

Request for Biologics for Psoriatic Arthritis (PsA)/Seronegative Arthritis Exceptional Access Program (EAP)

Not for Other
Inflammatory Disorders



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	Current Weight (kg)	
Fax	Telephone (Back Line)		Date of Birth (DD/MM/YYYY)		
Request Type <input type="checkbox"/> Initial Request (Complete all sections) <input type="checkbox"/> Renewal Request (Complete sections 3, 4B) EAP #					

Section 3 - Drug, Dose and Regimen Requested

<input type="checkbox"/> adalimumab (Humira®)	40 mg SC every two weeks	<div style="border: 1px solid black; padding: 2px;">Dosage</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Dosing Frequency</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Route of Administration: <input type="checkbox"/> SC <input type="checkbox"/> IV</div>
<input type="checkbox"/> certolizumab (Cimzia™)	400 mg SC at 0, 2 and 4 weeks followed by maintenance therapy of 200 mg every 2 weeks <u>OR</u> 400 mg every 4 weeks	
<input type="checkbox"/> etanercept (Enbrel®)	25 mg SC twice weekly or 50 mg SC once weekly	
<input type="checkbox"/> golimumab (Simponi®)	50 mg SC once monthly	
<input type="checkbox"/> infliximab (Remicade®)	maintenance therapy ¹ of 3-5 mg/kg/dose IV every 8 weeks	
¹ Requests for Remicade in patients with PsA who initiated Remicade therapy on or prior to February 24, 2016 will be grandparented and screened according to established renewal criteria. Note that Inflectra (LU code 470) and Renflexis (LU code 543) are considered for patients with PsA meeting LU criteria.		
<input type="checkbox"/> secukinumab (Cosentyx®)	150 mg SC at weeks 0, 1, 2 and 3 followed by monthly maintenance dosing starting at week 4	
If a patient is an anti-TNF alpha inadequate responder and continues to have active psoriatic arthritis, consider using the 300 mg SC dose. For psoriatic arthritis patients with coexistent moderate to severe plaque psoriasis, use the dosing and administration recommendations for plaque psoriasis (i.e. 300 mg SC at weeks 0, 1, 2, and 3, followed by monthly maintenance dosing starting at week 4).		

Section 4A Indication of Active Disease	Section 4B Response to Treatment					
Diagnosis of active PsA <input type="checkbox"/> ≥ 5 swollen joints AND <input type="checkbox"/> Radiographic evidence of PsA <hr/> <i>if < 5 swollen joints, provide location of swollen joints</i>	Renewal requests should demonstrate a 20% reduction in swollen joint count and a minimum of improvement in 2 swollen joints over the previous year. For renewals beyond the second year, objective evidence of the preservation of treatment effect must be provided.					
	Clinical Marker	Prior-to Requested Biologic	Renewal 1	Renewal 2	Renewal 3	Renewal 4
	Swollen Joint Count					
<i>If not PsA, please specify diagnosis and enclose copies of relevant diagnostic imaging and bloodwork</i>	Date (DD/MM/YYYY)					

Section 5 - Previous/Current Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy

Provide details of use and response to treatment with Methotrexate (20 mg/wk) for at least 3 months and either leflunomide (20 mg/day) **OR** sulfasalazine (1gm twice daily) for at least 3 months. If patient has documented contraindications or intolerances to methotrexate, then only one of leflunomide or sulfasalazine for at least 3 months is required. Details of contraindications and intolerances must be provided.

NAME OF DMARD	DOSING REGIMEN	START DATE (DD/MM/YYYY)	END DATE (DD/MM/YYYY)	REASON FOR DISCONTINUATION Details of intolerance, contraindication, or failure at maximum dose must be provided
methotrexate				
leflunomide				
sulfasalazine				

Physician Signature (Mandatory)	CPSO Number	Date (DD/MM/YYYY)
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Please fax the completed form and/or any additional relevant information to 416-327-7526 or toll free 1-866-811-9908; or send to the Drug Programs Branch, 3rd Floor, 5700 Yonge Street, North York, Ontario, M2M 4K5. For copies of EAP forms, please visit: <http://ontariorheum.ca/drug-forms-and-codes/eap-forms>