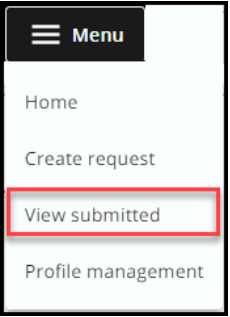
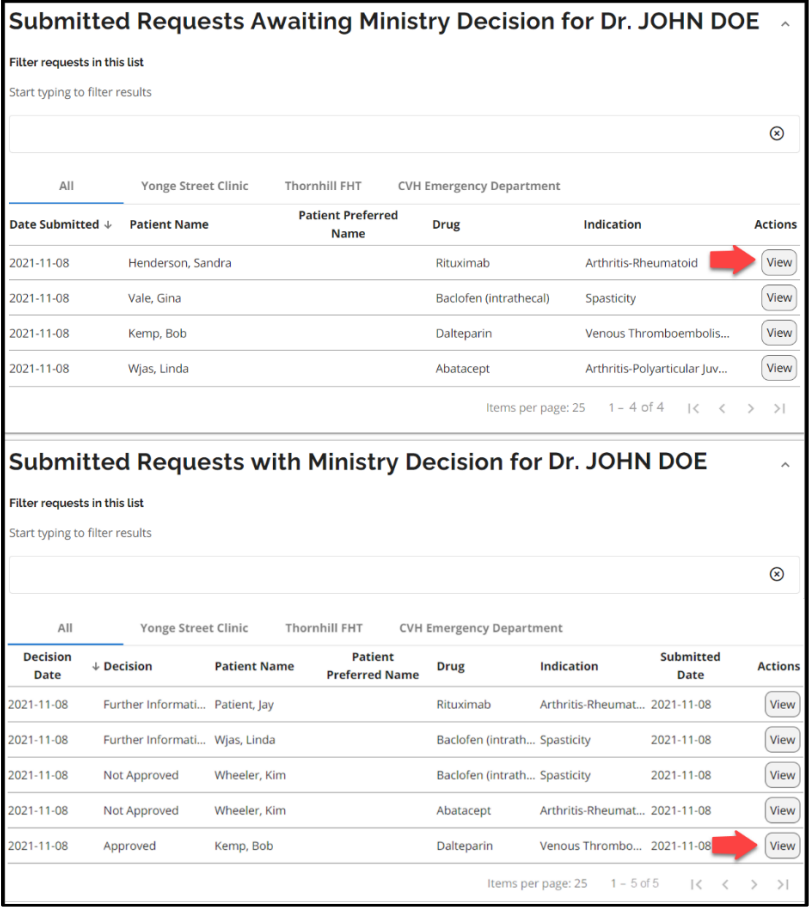


# How to Track Requests and Access Ministry Response Letters in SADIE

Prescribers, their delegates and designates (with specific practice locations) receive real time access to the Ministry decisions and response letters in SADIE. They can also see historical correspondence (requests, additional information, response letters, etc.).

SADIE users receive system generated email notifications when a Ministry response is available. Notifications are sent to BPS Secure email addresses.

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

Steps		
<p>Select the <b>Menu</b> button, and then click on <b>View submitted</b> found in the header at the top of all SADIE pages</p>		<p>Select <b>View submitted</b> to 'refresh' the lists of requests, or return to the <b>View submitted requests</b> page</p> <p>Select <b>Menu</b> and then click on <b>Home</b> to view/edit requests not yet submitted to EAP</p>
<p>The <b>Submitted Requests</b> page displays:</p> <ul style="list-style-type: none"> <li>• <b>Submitted Requests Awaiting Ministry Decision</b> list</li> <li>• <b>Submitted Requests with Ministry Decision</b> list</li> </ul> <p>Select <b>View</b> to open the Submission details</p>		

**Submission Details** and **Correspondence Exchanged with the Ministry** display

View the submission details including **Decision** and **Approval Start/End Date**, if available

**Document types include:** Request, Response Letter (i.e. Approved, Not Approved, Additional Information, etc.)


Select **Download** to view/save a copy of the document

### Submission Details

Practice Location	Yonge Street Clinic
Address	5700 YONGE STREET, TORONTO, Ontario, M2N2C5
Request Number	00007887-01
Patient Name	Kemp, Bob
Patient Preferred Name	
Request Type	Initial
Drug	Dalteparin
Indication	Venous Thromboembolism (VTE) Prophylaxis Post-Surgery
Decision	Approved
Approval Start Date	2021-11-08
Approval End Date	2021-12-08

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### Correspondence Exchanged With the Ministry

Document Date	Document Type	Decision	Actions
2021-11-08	Response Letter	Approved	 <span style="border: 1px solid red; padding: 2px;">Download</span>
2021-11-08	Initial Request		Download

**The document displays as a PDF file**

See the [User Guide](#), Chapter 15, for more information about how to track the status of EAP Requests & Access Ministry Response Letters

<p><b>Ministry of Health</b></p> <p>Drugs and Devices Division Drug Programs Delivery Branch 3rd Floor, 5700 Yonge Street Toronto ON M2M 4K5</p> <p>Telephone: (416) 327-8100 Toll Free: 1-800-811-9903 Facsimile: (416) 327-7526 Facsimile Toll Free: 1-800-811-9908</p>	<p><b>Ministère de la Santé</b></p> <p>Division des médicaments et appareils fonctionnels Direction de la mise en œuvre des programmes de médicaments 6700, rue Yonge, 3<sup>e</sup> étage Toronto ON M2M 4K5</p> <p>Telephone: (416) 327-8100 Sans frais: 1-800-811-9903 Télécopieur: (416) 327-7526 Télécopieur sans frais: 1-800-811-9908</p>
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This letter contains privileged and confidential information and is intended only for the use of the Addressee(s) named within. If you are not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this letter is strictly prohibited. If you have received this letter in error, please notify us immediately by telephone and further instructions will be provided.

08/Nov/2021

**Exceptional Access Program**

**NOTICE OF APPROVAL**

To: **Dr. JOHN DOE**  
Fax: **(222) 222-2222**

Responses are faxed to the requesting prescriber's office. Please include your fax number on all correspondence.

Re: **Bob K** Date of Birth: **1901-01-01**

To ensure confidentiality, ministry requires identify the patient by first name, initial of the last name and date of birth. Please provide a copy of this letter to the patient and to the patient's pharmacy as a record of the decision for this request and the period of approval.

**Drug Request Number: 00007887-01**  
**Generic Drug: dalteparin sodium**

The Exceptional Access Program (EAP) facilitates access to drugs that are not listed on the Ontario Drug Benefit (ODB) Formulary for requests that meet specified criteria.

The request has been reviewed in accordance with the established ministry policies and approval has been granted. The coverage period begins as of the effective date and extends to the specified expiry date. In order to receive coverage, the patient must be eligible to receive benefits under the ODB program.

DIN/PIN	Brand Name	Effective Date	Expiry Date
02352656	Fragmin 10,000 U/0.4 mL inj	2021-11-08	2021-12-08

Need Assistance?



**Looking for more Information about SADIE?**

[www.Ontario.ca/SADIE](http://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](mailto:SSContactCentre.MOH@ontario.ca)**