent	◯minimal	◯mild	◯moderate	◯severe

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Section 4 - Clinical Information - New Request *(continued)*

Neonatal-Onset Multisystem Inflammatory Disease (NOMID):

☐ Clinical Diagnosis of NOMID

☐ Presence of NLRP3 mutation
(provide mutation analysis report. For patient without NLRP3 mutation, provide full details of the patient's presentation.)

Provide details of patient's current disease activity:
(For assessment of disease activity, please see Lachmann et al. N Engl J Med 2009;360:2416-25.)

Skin Disease	◯absent	◯minimal	◯mild	◯moderate	◯severe
Arthralgia	◯absent	◯minimal	◯mild	◯moderate	◯severe
Conjunctivitis	◯absent	◯minimal	◯mild	◯moderate	◯severe
Fatigue/malaise	◯absent	◯minimal	◯mild	◯moderate	◯severe

Section 5 - Clinical Information - Renewal Request *(both MWS and NOMID)*

SAA levels	Date *(yyyy/mm/dd)*

Provide details of patient's current disease activity:
(For assessment of disease activity, please see Lachmann et al. N Engl J Med 2009;360:2416-25.)

Skin Disease	◯absent	◯minimal	◯mild	◯moderate	◯severe
Arthralgia	◯absent	◯minimal	◯mild	◯moderate	◯severe
Conjunctivitis	◯absent	◯minimal	◯mild	◯moderate	◯severe
Fatigue/malaise	◯absent	◯minimal	◯mild	◯moderate	◯severe

Section 6 - Current Medication Use and Co-morbid Conditions

List of current medications ***and*** 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 Ontario Public Drug Programs at 1 866 811-9893 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)*

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