

The Ministry of Health and Long Term Care (the "Ministry") considers requests for coverage of drug products not listed in the Ontario Drug Benefit Formulary under Section 8 of the *Ontario Drug Benefit Act*, R.S.O. 1990 c.O.10 (Individual Clinical Review). This form is intended to facilitate requests for drugs under Section 8. The Ministry may request additional documentation to support the request. **To avoid delays please ensure that all appropriate information for each section is provided.**

Section 1- Physician Information			Section 2- Patient Information		
First Name	Initial	Last Name	First Name	Initial	Last Name
Street #	Street Name		Ontario Health Insurance Number		
City	Postal Code		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Fax	Telephone		Date of Birth (YYYY/MM/DD)		

Section 3- Patient Diagnosis
Primary Diagnosis: _____
<input type="checkbox"/> This patient has a terminal illness and has chosen outpatient palliative treatment. Life expectancy is less than six months. The medications checked below are requested for symptom control for a maximum period of six months.

Section 4- Requested Medication(s)
<input type="checkbox"/> Diazepam injection • for use in seizure control, anxiety, when other dosage forms cannot be used [DIN 00399728]
<input type="checkbox"/> Dimenhydrinate injection • for nausea when other dosage forms cannot be used [DIN 00392537]
<input type="checkbox"/> Gabapentin • for neuropathic pain after failure of narcotic analgesics and tricyclic antidepressants if appropriate [DINs 02243446 (100mg); 02243447 (300mg); 02243448 (400mg); plus all interchangeable DINs]
<input type="checkbox"/> Glycopyrrolate injection • for secretion control in the very terminal stage of care [DIN 02039508]
<input type="checkbox"/> Hyoscine injection or <input type="checkbox"/> Hyoscine oral (Buscopan®) • for abdominal spasm, pain [DIN 00363839] [DIN 00363812]
<input type="checkbox"/> Methadone • if traditional narcotic analgesics fail to control pain or lead to side effects [DINs 02247698 (1mg); 02247699 (5mg); 02247700 (10mg); 02247694 (1mg/mL); 02241377 (10mg/mL)]
<input type="checkbox"/> Metoclopramide injection • for nausea when oral route cannot be used [DIN 02185431]
<input type="checkbox"/> Midazolam injection • for use in respiratory distress, anxiety [DIN 02240286 (5mg/mL)]
<input type="checkbox"/> Octreotide injection (Sandostatin®) • for bowel obstruction in palliative care [DINs 00839205 (100mcg/mL); 02049392 (200mcg/mL, 5mL); 00839213 (500mcg/mL)]
<input type="checkbox"/> Oxycodone (Supeudol®) • for use when combination oxycodone & acetaminophen cannot be used [DINs 00789739 (5mg); 00443948 (10mg); 02262983 (20mg)]
<input type="checkbox"/> Phenobarbital injection • for use seizure control, sedation, when oral dosage forms cannot be used [DIN 00497495 (120mg/mL)]
<input type="checkbox"/> Phenytoin injection • for use in seizure control, when oral dosage forms cannot be used [DIN 00780626]
<input type="checkbox"/> Scopolamine injection • for secretion control in the very terminal stage of care [DINs 00541869 (0.4mg/mL); 00541877 (0.6mg/mL)]
<input type="checkbox"/> Other (drug name, dose, dosage regimen and reason for use): _____

The information on this form is collected by the Ministry of Health and Long Term Care under the authority of s.13 of the Ontario Drug Benefit Act R.S.O. 1990 c.O.10. The information is collected for the purpose of considering whether special coverage of an unlisted drug should be approved under Section 8 of the *Ontario Drug Benefit Act*, and will be used and disclosed for this purpose. It may also be used and disclosed for the administration of the Ontario Drug Benefit program. If you have any questions about the collection of this information, call the Ontario Drug Programs Help Desk at 1800-668-6641 or contact the Director, Drug Programs Branch, 5700 Yonge St., 3rd floor, Toronto ON M2M 4K5

Physician signature (Mandatory): _____

CPSO number: _____

Date (YYYY/MM/DD): _____