

Who pays for drugs?

Private drug coverage: anyone may have a private drug plan (e.g. from employer). The drugs that are covered and proportion of the costs covered will vary depending on the patient's specific drug plan.

Public drug coverage: Ontario Drug Benefit (ODB) Program for Ontarians with OHIP

Groups who are eligible for ODB coverage
<ul style="list-style-type: none">○ 65 years or older○ Receiving social assistance (Ontario Disability Support Program, Ontario Works, Welfare)○ Living in Homes for Special Care or long-term care homes○ receiving professional home care services (e.g. arranged by the Community Care Access Centre (CCAC) for temporary coverage)○ Registered in the Trillium Drug Program (high prescription costs relative to household income)

Trillium Drug Program (TDP): branch of ODB which applies to Ontarians with OHIP who have high prescription drug costs in relation to their net household income. Eligible patients must apply for registration in TDP.

- Patients to flag for TDP:
 - **Not** eligible for drug coverage as another category of recipient under ODB (i.e. not a member of any eligible groups as per Box above)
 - Do not have private drug insurance, **or** private drug insurance does not cover 100% of prescription costs
- Yearly deductible depends on net household income and household size, and is paid in four instalments
- Application forms are available at community pharmacies, and online at:
<http://www.health.gov.on.ca/english/public/pub/drugs/trillium.html> (scroll down to the bottom)

More about ODB

- **What do regular ODB patients pay at the pharmacy?**
 - Low income: \$2.00 co-payment per prescription (Low income: <\$16 018 annual net income for single senior or < \$24 175 for senior couple)
 - High income:
 - \$100 deductible starting Aug 1st of each year (must pay fully for prescriptions until \$100 has been reached)
 - \$6.11 co-payment per prescription thereafter
 - Pharmacies may choose to waive the co-payment
- **What drugs are covered by ODB?**
 - Search the ODB formulary online:
http://www.health.gov.on.ca/english/providers/program/drugs/odbf_elformulary.html
 - Search by generic name or brand name to see if the drug is a "Benefit"
 - If the medication is not found in the formulary database, then it is not covered or may require special application for coverage (see section below)
- **What are "LU codes"?**

- Certain drugs will only be reimbursed by the government if they are prescribed for specific clinical reasons
- Limited Use (LU) codes are three digit numbers representing these specific clinical criteria or conditions for use
- Search the drug on the ODB e-formulary and click on “Yes” under the “Limited Use” column to see the applicable LU code(s) and criteria
- Include the LU code on the discharge prescription
- LU codes may be valid indefinitely or have a defined duration, where reassessment by a physician would be required to renew coverage

Examples of common LU codes		
Drug	Criteria	LU code
Tamsulosin	For BPH where 6 weeks of treatment with other formulary alpha blockers have been ineffective (e.g. terazosin, doxazosin)	351
Pantoprazole sodium 40 mg enteric coated tablet (Pantoloc)	GERD	293
	<i>H. pylori</i> positive peptic ulcers	295
Clopidogrel (Plavix)	For patients immediately post-hospitalization for ACS, in combination with ASA	375
	For patients who experience stroke or TIA while on Aggrenox or on ASA alone; or who require ASA but have documented severe ASA allergy like anaphylactic reaction or bronchospasm	411
Ciprofloxacin	Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) <i>Pseudomonas</i> ; Sexually transmitted diseases	333

• **What happens if the drug is not regularly covered, and LU clinical criteria cannot be met, but the patient needs the drug?**

○ **Exceptional Access Program (EAP)**

Examples of drugs which may be reimbursed through TRS EAP:

Vancomycin (oral) for *C.difficile*-associated diarrhea

Etanercept (Enbrel)
e.g. ankylosing spondylitis, psoriatic arthritis, rheumatoid arthritis, etc.

Alendronate (oral liquid) for osteoporosis

- For patients who need non-formulary drugs due to treatment failure with formulary drugs, EAP clinical criteria must be met
- Physician submits an Individual Clinical Review (ICR) request form for funding consideration through EAP
- Each request is reviewed on a case-by-case basis and approval may take a few months, so this process should be initiated as soon as possible
- Some EAP drugs can be considered for expedited review through the Telephone Request Service (TRS) (1-866-811-9893 or 416-327-8109) – have the patient chart ready to help with answering questions. *Approval would be given verbally, but it would take approximately 2 days for the corresponding paperwork to be completed and for drug coverage to come into effect. Please consult Pharmacy*
- EAP and TRS drugs:
To find the Exceptional Access Program reimbursement criteria: http://www.health.gov.on.ca/english/providers/program/drugs/eap_criteria.html
- Request form:
http://www.health.gov.on.ca/en/public/forms/odb_fm.aspx
Click on “Request for an Unlisted Drug Product – ICR”