

ORA Guide to Public Drug Coverage for Your Patients.

Do you know how your patients receive public drug coverage for the medications you prescribe? OHIP+? Trillium? It can be a bit confusing. The Ontario Rheumatology Association has created this short guide to help you and your patients understand.

The Ontario Drug Benefit (ODB) program is the public drug funding system in Ontario. It covers prescription drug products contained in the provincial formulary.

The provincial formulary is available here:

<https://www.ontario.ca/page/check-medication-coverage/>

Furthermore, there are some medications that are not in the formulary, which are covered through the Exceptional Access Program (EAP). Many of our rheumatology medications, such as biologics, are usually obtained through the EAP program.

To be eligible for the ODB program, a patient must have OHIP coverage and one or more of the following applies:

- eligible for [OHIP+](#)
- age 65 or older
- living in a long-term care home or a home for special care
- receiving professional home and community care services
- enrolled in the [Trillium Drug Program](#)
- enrolled in [Ontario Works](#) or the [Ontario Disability Support Program](#).

The Ontario Drug Benefit program is for Ontario residents only and prescriptions must be filled at an Ontario pharmacy to be covered.

Here are the Most Common Ways to Access ODB Coverage:

65+

People age 65 and older will automatically join the ODB program on the first day of the month after they turn 65 years old.

OHIP+

Anyone 24 years and under who has [OHIP coverage](#) and is **not covered by a private plan** is covered by OHIP+. Eligible individuals **do not** have to enroll or register to access OHIP+ coverage.

Trillium Drug Program

The Trillium Drug Program helps Ontarians pay for their high prescription-drug costs. This is in relation to the household income. This program is for patients who do not already qualify for other public coverage (e.g. OHIP+, or is a senior) or do not have private insurance coverage that covers 100% of drug costs. That is, Trillium would most often be used for someone aged 25-64 with no or a limited private drug plan.

To qualify the patient will need to spend about 4% or more of after-tax household income on prescription-drug costs. This is the out-of-pocket deductible.

This program must be specifically applied for. More information and the application guide and form are here:

<https://www.ontario.ca/page/get-help-high-prescription-drug-costs>

This is How You Prescribe Medications Covered by ODB

General Benefit

Most commonly prescribed medications are covered under “General Benefit”. These prescriptions are written in your usual fashion.

You can search the provincial formulary here to see if the medication is covered under general benefit:

<https://www.formulary.health.gov.on.ca/formulary/>

Limited Use Codes

Some medications on the provincial formulary require a Limited Use code to be written on the prescription. Current LU codes and the criteria for use are available via the formulary search:

<https://www.formulary.health.gov.on.ca/formulary/>

Note that some drug products not listed on the formulary are reimbursed through the Exceptional Access Program (EAP). Some drug products listed as a Limited Use benefit on the formulary may be reimbursed through the EAP for other indications.

Exceptional Access Program

The [Exceptional Access Program \(EAP\)](#) provides patients access to drugs not listed on the ODB Formulary, or where no listed alternative is available. These are for drugs used in “exceptional” circumstances. Patients must already qualify for the ODB program.

Many of our rheumatology medications such as biologics are usually obtained through the EAP. For most of our indications such as rheumatoid arthritis and psoriatic arthritis, the approval criteria are well established. The criteria and request forms are available here:

<https://ontariorheum.ca/eap-limited-use>

Additional information is also available here:

<https://www.ontario.ca/page/applying-exceptional-access-program>

What Happens When I Submit a Request to EAP?

After you submit a request for a medication through EAP via fax or electronically via Special Authorization Digital Information Exchange (SADIE), it is reviewed by a pharmacist to see if it meets the established approval criteria. The request may be approved, declined, or additional information may be requested. Ensure the request form is completed fully and accurately to avoid delays.

The request may also be sent out for external medical expert review by a rheumatologist. This is usually only done if there are atypical circumstances.

A response is provided typically within a few days but may be delayed if the application is incomplete or external review is required.

The Ontario Rheumatology Association works closely with the Exceptional Access Program to ensure timely and appropriate use of our medications. This includes the development, review and modification of the approval criteria. Furthermore, the ORA creates and maintains the request forms with the consent of the EAP.

Compassionate Review Policy

There is also a special program that is a part of the Exceptional Access Program called the Compassionate Review Policy. This covers medications for very rare life-threatening diseases and circumstances. Specifically, it must be an ***immediately life, limb, or organ threatening condition***. There must be literature evidence of benefit of the drug, and the patient must have failed all other appropriate alternatives available through ODB and EAP.

The Compassionate Review Policy application form and criteria is available here:
[Compassionate Review Application Form](#)