

How to Submit an Appeal

In SADIE, prescribers, delegates and designates can submit an appeal of a negative decision when additional relevant clinical information is available, for a drug and indication that is publicly funded upon authorization by the EAP.

Note: Designates can send appeals to prescribers and delegates to submit, for requests associated with locations for which they have been provided access

This guide contains the main steps for submitting an appeal, for more information see the <u>SADIE</u> <u>User Guide</u>, Chapter 18. Videos and other supports can be found at <u>www.Ontario.ca/SADIE</u>

1. Select the **Menu** button and then click on **View submitted**, found in the header at the top of all SADIE pages.



2. Select the **View** { (View) } button for the

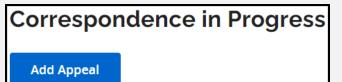
request with a 'Not Approved' decision in the **Submitted Requests With Ministry Decision** list.

Submitted Requests with Ministry Decision for DR. FRED LEE							^
							۲
All	King Street	Clinic Hospita	al Clinic				
Decision Date	↓ Decision	Patient Name	Patient Preferred Name	Drug	Indication	Submitted Date	Action
2022-11-17	Further Informati	OETKER, SHAY		Dalteparin	Venous Thrombo	2022-11-17	View
2022-11-17	Not Approved	FULCHER, LINDA		Baclofen (intrath	Spasticity	2022-11-17	View
2022-08-09	Approved	WJAS, LINDA		Dalteparin	Venous Thrombo	2022-08-09	View
2022-07-29	Approved	Bond, James		dalteparin sodium	Venous Thrombo	2022-07-29	View
2022-07-29	Approved	Johnson, Jane		dalteparin sodium	Venous Thrombo	2022-07-29	View
				ltems pe	r page: 25 1 – 5 o	f5 < <	> $>$

3. Select the Add Appeal

Add Appeal } button in the Correspondence

in Progress section.



The **Appeal Submission Details Summary** tab displays.

Appeal S	ubmissio	n Dotaile		
Request Number		612151-01		
Patient Name	F	JLCHER, LINDA		
Patient Preferred N	lame			
Request Type	Δ	peal		
Drug		clofen (intrathecal)		
Indication		asticity		
		asticity		
Correspo	ndence l	xchanged W	ith the Ministry	^
Date	Document Type	Decisio	n	Actions
2022-11-17	Response Letter	Not App	proved	Download
2022-11-17	Initial Request			Download
	0	iber Details		
Name	D	. FRED LEE		
Registration Colleg	je C	2SO		
Registration #	1	7899		
Submittin Practice Name		iber Practice	Location	
Address	4	459 KING STREET, Suite 200, Toronto, Ontario, M9P6P6		
Primary Phone #		(416) 555-5555 Ext. 1234		
Primary Fax #	(4	16) 829-2121		
Prescriber Email Ad	ddress			
Change or up	date practice loc	ition		
Confirm that th	e details of the sele	ted practice location are co	rrect (required)	
Next]			Submit

4. Confirm practice location details and then click the **Next** { Next } button.



The system displays the **Appeal** tab.

5. Type appeal details or paste from another document and / or add attachment(s), then click the **Next**

1 S	ummary		2 Appeal	3 Review
A	clinical situation clea determine the reaso	rly demonstrating that t n(s) why the request wa s of a negative decision r	onsidered if a prescriber provides additional inform the EAP criteria have been met. Prescribers are as as not eligible for approval. Use the appeal function may be considered on a case-by-case basis, only fr	ked to review the Notice of Decision to n in SADIE to provide additional
nter not			red) to add supplementary patient details, and/or s equest. Click "Remove" to delete attachments fron	
inter not ttachme	tes in the Details field (u			
nter not ttachme ppeal D MRI ind	tes in the Details field (u ents that support the as Details (optional) licates lorem ipsum doi	sessment of the Drug re		n this Correspondence request.
inter not ittachme oppeal D MRI ind ullamco	tes in the Details field (u ents that support the as Details (optional) licates lorem ipsum doi	sessment of the Drug re	equest. Click "Remove" to delete attachments fron	n this Correspondence request.

The system displays the **Review** tab.

6. Review the information, and to continue click the **Submit** { **Submit** } button.

The **Submitting Terms and Conditions** display.

7. If in agreement, click the Accept

Accept } button. The Appeal request has

been submitted to the EAP.

The system displays the **Submission Details** screen, and the request returns to the **Submitted Request Awaiting Ministry Decision** list.

Note: It can take 1 - 2 minutes for the submitted request to appear in the list.

Note that Designates click a **Send to Prescriber** { Send to Prescriber } button.

When a designate sends an appeal to a prescriber, it displays on the **Home** screen in the **Requests Ready to Submit** list.

8. Select the **Download / Print Request** link or the **Download** { **Download** } button to view and/or download a copy of the submitted appeal.

	ssion Detai				
Practice Location		King Street Clinic			
Address		59 KING STREET, Suite 200, Toronto, Ontario, M9P6P6			
Request Number		00612151-01			
Patient Name		FULCHER, LINDA			
Patient Pret	Request Su	bmitted			
Request Ty	A PDF of the submittee	request is available so you can save a copy for your reco	ords.		
Drug	Download / Print Request				
Indication	Close				
Corres	pondence	Exchanged With the Minis	try ^		
Date	Document Typ	e Decision	Actions		
2022-11-18	Appeal Reques		Download		
2022-11-17	Response Lette	n Not Approved	Download		

A copy of the submitted appeal is also available to view/download at any time from the **View Submissions** screen, by selecting the **Menu** button and then **View submitted**.



Looking for more Information about SADIE?

Go to: 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: <u>SSContactCentre.MOH@ontario.ca</u>