

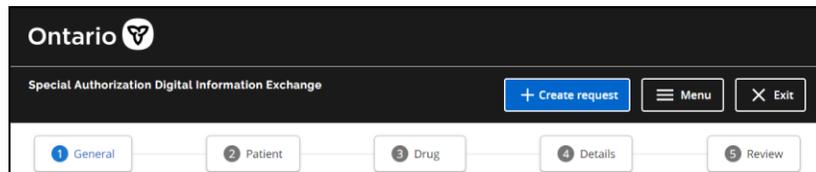
How to Create and Submit a Request

Requests can be created by prescribers as well as delegates and designates. Prescribers and delegates can submit a request to the EAP.

- All training instructions are found in the [SADIE User Guide](#), on the Training Aids page, located at Ontario.ca/SADIE.

Steps

Select the Create Request button found in the banner at the top of all SADIE pages.



Then, enter details on each tab.

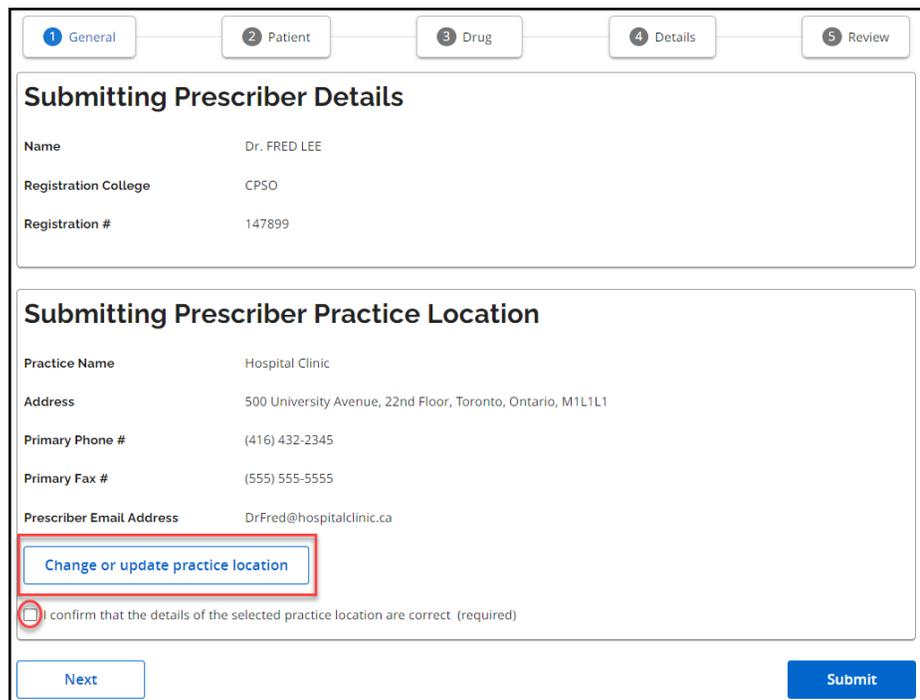
Select and Confirm Prescribers Details on the General tab

If there is more than one location that a prescriber works from, to choose a different location, or if there is a change of information to record, select the **Change or update practice location**

[Change or update practice location](#)

button.

See the [User Guide](#), Chapter 6, for information about confirming a prescriber's details.

The image shows two screenshots of the SADIE application. The top screenshot shows the "Submitting Prescriber Details" form with the following fields: Name (Dr. FRED LEE), Registration College (CPSO), and Registration # (147899). The bottom screenshot shows the "Submitting Prescriber Practice Location" form with the following fields: Practice Name (Hospital Clinic), Address (500 University Avenue, 22nd Floor, Toronto, Ontario, M1L1L1), Primary Phone # ((416) 432-2345), Primary Fax # ((555) 555-5555), and Prescriber Email Address (DrFred@hospitalclinic.ca). A red box highlights the "Change or update practice location" button. Below the form is a checkbox labeled "I confirm that the details of the selected practice location are correct (required)" which is currently unchecked. At the bottom are "Next" and "Submit" buttons.

Each time a new request is created in SADIE, you must confirm location information by selecting the required checkbox beside the statement:

"I confirm that the details of the selected practice location are correct"

Enter Patient Information

on the Patient tab

Enter the patient's Ontario health card number or Ontario Drug Benefit (ODB) eligibility number. You do not need to enter the version code.

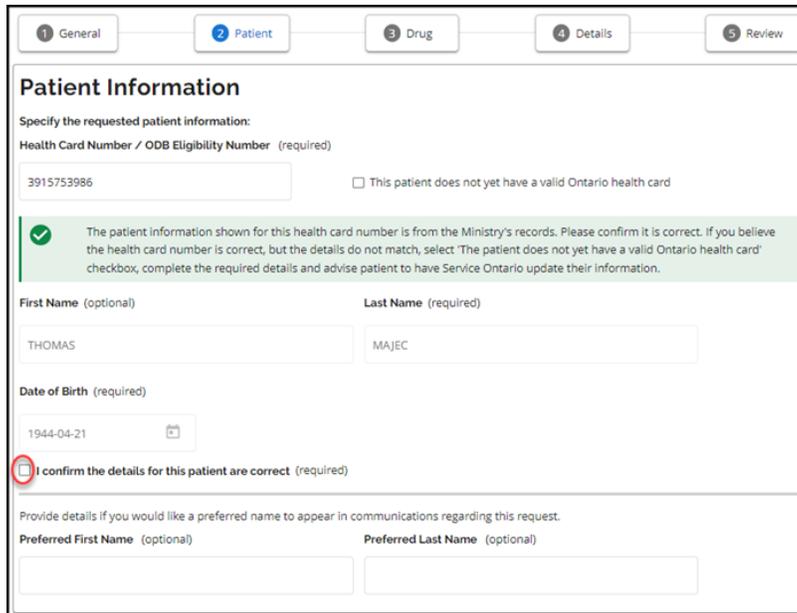
The system queries the Ministry's health card records and if the patient is found, the page refreshes and displays the patient's details.

If the patient details match your patient, click the check box to confirm the details for the patient are correct.

See the [User Guide](#), Chapter 7, for information about creating a request when the patient's number is not found, as well as when adding a patient without an Ontario health card number or ODB eligibility number.



The screenshot shows the 'Patient Information' form with a navigation bar at the top containing tabs for 'General', 'Patient', 'Drug', 'Details', and 'Review'. The 'Patient' tab is selected. Below the navigation bar, the form title 'Patient Information' is displayed. A sub-header reads 'Specify the requested patient information:'. The main field is 'Health Card Number / ODB Eligibility Number (required)', which is currently empty and highlighted with a red rectangular border. To the right of this field is a checkbox labeled 'This patient does not yet have a valid Ontario health card'. At the bottom of the form are three buttons: 'Back', 'Next', and 'Submit'.



This screenshot shows the 'Patient Information' form after a search. The 'Health Card Number / ODB Eligibility Number' field now contains the value '3915753986'. A green message box with a checkmark icon states: 'The patient information shown for this health card number is from the Ministry's records. Please confirm it is correct. If you believe the health card number is correct, but the details do not match, select 'The patient does not yet have a valid Ontario health card' checkbox, complete the required details and advise patient to have Service Ontario update their information.' Below this, there are fields for 'First Name (optional)' (containing 'THOMAS') and 'Last Name (required)' (containing 'MAJEC'). A 'Date of Birth (required)' field shows '1944-04-21'. A checkbox labeled 'confirm the details for this patient are correct (required)' is now checked and highlighted with a red circle. At the bottom, there are optional fields for 'Preferred First Name' and 'Preferred Last Name'.

You can enter a Preferred Last Name or Preferred First Name if you know your patient by a different name.

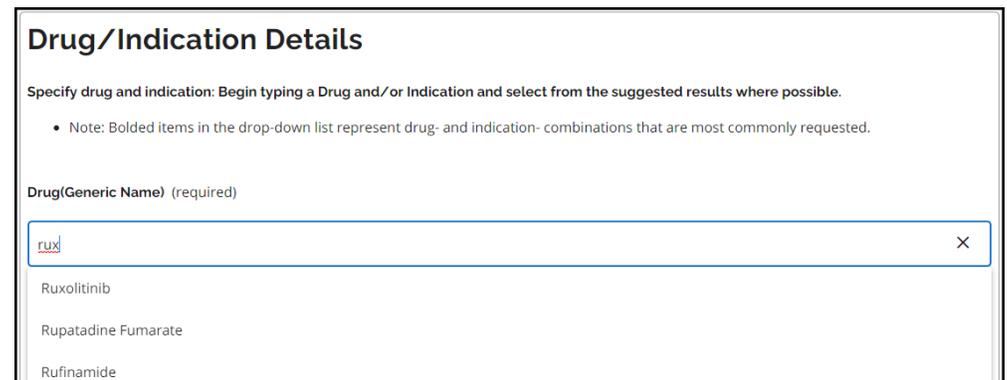
This name will appear on the response letter to help you identify the patient.

Enter Drug/Indication

Details on the Drug/Indication tab

Click into the Drug field and start typing the name of the drug. Search for a drug by entering the brand name, generic (chemical) name or Drug Identification Number (DIN).

You can type any drug name in this field. If the drug is not on the list, you will still be able to complete and submit a request though you will be provided the EAP standard form.



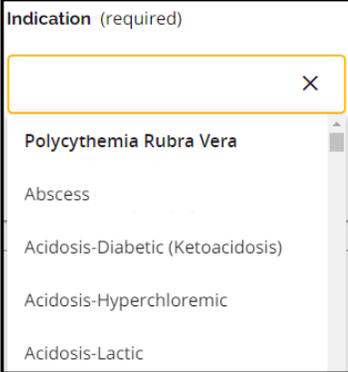
The screenshot shows the 'Drug/Indication Details' form. The sub-header reads 'Specify drug and indication: Begin typing a Drug and/or Indication and select from the suggested results where possible.' Below this is a note: 'Note: Bolded items in the drop-down list represent drug- and indication- combinations that are most commonly requested.' The main field is 'Drug(Generic Name) (required)', which contains the text 'Rux'. Below the input field is a dropdown list with three items: 'Ruxolitinib', 'Rupatadine Fumarate', and 'Rufinamide'. The 'Ruxolitinib' item is bolded. A close button (X) is visible in the top right corner of the dropdown menu.

As you type, any drugs with those letters in any of these names will show on the list. Whether you enter a brand or a DIN, the generic (chemical) name of the drug is what appears and must be selected by clicking on the drug name.

Click on the Indication field to click on a bolded value if applicable. If necessary, type-in the indication. Wherever possible, choose the most appropriate indication which is then displayed. You may need to scroll down to display further selections.

See the [User Guide](#), Chapter 8, for information about entering Drug / Indication details.

Drugs and indications listed in bold text represent drug and indication combinations that are most commonly requested, which in the majority of cases will provide a criteria-specific smart form with clinical questions specific to the criteria for this drug and indication.



Hospital Discharge

Patient is awaiting hospital discharge (optional)
The ODB-eligible patient started on the drug therapy as an inpatient, and an EAP decision is required to complete the hospital discharge.

The Hospital Discharge section is available for patients awaiting discharge. See the [User Guide](#), Chapter 8, for information about entering hospital discharge details.

Once you have selected a drug and indication, Reimbursement criteria for that combination will be displayed, if available.

For the treatment of intermediate to high risk symptomatic Myelofibrosis (MF) in patients meeting the following criteria:

- i) MF is assessed using the Dynamic International Prognostic Scoring System (DIPSS) Plus; or the patient has symptomatic splenomegaly
- ii) Patient has an Eastern Cooperative Oncology Group (ECOG) performance status = 3
- iii) Patient is previously untreated or refractory to other treatment

1 Dosing regimen: 5 mg to 25 mg twice a day

Duration of Approval: 1 Year

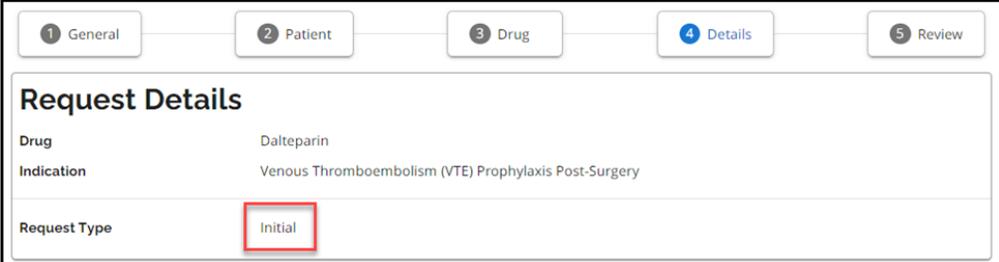
Initial Renewals are considered for patients who:

- Have confirmation of either a reduction in spleen size or documented improvement of disease symptoms within 6 months of initiating therapy with Jakavi.

Second and subsequent Renewals are considered for patients who continue to benefit from therapy with Jakavi.

Enter Clinical Details on the Details tab

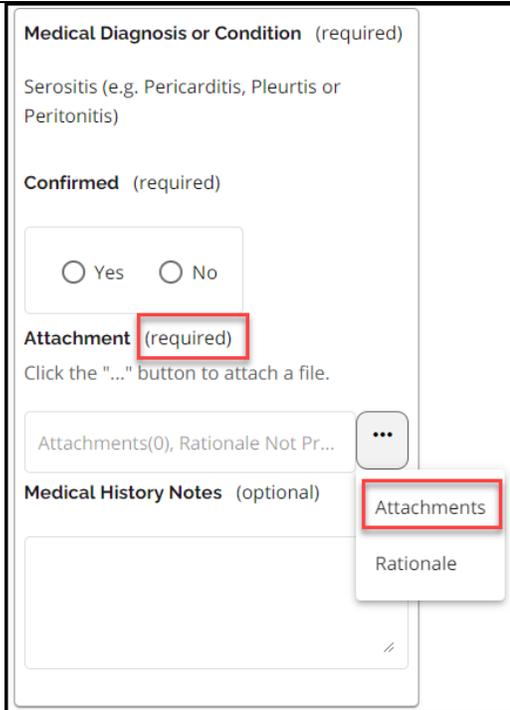
After selecting the patient, and the drug and indication, in the background, SADIE reviews the patient's EAP history (drugs, indications, prior approvals, and durations, etc.), determines and assigns the request type (Initial or Renewal), and presents appropriate questions.



Depending on the request history, if an approval is on file and it is too early to submit a renewal, an option to enter an amendment to an existing approval for the same drug and indication may also be available.

This section of SADIE requires you to provide the necessary clinical information in support of the request. Questions relevant to the drug and indication requested display, the questions will dynamically appear based upon your input, and changes to a response can change what questions are asked.

See the [User Guide](#), Chapter 9, for information about entering Clinical details.



Medical Diagnosis or Condition (required)
Serositis (e.g. Pericarditis, Pleurtis or Peritonitis)

Confirmed (required)
 Yes No

Attachment (required)
Click the "... " button to attach a file.

Attachments(0), Rationale Not Pr... ⋮

Medical History Notes (optional)
Attachments
Rationale

If you are unable to attach a document (e.g., the document exceeds the allowed size, or it is in a format that is not accepted), you can fax it to 1-888-444-0116.

Mandatory fields are marked with an asterisk (*). If you do not answer a mandatory question, you will need to provide a rationale for why you cannot provide this information.

Providing answers to all mandatory questions will ensure your request is dealt with promptly.

Review Request Summary Details on the Review tab

See the [User Guide](#), Chapter 10, for information about reviewing Request Summary details.



Review the screen carefully to ensure all information provided is accurate and all questions have been answered. Any mandatory question that has not been answered will be indicated and highlighted with the message "Value is Required".

Click on the "Value is Required" message, and you will be directed to the related question that was not answered. Once answered, return to the Review screen and ensure no other required information is missing. Once all necessary information is provided, prescribers/delegates can submit the request to the EAP. Similarly, once all the mandatory information is provided, designates can send the request to the prescriber.

| | |
|--|---|
| <p>Designate – Sending a Request to a Prescriber</p> <p>See the User Guide, Chapter 11, for information about sending a request to a prescriber to review and submit.</p> | <div data-bbox="511 178 755 231" style="border: 1px solid black; background-color: #0070C0; color: white; padding: 5px; text-align: center; margin-bottom: 10px;"> Send to Prescriber </div> <p>If a designate is preparing a request on behalf of a prescriber: Designates can send a request to a prescriber by using the Send to Prescriber button on the bottom of each screen.</p> <div data-bbox="511 378 1315 651" style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p>Rationale Required</p> <p>The request may be delayed in processing: clinical details necessary to assess this request are missing. Click EDIT REQUEST to provide the missing information or provide an explanation below on why the information cannot be provided.</p> <p>Rationale for Missing Information</p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 30px;"> Patient is too ill to travel to have blood work done. </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Continue Edit Request </div> </div> <p>If clinical details necessary to assess the request are missing, after a designate clicks the Send to Prescriber button, a Rationale Required window displays. The designate can enter detail, and then click the Continue button to send the request, including the rationale description, to the prescriber.</p> |
| <p>Prescriber/Delegate - Submitting a Request to the EAP</p> <p>See the User Guide, Chapter 11, for information about submitting a request to the EAP.</p> | <div data-bbox="511 892 682 945" style="border: 1px solid black; background-color: #0070C0; color: white; padding: 5px; text-align: center; margin-bottom: 10px;"> Submit </div> <p>Prescribers/delegates can submit a request using the Submit button on the bottom of each screen.</p> <div data-bbox="511 1050 1315 1323" style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p>Rationale Required</p> <p>The request may be delayed in processing: clinical details necessary to assess this request are missing. Click EDIT REQUEST to provide the missing information or provide an explanation below on why the information cannot be provided.</p> <p>Rationale for Missing Information</p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 30px;"> Patient is too ill to travel to have blood work done. </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Continue Edit Request </div> </div> <p>If a prescriber/delegate submits the request and has not provided answers to all mandatory questions, they will be prompted to provide a rationale. They can provide an explanation and continue to submit the request, or they can cancel submission and enter the missing information in the request.</p> |

SADIE Automatically Assesses the Submitted Request

See the [User Guide](#), Chapter 11, for information about how SADIE automatically assesses requests submitted through SADIE.

The Terms and Conditions window displays. If in agreement, click the

Accept  button.

Automatically Assessed Approval Message

If the system determines the request is approved, within seconds the following message will display, "Your request (#####-01) has been approved."



Select the 'View Ministry's response' link to view the Notice of Approval. The system displays the 'Submission Details' and related 'Correspondence Exchanged with the Ministry.'

Manual Assessment of a Submitted Request

The following message will indicate that the request is being manually assessed, "Request (#####-01) is currently being assessed. The Ministry will notify you once the assessment is complete."



The Ministry requires more time to assess the request and an email notification will be sent when a decision has been made.'

Need Assistance?



Need assistance in creating or submitting a request:

Learn how to create a request in the [SADIE User Guide](#)

Looking for more Information about SADIE?

www.Ontario.ca/SADIE

Technical Assistance (Mon – Fri, 8 a.m. - 5 p.m.)

Call: 1-800-262- 6524 (after the language prompts, press 2-3)

Email: SSContactCentre.MOH@ontario.ca