

How to Provide Additional Information Requested by the EAP

In response to a request for additional information by the EAP, for a submitted request, prescribers, their delegates and designates^{*} can provide additional information in support of a submission, online via SADIE.

*Note: Designates can prepare additional information for prescribers and delegates to submit, for requests associated with locations for which they have been provided access

This guide contains the main steps for providing additional information. For more details, see the <u>SADIE User Guide</u>, Chapter 16. Videos and other supports can be found at <u>www.Ontario.ca/SADIE</u> under 'Training Aids'.

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 'Further Information Required' decision in the **Submitted Requests With Ministry Decision** list.

							0
All	King Stree	t Clinic Hospita	al Clinic				
Decision Date	+ Decision	Patient Name	Patient Preferred Name	Drug	Indication	Submitted Date	Acti
2022-11-17	Further Informati	OETKER, SHAY		Dalteparin	Venous Thrombo	2022-11-17	Vi
2022-11-17	Not Approved	FULCHER, LINDA		Baclofen (intrath	Spasticity	2022-11-17	Vi
2022-08-09	Approved	WJAS, LINDA		Dalteparin	Venous Thrombo	2022-08-09	Vi
2022-07-29	Approved	Bond, James		dalteparin sodium	Venous Thrombo	2022-07-29	Vi
2022-07-29	Approved	Johnson, Jane		dalteparin sodium	Venous Thrombo	2022-07-29	Vi

Add Additional Information } button in the

Correspondence in Progress section.

Correspondence in Progress

Add Additional Information

The Additional Information Submission Details Summary tab displays.

Additional Infor	mation Submission De	etails
Patient Name	OETKER, SHAY	
Patient Preferred Name		
Request Type	Additional Information	
Drug	Dalteparin	
Indication	Venous Thromboembolism (VTE) Prophylax	is Post-Surgery
Correspondence	e Exchanged With the	Ministry
Date Document	Type Decision	Actions
2022-11-17 Response L	tter Further Information	Required Download
2022-11-17 Initial Reque	st	Download
Submitting Pres	criber Details	
Registration College	CPSO	
Registration #	147899	
Submitting Pres	criber Practice Locat	ion
Practice Name	King Street Clinic	
Address	459 KING STREET, Suite 200, Toronto, Ontar	io, M9P6P6
Primary Phone #	(416) 555-5555 Ext. 1234	
Primary Fax #	(416) 829-2121	
Prescriber Email Address		
Change or update practice	location	
OI confirm that the details of the	selected practice location are correct (require	d)

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



The system displays the **Additional Information** tab.

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

Next	1 butte	on.	
Summary		2 Additional Information	3 Review
Additional In Enter notes in the Details fie attachments that support th	formation De Id (use Copy + Paste if desin e assessment of the Drug r	etails red) to add supplementary patient detail equest. Click "Remove" to delete attachn	s, and/or select Add Attachment to add additional nents from this Correspondence request.
Additional Details (optiona	l)		
MRI indicates lorem ipsum ullamcorper nisl sollicitudi	dolor sit amet, consectetur n dignissim. Nulla est maur	r adipiscing elit. Praesent congue turpis s is, feugiat at pretium pharetra, faucibus e	it amet mi cursus accumsan. In aliquam et orci. Fusce posuere porta pretium. #
Attachments (optional)			
Attachments(1)			
Back	Next		Submit

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 Additional

Information 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 additional information request 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 additional information.

Submissi	on Details		
Practice Location	King Street Cli	inic	
Address	459 KING STR	EET, Suite 200, Toronto, Ontario, M9P6P6	
Request Number	00612170-01		
Patient Name	OETKER, SHAY	(
Patient Preferred	Request Submi	tted	
Request Type	A PDF of the submitted request	t is available so you can save a copy for your nload / Print Request	records.
Drug	Close		
Indication			
Correspo	ndence Excha	nged With the Minist	ry
Date	Document Type	Decision	Actio
2022-11-18	Additional Information		Downloa
2022-11-17	Response Letter	Further Information Required	Downloa
			(

A copy of the submitted additional information 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>