

# Ontario Limited Use and Section 8

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# **Ontario Limited Use and Section 8**

Limited Use products are listed in the ODB CDI Formulary with specific clinical criteria or conditions for use and will be reimbursed only when those conditions have been met. The prescriber must include a Reason for Use code for the ODB recipient to qualify for the coverage.

## Viewing Limited Use Codes

 Call up the drug in the F5 - Drug screen. If limited use codes are associated with the drug, a View Reason Codes button will appear. You can also view limited use codes associated with the drug but selecting Reason Codes from the right navigation pane.

<u>F</u> ile <u>E</u> dit <u>E</u>	<u>Eile Edit D</u> rug Networ <u>k</u> <u>R</u> eports <u>U</u> tilities <u>N</u> H <u>C</u> ards Session <u>H</u> elp					
F3 - Patie	F3 - Patient         F5 - Drug         F7 - Doctor         F9 - Workflow         F11 - Drop-off         F12 - New Rx         Alt-X - Start					
Na <u>m</u> e	Avelox	DIN -	02242965 OK	Save 🗙 Scan	<sup>⊗</sup> Drug	
Generic	Moxifloxacin HCI	Strength	400mg Sched 1 (Schedule	Reportable	Order Drug	
Description	Salmon Oblong Tab Bayer M400	Followup (Days)	Oral/Written Not Specific	Dispense as Pack	Receive Drug	
Description 2		Form	TAB (Tablet)		Return To Stock	
Equivalent To		Route	Oral (Default)	Device	Perform FDB Analysis	
Default Sig		Manufacturer	BAH (Bayer Inc. Healthcare Division)	Immunization	Analyze Multiple Drugs	
Location	-	Handling Instr		Eligible for coupon	Customize FDB Info	
Caparic Type	Prand Single Source	Price Crewn	None	Flavor Rx	Print Kroll Care	
- Labels / Wo	rkflow Packaging	Price Group None Health Inform/Rx Canada			View	
Drug line 1	Default (Brand) 🚽 📃 Half-size Sig	Department	<none></none>	81.21.80.00	Alerts (0)	
Drug line 2	Default (Generic) 🚽 📃 Track Lot Num	Marketing Msg	<none></none>	Clinical Form	Generic Equivalents	
-	Track Expiry	Fee for Svc.	<none></none>	Tablet	Modification History	
	Kenigelateu	Drug Sub	Clear	Narcotic Monitoring	Old/New DIN Links	
Comments (	Comments (0) F2 Ins (0			Orden Listen		
Topic	Plain Text Comment			View Reason Codes	Order History	
					Reason Codes	

2. The **Drug Reason Codes** screen will appear, displaying all limited use codes associated with the drug.

🤝 Drug Rea	ison Codes	C X			
Code	Description	Duration			
337	CAP with co-morbidity: Community acquired pneumonia with co-morbid illn				
338	COPD with risk; Acute Bacterial exacerbation of chronic obstructive pulmo	365 days			
339	Step-Down: Step-down therapy after parenteral therapy or hospital / emer	365 days			
977	77 Exceptional cases of allergy or intolerance to all other appropriate therapi				
	✓ OK     X Cancel     Print				





Click **OK** or Cancel to close the Drug Reason Codes screen or Print to generate a Limited Use Reason Code Report:

	Limited Use Reason Code Report Kroll Computer Systems Pharmacy, Suite 201-1502 West 50th Avenue Vancouver BC V0V 0V0 Phone: (604) 383-1010 Fax: (604) 383-0001				
Limited Use Reas	on Code Report		Printed on: 16/09/2014 14:29:11		
Drug		Code	Limited Use Reason		
Form	DIN				
Avelox 400mg		337	CAP with co-morbidity: Community acquired pneumonia with co-morbid illnesses or failure to		
TAB	02242965		first-linetherapy.		
Avelox 400mg		338	COPD with risk; Acute Bacterial exacerbation of chronic obstructive pulmonary disease (COPD)		
ТАВ	02242965		with risk factors; bronchiectasis. Risk factors include: poor pulmonary lung function (FEVI below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteriod use, malnutrition, prolonged duration of disease, or 4 more exacerbations/year.		
Avelox 400mg TAB	02242965	339	Step-Down: Step-down therapy after parenteral therapy or hospital / emergency department discharge.		
Avelox 400mg		977	Exceptional cases of allergy or intolerance to all other appropriate therapies.		

## Adding Limited Use Drugs to a Patient Profile

Limited Use numbers are stored at the patient level and they can be attached to a patient without filling a prescription when presented with a LUP form from the patient.

1. Call up the **F3 - Patient** screen for the selected patient and select **Limited Use Items** from the right navigation pane.

								View
								Alternate Addresses (1)
Allergies (0) Add Drug (F2) Ins (Del	General	Family (2)	Nursing Ho	melo	ommunications	Other		AR Profile
	General	<u>r</u> anny (2/			i			Batches
	Home	Kroll Nursir	ng Home	•	Admit Date		Inactive 🔲	Charting
	Ward	Ward 1		•	Discharge Date			Concent
	Cycle	Cycle 1		-	Last TMR Date			
	Poom		Bed		Status		New	Credit Cards (1)
Medical Conditions (0) F2 Ins Del	Koom		bed					Documents
	Diet							Medication Review/Dialogs (2)
	Comment							Rx Counseling History
	Standing	Orders (0)					F2 Ins Del	History
								Limited Use Items
Groups (0) F2 Ins Del								To Do Items
							E	Work Orders





2. The **Patient Limited Use Drugs** screen will appear. Click **Ins** or press the **Insert** key on your keyboard to ad a new LUP.

of Patient Limited Use Drugs					C X
Limited Use Drugs (0)					F2 Ins Del
Drug Name	DIN	Expiry Date	Reason Code	Comment	<b>^</b>

3. The **Patient Limited Use Drugs** form will appear. Enter the **DIN** or press **F2** to perform a drug search.

V Patient Limited Use Drugs	C ×
DIN 02242965 F2	
Expiry Date	Is Section 8 🔲
Effective Date 16/09/2014	Reason Code
Max Quantity	View Limited Use Reason Code
• ОК	X Cancel

4. Click **View Limited Use Reason Code**. A list of reason codes that apply to the selected drug will appear. Select the appropriate reason code and click **OK**.

🤝 Select an	item from the list
Code	Description
337	CAP with co-morbidity: Community acquired pneumonia with co-morbid illnesses or failure to
338	COPD with risk: Acute Bacterial exacerbation of chronic obstructive pulmonary disease (CO
339	Step-Down: Step-down therapy after parenteral therapy or hospital / emergency department
977	Exceptional cases of allergy or intolerance to all other appropriate therapies.
	✓ OK X Cancel





5. A **Reason Code** will populate in the **Patient Limited Use Drugs** form. Click **OK** to close the form.





## Filling a Prescription for an Limited Use Drug

1. Enter the prescription as per usual. When you click **F12 - Fill Rx**, a prompt will appear informing you that you are filling an exception drug.

Select an Option
This is an Exception Drug. Do you want to:
Bill to ODB with a <u>R</u> eason Code
Bill to ODB as a <u>S</u> ection 8 Drug
Do <u>n</u> ot bill to ODB

- 2. Select **Bill to ODB with a Reason Code**. If the prescription is covered by Section 8, select **Bill to ODB as a Section 8 Drug**.
- 3. Select the appropriate Limited Use Code and click OK.

🥣 I	🖆 Limited Use Product Form						
Th Se	This is a limited use product. Select a reason code and an optional expiry date.						
С	ode	Description					
		Free Form					
33	37	CAP with co-morbidity: Community acquired pneumonia with co-morbid illnesses or failure to					
33	38	COPD with risk; Acute Bacterial exacerbation of chronic obstructive pulmonary disease (CO					
3	39	Step-Down: Step-down therapy after parenteral therapy or hospital / emergency department					
9	77	7 Exceptional cases of allergy or intolerance to all other appropriate therapies.					
E	iffective Da	ate 16/09/2014 Expiry Date Reason Code 338					
	✓ OK X Cancel						





The Limited Use Code will appear in the **Plans** tab on the **F12** screen:

Plans Pricing	Dat <u>e</u> s <u>C</u> omments Indications Other ECtrl
Rx Plans	Plan Pays Extra Info (F2 Edits)
ODB	✓ Not Adjud. Inter:LU RC:338
Cash	✓ Not Adjud. Deduct: \$0.00
	_
Next Disp Qty	Min Interval Auto Refill Rx Comments (0)

## Limited Use Request Report

A Limited Use Request that can be printed and faxed to the doctor if an ODB patient has prescription for a drug that is covered by ODB under LUP and the doctor did not indicated the appropriate LUP code on the Rx.

#### Method 1: From the Alt-X Start Screen

- 1. Go to Reports > Patient > Limited Use Request.
- 2. The Limited Use Request form will appear.

#### Method 2: From the Patient Profile

- 1. Call up the **F3 Patient** screen for the selected patient and select **All Rxs** from the right navigation pane.
- 2. Use the spacebar to highlight the Rx you want to generate the Limited Use Request for.
- 3. Select Extra Functions > Limited Use Request.







 The Limited Use Request form will appear. Rx Info will be checked by default with all other fields greyed out. This ensures the report only includes information that has been entered for the selected Rx.

🥣 Limited Use			
<u>F</u> ile			
<u>S</u> election	<u>O</u> ptions	Customized Text	
🛛 🖓 Rx Info			
Patient	Print Black	ank Patient	
			F2 Clear
Doctor			
			F2 Clear
Drug			
			F2 Clear

If you uncheck Rx Info, the Patient, Doctor, and Drug field become available.

🛫 Limited Use Request				
E	ile			
	<u>S</u> election	<u>O</u> ptions	Customized Text	
	Rx Info			
	Patient	Print Black	ank Patient	
				F2 Clear
	Doctor			F2 Clear
1	' Drug			
				[F2][Clear]





#### Selection tab

The **Selection** tab allows you to specify the patient, doctor, and drug to be included in the report. Click the **F2** button next to the respective field(s) to perform a search and make a selection. Click **Clear** to remove a selected item.

Select Print Blank Patient if you do not want any patient information to appear in the report.

🥣 เ	imited Use	e Request			E .	
<u>F</u> ile						
<u>S</u>	election	<u>O</u> ptions	Customiz	ed <u>T</u> ex	t	
	] Rx Info					
	Patient	Print BI	ank Patient			
P	oe, Jane					F2 Clear
D	octor					
D	r. Zhang,	Jerry				F2 Clear
	rug					
A	vonex					F2 Clear
					-	
Prir	nter Micr	osoft XPS D	ocument Wi	riter 👻	Copies	1 🚔
Tra	y Auto	matically Se	lect	•	Collate	e 🔲 Duplex
[	<u>R</u> estore [	Defaults	✓ Print	Prev	<u>v</u> iew	X Close





#### Options tab

The **Options** tab allows you to specify the appearance of the report. Place a checkmark next to the items you want printed in the report.

1	🧉 Limite	d Use	Request			Ē		x
	<u>F</u> ile							
	<u>S</u> elec	tion	<u>O</u> ptions	Customiz	ed <u>T</u> ex	t		
	✓ Print Store Logo							
	Print date on header Print Doctor primary license							
	Prir	it Pati it Pati	ent's Nursin ent's NH ro	ig Home om				
	<ul> <li>Print Drug Image</li> <li>Print Drug Equivalent</li> <li>Print Drug Description</li> <li>Print Drug Manufacturer</li> <li>Print Rx Filldate</li> <li>Print Rxs directions</li> </ul>							
	I Prir ■ Prir Pha	<ul> <li>Print Doctor's signature line</li> <li>Print Pharmacist's signature line</li> <li>Pharmacist</li> </ul>						
	Barbara Taylor							
	Printer       Microsoft XPS Document Writer       Copies       1         Tray       Automatically Select       Collate       Duplex						1 🚔	
							uplex	
	Rest	ore D	efaults	✓ Print	Prev	iew 🚺	Close	•





#### **Customized Text tab**

The **Customized Text** tab contains editable text that is printed in the first and second sections of the report. Place a checkmark next to **First Section** and/or **Second Section** to include the entered text in the report.

Limited Use Request						
<u>F</u> ile						
Selection Options Customized Text						
V First Section						
Font Font Size B / U						
This medication is listed as a Limited Use Product in the Ontario Drug Benefit formulary and therefore requires a completed <i>Limited Use</i> form.						
Second Section						
Font Font Size Font Size						
Ontario Drug Benefit will only reimburse prescriptions for this medication if the prescription complies with a Medical Reason for Use as defined by ODB. For your convenience, the applicable Medical Reason for Use codes are listed below.						
If your patient meets the criteria, please supply a valid						
Printer Microsoft XPS Document Writer  Copies 1						
Tray Automatically Select  Collate Duplex						
Restore Defaults						

Click **Preview** to preview the report or **Print** to print.





### Sample Limited Use Request Report

Dr. Drake       Oct 06, 20         • ON       NSA 3H5         Office: 273-4550       Dr. Zhang:         You have prescribed the following medication for your patient Jane Doe       This medication is listed as a Limited Use Product in the Ontario Drug Benefit formulary and therefore requires a completed <i>Limited Use</i> form.         Image: Strand R Marce:       Plavix         Generic Name:       Clopidogrel Bisulfate       Description:         Samante:       Plavix         Generic Name:       Clopidogrel Bisulfate       Description:         Ontario Drug Benefit will only reinburse prescriptions for this medication if the prescription complies with a Medical Reason for Use as defined by ODB. For your convenience, the applicable Medical Reason for Use codes are listed below.         If your patient meets the criteria, please supply a valid prescription ensuring the appropriate <i>Limited Use</i> code is clearl written and forward back to our pharmacy as soon as possible:         • Patient Name       • Medical Reason for Use Code         • Date       • Doctor Signature         • DrugName       • OPSO #         We appreciate your prompt asistance in this matter. Thank you.         Pharmacist:	Kroll Pharmacy Greenwoods way Edmonton , AB J4J 4J4 Phone: (780) 555-5555 Fax: (780) 444-4444						
- ON NSA 3H5 Office: 273-4550 Dffice: 273-4550 Dr. Zhang: You have prescribed the following medication for your patient Jane Doe This medication is listed as a Limited Use Product in the Ontario Drug Benefit formulary and therefore requires a completed <i>Limited Use</i> form. Diff: 02238682 Errand Name: Plavit Generic Name: Clopidogrel Bisulfate: Description: Salmon Round Tab 75 Strongth: 75mg Manufacturer: SAV Drug Form: TAB (Film-coated Tablet) Ontario Drug Benefit will only reinburse prescription for this medication if the prescription complies with a Medical Reason for Use as defined by ODB. For your convenience, the applicable Medical Reason for Use codes are listed below If your patient meets the criteria, please supply a valid prescription ensuring the appropriate <i>Limited Use</i> code is clearl written and forward back to our pharmacy as soon as possible:	Dr. Drake Oct 06, 2014						
Dr. Zhang:         You have prescribed the following medication for your patient Jane Doe         This medication is listed as a limited Use Product in the Ontario Drug Benefit formulary and therefore requires a completed <i>Limited Use</i> form.         Image: Discrete Completed Limited Use Product in the Ontario Drug Benefit formulary and therefore requires a completed Limited Use form.         Image: Discrete Completed Limited Use Product in the Ontario Drug Benefit formulary and therefore requires a completed Limited Use form.         Image: Discrete Completed Limited Use Product in the Ontario Drug Benefit will only reimburse prescriptions for this medication if the prescription complies with a Medical Reason for Use as defined by ODB. For your convenience, the applicable Medical Reason for Use codes are listed below.         If your patient meets the criteria, please supply a valid prescription ensuring the appropriate <i>Limited Use</i> code is clearly written and forward back to our pharmacy as soon as possible:         Patient Name       - Medical Reason for Use Code         Date       - Doctor Signature         DrugName       - CPSO #         We appreciate your prompt asistance in this matter. Thank you.         Pharmacist:	- ON N5A 3H5 Office: 273-4550						
This medication is listed as a Limited Use Product in the Ontario Drug Benefit formulary and therefore requires a completed Limited Use form.         Image: Discrete Complexity of the Compl	Dr. Zhang: You have prescribed the following medication for your patient Jane Doe						
EVALUATE SECOND IN CONCENTION OF A STATEMED TO BE RECEIVED BY THE ADDRESSEE ONLY. IF THE READER IS NOT THE INTENDED TO BE RECEIVED BY THE ADDRESSEE ONLY. IF THE READER IS NOT THE INTENDED TO BE RECEIVED BY THE ADDRESSEE ONLY. IF THE READER IS NOT THE INTENDED	This medication is listed as a Limited Use Product in the Ontario Drug Benefit formulary and therefore requires a completed <i>Limited Use</i> form.						
If your patient meets the criteria, please supply a valid prescription ensuring the appropriate <i>Limited Use</i> code is clearl written and forward back to our pharmacy as soon as possible:	DIN: 02238682 Brand Name: Plavix Generic Name: Clopidogrel Bisulfate Description: Salmon Round Tab 75 Strength: 75mg Manufacturer: SAV Ontario Drug Benefit will only reimburse prescriptions for this medication if the prescription complies with a Medical Reason for Use as defined by ODB. For your convenience, the applicable Medical Reason for Use codes are listed below.						
Patient Name     Date     Dotor Signature     Dotor Signature     DrugName     CPSO #  We appreciate your prompt asistance in this matter. Thank you.  Pharmacist:     April  Medical Reason for Use Codes:  375 For patients immediately post-hospitalization for Acute Coronary Syndrome (ACS), in combination with ASA. <i>A</i> is defined as any mycocardial infarction (MI) or unstable angina (UA).  376 For patients immediately pre- or post- percutaneous coronary intervention (PCI). *Therapy may be initiated or 10 days prior to PCI.  411 For patients who experience a stroke or transient ischemic attack while taking Aggrenox (dipyridamole & AS ASA alone; or For patients experiencing ongoing severe symptomatic peripheral vascular disease (i.e. with AF Brachial Index < 0.5) after a vascular event while on ASA. ASA should not be used concomitantly; or For patients experiencing ongoing severe anaphylactic reaction or bronchospasm. Gastrointestinal events, including GI bleeds, are excluded.  Page 1 of 1  THIS TELECOPY IS CONFIDENTIAL AND IS INTENDED TO BE RECEIVED BY THE ADDRESSEE ONLY. IF THE READER IS NOT THE INTENDED	If your patient meets the criteria, please supply a valid prescription ensuring the appropriate <i>Limited Use</i> code is clearly written and forward back to our pharmacy as soon as possible:						
We appreciate your prompt asistance in this matter. Thank you.         Pharmacist:	<ul> <li>Patient Name</li> <li>Date</li> <li>DrugName</li> <li>Medical Reason for Use Code</li> <li>Doctor Signature</li> <li>CPSO #</li> </ul>						
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<ul> <li>For patients immediately post-hospitalization for Acute Coronary Syndrome (ACS), in combination with ASA. <i>I</i> is defined as any mycocardial infarction (MI) or unstable angina (UA).</li> <li>For patients immediately pre- or post- percutaneous coronary intervention (PCI). *Therapy may be initiated or 10 days prior to PCI.</li> <li>For patients who experience a stroke or transient ischemic attack while taking Aggrenox (dipyridamole &amp; ASA ASA alone; or For patients experiencing ongoing severe symptomatic peripheral vascular disease (i.e. with ArB rachial Index &lt; 0.5) after a vascular event while on ASA. ASA should not be used concomitantly; or For patirequiring ASA with documented severe allergy to ASA, such as anaphylactic reaction or bronchospasm. Gastrointestinal events, including GI bleeds, are excluded.</li> </ul>	Medical Reason for Use Codes:						
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Page 1 of 1 THIS TELECOPY IS <u>CONFIDENTIAL</u> AND IS INTENDED TO BE RECEIVED BY THE ADDRESSEE ONLY. IF THE READER IS NOT THE INTENDED	411 For patients who experience a stroke or transient ischemic attack while taking Aggrenox (dipyridamole & ASA) ASA alone; or For patients experiencing ongoing severe symptomatic peripheral vascular disease (i.e. with Ankl Brachial Index < 0.5) after a vascular event while on ASA. ASA should not be used concomitantly; or For patier requiring ASA with documented severe allergy to ASA, such as anaphylactic reaction or bronchospasm. Gastrointestinal events, including GI bleeds, are excluded.						
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RECIPIENT THEREOF, YOU ARE ADVISED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS FACSIMILE IS STRICTLY PROHIBI	THIS TELECOPY IS <u>CONFIDENTIAL</u> AND IS INTENDED TO BE RECEIVED BY THE ADDRESSEE ONLY. IF THE READER IS NOT THE INTENDED RECIPIENT THEREOF, YOU ARE ADVISED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS FACSIMILE IS <u>STRICTLY PROHIBITE</u>						