How to Order TPoxx® TPoxx® will initially be provided to clinicians as part of Health Canada's Special Access Program (SAP). Given the limited supply of TPoxx® available in Ontario, TPoxx® should be prescribed based on the eligibility criteria described above.

Clinicians need to request TPoxx® by contacting the Ministry of Health Emergency Operations Centre (MEOC) at EOCoperations.MOH@ontario.ca or by calling the Healthcare Provider Hotline at 1-866-212-2272.

See Appendix A for the information that needs to be provided as part of the request. Health Canada's SAP has mandatory reporting requirements for clinicians using the Follow-Up Form (Form C). including treatment response outcomes. This form should be returned to the MEOC at EOCOperations.MOH@ontario.ca. The MEOC will send the forms back to SAP on behalf of the clinician.

Appendix A

Clinicians must provide the following information for each patient that has consented to receive TPoxx® at the time they are submitting their request. Failure to provide the information below in full may result in requests being delayed or denied.

Name of requesting clinicia	an:		
Contact information of requesting clinician:			
. PATIENT INFORMATION			
Age:	Sex and gender	Sex and gender:	
Monkeypox test date:			
Test status: □ positive	pending	□ negative/not tested	
Current disposition:	□ hospitalized	□ outpatient	
Clinical indication for treatr	ment (see <u>eligibility</u> abov	e):	
Primary contact name:			
Primary contact name: Primary contact number: _			
Primary contact name: Primary contact number: _ Secondary contact name: _			
Primary contact name: Primary contact number: _ Secondary contact name: _ Secondary contact number	r:		
Primary contact name: Primary contact number: _ Secondary contact name: _ Secondary contact number Name of delivery site:	r:		
Primary contact name: Primary contact number: _ Secondary contact name: _ Secondary contact number Name of delivery site:	r:		
DELIVERY INFORMATION Primary contact name: Primary contact number: _ Secondary contact name: _ Secondary contact number Name of delivery site: Delivery site address:	r:		

Please send above information EOCoperations.MOH@ontario.ca.