

## ONTARIO DRUG BENEFIT (ODB)- LU CODES<sup>1</sup>

### *Antimicrobials that require an LU Code*

Please visit <https://www.healthinfo.moh.gov.on.ca/formulary/index.jsp>. Or search “ODB E-Formulary” into Google

For a complete list please visit the Ontario Drug Benefit (ODB) e-formulary and search for the antibiotic you are prescribing. Please check the ODB e-formulary online for the LU code and the criteria pertaining to the LU code. Not all antimicrobials are covered under ODB and not all antimicrobials require an LU code

- Ciprofloxacin
- Fluconazole
- Levofloxacin
- Moxifloxacin
- Linezolid
- Oseltamivir Phosphate (Tamiflu)
- Voriconazole
- Valacyclovir

## EXCEPTIONAL ACCESS PROGRAM (EAP)<sup>2</sup>

*What is the Exceptional Access Program (EAP)?*

- Drug coverage for drugs not funded on the Ontario Drug Benefit (ODB) Formulary, or where no listed alternative is available.
- EAP requests are only considered for a drug or indication which has been approved for funding.

Please visit the EAP website for the most up-to-date information and for selected drug-specific criteria used in the consideration of EAP requests:

[www.health.gov.on.ca/en/pro/programs/drugs/eap\\_criteria.aspx](http://www.health.gov.on.ca/en/pro/programs/drugs/eap_criteria.aspx)

<b>Who is eligible for EAP coverage?</b>	The patient must be ODB-eligible, which includes the Trillium Drug Program (TDP).
<b>Who can apply to EAP?</b>	The physician must submit an EAP form (available on website link above) documenting <ul style="list-style-type: none"> <li>• Complete and relevant medical information</li> <li>• Clinical rationale for requesting the unlisted drug and reasons why alternatives are not suitable.</li> </ul>
<b>Which medications are covered?</b>	Only medications listed on the EAP website are covered. The EAP reimbursement criteria MUST be met and the request approved before initiating treatment with the drug being requested, unless otherwise specified within the criteria.

<b>Approval Process</b>	All requests are reviewed according to the criteria listed on the website. EAP approvals are NOT guaranteed. Patients who purchase medication before an EAP decision are responsible for ALL out-of-pocket costs.
<b>Confirmation of approval:</b>	For requests that meet EAP criteria and are approved, the effective date of coverage and the expiry date of coverage will be sent to the physician on the EAP response letter.  Physicians should provide a copy of the response letter to the patient and/or the pharmacy to avoid a gap in coverage should an extension of the drug coverage be required.
<b>Duration of Coverage:</b>	If EAP request is approved, the coverage period begins as of the effective date and continues only to the specified date as stated in the response letter.

*\*Content is adapted from EAP website*

## EXCEPTIONAL ACCESS PROGRAM (EAP) REIMBURSEMENT CRITERIA<sup>2</sup>

\*Medication list below is **NOT** complete and only contains antimicrobials. \*

For complete up to date list please check website or phone 1-866-811-9893 or by email at [EAPFeedback.MOH@ontario.ca](mailto:EAPFeedback.MOH@ontario.ca) to **see if a specific drug product and/or indication not listed below may be considered** for EAP funding.

Brand Name	Generic Name	Indication	Criteria
Ambisome	Amphotericin B, liposomal	Infections	EAP Funded
Aptivus	Tipranavir	HIV infections	EAP Funded
Baraclude	Entecavir	Hepatitis B	EAP Criteria
Cayston	Aztreonam	Infections in cystic fibrosis patients	EAP Criteria
Cefazolin	Cefazolin	Infections susceptible to cefazolin	TRS Guidelines EAP Criteria
Celsentri	Maraviroc	HIV infections	EAP Funded
Ciprodex	Ciprofloxacin/ dexamethasone	Otitis externa	TRS Guidelines
Cubicin	Daptomycin	Staphylococcus aureus bloodstream infections	TRS Guidelines
Cytovene	Ganciclovir	CMV treatment in transplant patients	TRS Guidelines
Dapsone	Dapsone	Prophylaxis of Pneumocystis carinii pneumonia, Autoimmune diseases	TRS Guidelines EAP Criteria
Diflucan	Fluconazole	Prophylaxis and post transplant patients	TRS Guidelines EAP Criteria
Fuzeon	Enfuvirtide	HIV infections	EAP Funded
Gentamicin IV	Gentamicin IV	Infections susceptible to gentamicin	TRS Guidelines EAP Criteria
Hepsera	Adefovir	Hepatitis B	EAP Criteria
Heptovir	Lamivudine	Hepatitis B	EAP Criteria
Incivek	Telaprevir	Hepatitis C	EAP Criteria
Intron A	Interferon alpha	Hepatitis B	EAP Criteria
Lamisil	Terbinafine	Onychomycosis	EAP Funded
Mepron	Atovaquone	PCP/PJP prophylaxis in	EAP Funded

Brand Name	Generic Name	Indication	Criteria
		immunocompromised patients	
Pegasys / Pegasys RBV	Peginterferon alfa-2a +/- ribavirin	Hepatitis C	EAP Criteria
Pegetron	Peginterferon alfa-2b +/- ribavirin	Hepatitis C	EAP Criteria
Posanol	Posaconazole	Treatment and prophylaxis of fungal infections in select clinical settings	EAP Criteria
Sporanox	Itraconazole	Toenail Onchomycosis	EAP Funded
Valcyte	Valganciclovir	Treatment & prophylaxis of CMV in post- transplant patients	TRS Guidelines EAP Criteria
Valtrex	Valacyclovir	Genital herpes	EAP Funded
Vancocin	Vancomycin	Clostridium difficile-associated diarrhea	TRS Guidelines EAP Criteria
Vfend	Voriconazole	Candidemia resistant to fluconazole	EAP Criteria
Victrelis or Victrelis Triple	boceprevir or boceprevir+ ribavirin+peginterferon alfa- 2b	Hepatitis C	EAP Criteria
Viread	Tenofovir	Hepatitis B	EAP Criteria
Zovirax 400mg, 200mg	Acyclovir	Cytomegalovirus prophylaxis, Herpes Simplex virus, Varicella zoster virus	EAP Criteria

### TELEPHONE REQUEST SERVICE (TRS)<sup>3</sup>

The Telephone Request Service (TRS) is another way to submit EAP requests for a group of selected drugs (see website for up-to-date list).

Please visit website below for the most UP-TO-DATE information and ELGIBILITY CRITERIA or search “exceptional access program- telephone request service- Ontario: [http://www.health.gov.on.ca/en/pro/programs/drugs/eap\\_trs.aspx](http://www.health.gov.on.ca/en/pro/programs/drugs/eap_trs.aspx)

*As of Jan 2017 list of antimicrobials accessible via TRS*  
(ELIGIBLE ONLY IF MEET CRITERIA ON WEBSITE) :

Antibiotics	HIV drugs *RENEWAL only*	Post-Transplant Drugs
<ul style="list-style-type: none"> <li>• Cefazolin</li> <li>• Ciprodex (Ciprofloxacin HCL + Dexamethoasone)</li> <li>• Dapsone</li> <li>• Daptomycin (Cubicin)</li> <li>• Fidaxomicin (Dificid)</li> <li>• Gentamicin</li> <li>• Posaconazole</li> <li>• Vancomycin (oral)</li> </ul>	<ul style="list-style-type: none"> <li>• Enfuvirtide</li> <li>• Tipranavir</li> </ul>	<ul style="list-style-type: none"> <li>• Acyclovir</li> <li>• Fluconazole</li> <li>• Mycophenolate mofetil</li> <li>• Sirolimus</li> <li>• Valganciclovir</li> <li>• Ganciclovir</li> </ul>

Please ensure to call **at least 24 hours in advance** BEFORE the patient is discharged.

<b>Who can all the TRS?</b>	<ul style="list-style-type: none"> <li>Physician or a delegate that works directly with the physician for routine medical and administrative care of the patient</li> </ul>
<b>When can you call TRS?</b>	<ul style="list-style-type: none"> <li>Hours for TRS are <b>8:30 AM to 5:00 PM</b></li> </ul>
<b>How can I call TRS?</b>	<ul style="list-style-type: none"> <li>Call 1-866-811-9893 and select the TRS option</li> </ul>
<b>Before calling TRS:</b>	<ul style="list-style-type: none"> <li>Physicians/delegates should review the TRS reimbursement criteria before calling the TRS</li> <li>Callers who submit a request for medications or indications not currently available through TRS will be asked to fax the request (see EAP section)</li> </ul>
<b>During the call to TRS:</b>	<ul style="list-style-type: none"> <li>The caller will be asked a series of questions in order to: <ol style="list-style-type: none"> <li>Verify the request meet the indication covered by TRS;</li> <li>Authenticate the caller (CPSO #, Fax # )</li> <li>Obtain relevant patient information</li> <li>Complete the assessment of the request</li> </ol> </li> </ul>
<b>Request Approval by TRS:</b>	<ul style="list-style-type: none"> <li>If the TRS assessor is able to make a decision that the request either meets or does not meet the criteria, the caller will receive the decision during the call</li> <li>If further review is needed before a decision can be made, the TRS assessor will inform the caller</li> </ul>
<b>Confirmation:</b>	<ul style="list-style-type: none"> <li>Written confirmation is sent after the call within one business day</li> </ul>
<b>Coverage:</b>	<ul style="list-style-type: none"> <li>If the request is approved, the eligible ODB recipient can fill the prescription and be reimbursed within one business day</li> </ul>

*\*Content is adapted from TRS website*

References:

1. Ontario Ministry of Health and Long-Term Care. *ODB e-Formulary*. Accessed January 15, 2015, from <https://www.healthinfo.moh.gov.on.ca/formulary/index.jsp>
2. Ontario Ministry of Health and Long-Term Care. *Exceptional Access Program*. Accessed January 15, 2015, from [http://www.health.gov.on.ca/en/pro/programs/drugs/eap\\_mn.aspx](http://www.health.gov.on.ca/en/pro/programs/drugs/eap_mn.aspx)
3. Ontario Ministry of Health and Long-Term Care. *Telephone Request System*. Accessed January 15, 2015, from [http://www.health.gov.on.ca/en/pro/programs/drugs/eap\\_trs.aspx](http://www.health.gov.on.ca/en/pro/programs/drugs/eap_trs.aspx)