

## 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 Filter requests in this list Start typing to filter results								
							۲	
All	King Street	Clinic Hospit	al Clinic					
Decision Date	+ Decision	Patient Name	Patient Preferred Name	Drug	Indication	Submitted Date	Actions	
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  < <	$\rightarrow \rightarrow$	

3. Select the Add Appeal

Add Appeal } button in the Correspondence

in Progress section.



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

Appeal Su	ubmission D	etails				
Request Number	0061215					
Patient Name	FULCHER	, LINDA				
Patient Preferred Na	ame					
Request Type	Appeal					
Drug	Baclofen	(intrathecal)				
Indication	Spasticity	1				
Contraction	ndoneo Evol	anged With the Ministry				
Correspo	ndence Excr	langed with the Ministry	^			
Date	Document Type	Decision	Actions			
2022-11-17	Response Letter	Not Approved	Download			
2022-11-17	Initial Request		Download			
Submittin	ng Prescribe	r Details				
Name	Dr. FRED	LEE				
Registration College	e CPSO					
Registration #	147899					
Submitting Prescriber Practice Location						
Address	459 KING	i STREET, Suite 200, Toronto, Ontario, M9P6P6				
Primary Phone #	(416) 555	(416) 555-5555 Ext. 1234				
Primary Fax #	(416) 829	(416) 829-2121				
Prescriber Email Address						
Change or update practice location						
Confirm that the details of the selected practice location are correct (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** 

Summary	2 Appeal	Review
Appealing a negative decisio clinical situation clearly derr determine the reason(s) wh information. Appeals of a no funded upon authorization	n will only be considered if a prescriber provides additional information or clarif onstrating that the EAP criteria have been met. Prescribers are asked to review to the request was not eligible for approval. Use the appeal function in SADIE to p gative decision may be considered on a case-by-case basis, only for a drug and i by the EAP.	ication about the patient's he Notice of Decision to rovide additional indication that is publicly
Appeal Details		
and a state of the Description of the Construction		
inter notes in the Details field (use Cop ttachments that support the assessme	/ + Paste if desired) to add supplementary patient details, and/or select Add Atta nt of the Drug request. Click "Remove" to delete attachments from this Correspondence.	chment to add additional ondence request.
inter notes in the Details field (use Cop ttachments that support the assessme uppeat Details (optional)	y - Paste if desired) to add supplementary patient details, and/or select Add Att at of the Drug request. Click "Remove" to delete attachments from this Correspondence of the Drug request.	chment to add additional ondence request.
Inter notes in the Details field (use Cop ttachments that support the assessme <b>oppeal Details</b> (optional) MRI indicates lorem ipsum dolor sit a ullamcorper nisl sollicitudin dignissim	y - Paste if desired) to add supplementary patient details, and/or select Add Att nt of the Drug request. Click "Remove" to delete attachments from this Correspo net, consectetur adipliscing elit. Praesent congue turpis sit amet mi cursus accum Nulla est mauris, Reugiat at pretium pharetra, faucbus et orci. Fusce posurer po	ichment to add additional ondence request. Insan. In aliquam orta pretium.
nter notes in the Details field (use Cop ttachments that support the assessme uppeat Details (optional) MRI indicates lorem ipsum dolor sit a ullamcorper nisi sollicitudin dignissim uttachments (optional)	y - Paste if desired) to add supplementary patient details, and/or select Add Att nt of the Drug request. Click "Remove" to delete attachments from this Correspo net, consectetur adiplacing elit. Praesent congue turpls sit amet mi cursus accum Nulla est mauris. Reugat ac pretium pharetra, faucibus et orci. Fusce posuere po	chment to add additional ondence request. rsan. In aliquam orta pretium.
Enter notes in the Details field (use Cop attachments that support the assessme Appeal Details (optional) MRI indicates lorem ipsum dolor sit a uilamcorper nisi soliiduudin dignissim Attachments (optional) Attachments(1)	y - Paste if desired) to add supplementary patient details, and/or select Add Atta nt of the Drug request. Click "Remove" to delete attachments from this Correspondent net, consectetur adipliscing elit. Praesent congue turplis sit amet mi cursus accum Nulla est mauris. Reugiat at pretium pharetra, faucibus et orci. Fusce posuere po	ichment to add additional ondence request. rsan. In aliquam orta pretium.

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.

Supmi	ssion Deta	LS			
Practice Location		King Street Clinic			
Address		459 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 submitte	d request is available so you can save a copy for your re	ecords.		
Drug	Download / Print Request				
Indication	Close				
Corres	pondence	Exchanged With the Mini	stry ^		
Date	Document Ty	Decision	Actions		
2022-11-18	Appeal Reque	t	Download		
2022-11-17	Response Lett	er 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>