APPENDIX O:

Sample Request for an Unlisted Drug Product, Testosterone Cypionate (Depo-Testosterone)

Program Branch (EAPB),							end to Exceptional Access	
http://www.health.gov.on.	ca/english/public/	forms/form	_menus/odb_fi	m.html				
Ontario Drug Benefit Act. This fo	g-Term Care (the "min orm is intended to fac	iistry") conside ilitate requests	rs requests for co for drugs under t	verage of drug products not lis he Exceptional Access Progra	sted in the Ontario D im. The ministry ma	rug Benefi y request a	t Formulary under Section 16 of the dditional documentation to support t	
equest. Please ensure that all appropria	ate information for each	h section is pr	ovided to avoid de	•				
Section 1 – Prescribe First name	er Information Initial	Last name		Section 2 – Pa	atient Informa	ation Initial	Last name	
sample	IIIIIai	Last Harrie		sample		IIIIIIai	Last name	
Mailing Address	,			Health Number			1	
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City			Postal code					
ax no.		Telephone	no	Date of birth (yyyy	/mm/dd)			
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New request	Ren	newal of exi	sting EAP app	roval (specify EAP#)	_		_	
Section 3 – Drug Rec	quested							
Requested drug product	(Deno-Testoster	one)			DIN 000	I)30783		
Testosterone Cypionate (Depo-Testosterone) Strength / Dosage form				Frequency of admin	Frequency of administration			
100 mg/mL					weekly, may require adjustment			
Expected start date				Duration of therapy indefinite	Duration of therapy			
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