

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 Individual Eligibility Review Branch (IERB), 3rd floor, 5700 Yonge Street, Toronto ON M2M 4K5. For copies of this and other ICR forms, please visit http://www.health.gov.on.ca/english/public/forms/form_menus/odb_fm.html

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 the Individual Clinical Review (ICR) Mechanism of the *Ontario Drug Benefit Act*. This form is intended to facilitate requests for drugs under the ICR mechanism. The ministry 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 _____ <hr/> Mailing address Street no. _____ Street name _____ <hr/> City _____ Postal code _____ <hr/> Fax no. _____ Telephone no. _____ () ()	First name _____ Initial _____ Last name _____ <hr/> Health Number _____ <hr/> Date of birth (yyyy/mm/dd) _____
<input type="checkbox"/> New request <input type="checkbox"/> Renewal of existing ICR approval (specify ICR#) _____	

Section 3 – Drug Requested	
Requested drug product _____	DIN _____
Strength / Dosage form _____	Frequency of administration _____
Expected start date _____	Duration of therapy _____

Section 4 – Diagnosis and Reason for Use
Diagnosis for which the drug is requested: _____
Reason for use over formulary alternatives: _____
If the patient is currently taking the requested product, please provide start date & objective evidence of its efficacy: _____

Section 5 – Current and / or Previous Medications			
a) Please provide details of alternatives (listed drugs and/or non-drug therapy) tried for this condition:			
Name of drug (indicate if current or previously taken)	Dosage	Approximate timeframe of therapy	Reason(s) why formulary alternatives are not appropriate
<input type="checkbox"/> current <input type="checkbox"/> previous			
<input type="checkbox"/> current <input type="checkbox"/> previous			
<input type="checkbox"/> current <input type="checkbox"/> previous			
<input type="checkbox"/> current <input type="checkbox"/> previous			

b) Provide patient's concomitant drug therapies for other conditions: _____

Section 6 – Clinical Information
Please provide relevant medical data (e.g. culture and sensitivity reports, serum drug levels, laboratory results): _____

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. 1990 c.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, Individual Eligibility Review Branch (IERB), Ministry of Health and Long-Term Care, 3rd floor, 5700 Yonge St., Toronto ON M2M 4K5.

Prescriber signature (mandatory) _____	CPSO number _____	Date _____
--	-------------------	------------

