

# EXCEPTIONAL ACCESS PROGRAM AND TELEPHONE REQUESTS

## *For Improved Access to Drug Coverage*

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*The Individual Clinical Review process (previously Section 8) is being phased out and replaced by a modernized Exceptional Access Program (EAP). EAP facilitates patient access in exceptional circumstances to drugs approved for sale in Canada but not listed on the Ontario Drug Benefit (ODB) Formulary, or where Formulary drugs were ineffective or not tolerated, or where no listed alternative was available.*

***A number of palliative care medications are covered for the last 6 months of life under the Telephone Request Process. The medications in the Symptom Response Kits are covered and approval for coverage can be obtained by telephone by family physicians.***

### For Complete Information:

[http://www.health.gov.on.ca/english/providers/program/drugs/eap\\_mn.html](http://www.health.gov.on.ca/english/providers/program/drugs/eap_mn.html)

To receive reimbursement under EAP, the patient must be eligible under the ODB Program. Drug coverage is not retroactive and reimbursement will only be provided for drugs dispensed after approval is granted.

To apply through EAP, the patient's physician must submit a request documenting complete and relevant medical information to the ministry, providing the clinical rationale for requesting the unlisted drug, and reasons why covered benefits are not suitable. All requests are reviewed according to the guidelines and criteria and include a thorough assessment of the patient's specific case and clinical circumstances, as provided by the physician, as well as the scientific evidence available. For the form, go to:

[http://www.health.gov.on.ca/english/public/forms/form\\_menus/odb\\_fm.html](http://www.health.gov.on.ca/english/public/forms/form_menus/odb_fm.html)

Selected drug-specific criteria used in the consideration of EAP requests are posted on the ministry website at: [www.health.gov.on.ca/english/public/pub/drugs/trs/trs\\_guide.pdf](http://www.health.gov.on.ca/english/public/pub/drugs/trs/trs_guide.pdf) in order to improve transparency and assist physicians in making EAP drug requests.

### TELEPHONE REQUEST SERVICE (TRS)

In addition, for a limited group of drugs, physicians can call to submit requests through the [Telephone Request Service](#) and obtain faster approvals for patients who qualify.

Effective November 27, 2008, Ontario Public Drug Programs will introduce a Telephone Request Service (TRS) for the Exceptional Access Program (EAP). The TRS offers physicians another way to submit requests for selected drugs not listed in the Ontario Drug Benefit (ODB) Formulary. In most cases, these requests will be assessed in 'real-time'. Requests for coverage of approximately 40 drug products for specific, often urgent indications will be considered through this service.

**Physicians are encouraged to review the TRS reimbursement criteria before using TRS to ensure they have all of the necessary information available during the call.** Callers who wish to submit a request for drug products or indications not currently available through TRS will be asked to fax the request.

The physician (or a delegate who works directly with the physician at the physician's practice site) may **access EAP TRS at 1-866-811-9893 or 416-327-8109 and select the option to submit a request over the phone.** Physicians (or delegates) will be provided with the following prompts for the TRS:

- Press "1" for EAP; then Press "1" for TRS
- The system will prompt physicians to enter their five (5) digit CPSO number
- Physicians should remain on the line and the next available ministry assessor will take their request.

Business hours for TRS are between **8:30 am and 5:00 pm**. The caller will be asked a series of questions in order to:

1. Ensure that the request is being made for a drug and/or indication covered by TRS;
2. Authenticate the caller;
3. Obtain relevant patient information; and
4. Complete the assessment of the request.

In cases where the assessor is able to make a determination that the request either meets or does not meet the reimbursement criteria, the physician (or delegate) will receive a decision during the call.

If the request is approved, the eligible ODB recipient will be able to fill prescriptions with coverage within one business day.