

Medication Payment Assistance in Ontario

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Introduction

The price of medications can lead to financial hardship. In most cases, assistance to cover prescription drug costs is available. The following information about drug cost assistance may be valuable. It can help offset expenses. It can help you afford the medications. It is important that you take HIV medications at regular times. You need to avoid missed doses.

Before you start drug treatment, ensure you have payment assistance. This will help prevent interruption of your drug therapy. Some of the ways to get assistance are complex. You might benefit from assistance from a professional with experience in this area. Your Social Worker, Physician, Nurse, or staff in many social service agencies including AIDS Service Organizations can often help you set this up. Note that you must usually pay a non-waived pharmacy **dispensing fee** for each drug.

For patients in Ontario, various sources cover HIV/AIDS drug costs. The first three systems outlined in **bold typeface** are the most utilized. They are drug coverage mechanisms that many people know about. They are likely the ones you need to understand and pay attention to. The other systems are less common. In most cases involving these additional six systems, a professional involved in your care will know it is needed and will set it up with you.

Each system has rules. We describe the rules in this guide. Eligibility criteria may vary. It depends on individual circumstances. It depends on the drug coverage system used. It depends on the treatment medications.

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Private Insurance

You may have private insurance (usually from work) for drug costs. The plan is usually from your workplace. You can check details with the insurer. You should ask the insurer or your pharmacist if the plan covers your needed medications. Some plans have annual expenditure caps, or charge an annual deductible. For many plans, you pay a percentage of your prescription costs. For example, many plans cover 80% of drug costs. In some cases, they pay the pharmacy directly or online. In other cases, you pay first and then submit claims for reimbursement. You use a standard claim form for that insurance company.

Some insurance plans revert to 100% drug coverage within the insurance fiscal year. This can happen if you submit claims that reach a total set cost. At that point, there is an upgrade in coverage. It is wise to check with your insurer or with your employer. The employer is termed the “administrator” of your insurance plan.

For some medications, the insurer requires a completed form. Your physician fills the form and submits it. Usually, the physician or pharmacist understands when this form is essential. If uncertain, the insurance company can tell you. You would contact the insurer and provide the Drug Identification Number (DIN) for the medication and dosage. The insurer can send you the application form for that drug. The term used is usually “pre-authorization” or “pre-approval”.

Persons living with HIV/AIDS often worry about where information goes. Does the insurer tell the employer about your medication names and uses, for example? In actuality, this does not occur. The insurance company processes claims. In-house health providers consult on eligibility. The insurance company is essentially bound by confidentiality. Most employers purchase employee insurance plans based on “catastrophic cost pooling”. This means that they group with large numbers of other employers. As a result, there is an averaging or spread-out of the costs of any one person. Expensive drugs don’t show on the “radar” for you. This is sometimes called “flattening or leveling the distribution” of medication costs. It is virtually impossible that they “flag” an individual for high utilization. In some instances, the employer may receive information that the total drug costs increased for the employee group. Sometimes insurers set their premiums on these patterns. However, the employer would not know specific employee details. The employer might make an assumption based on the start dates or termination dates of employees, but they are not “tipped off” by the insurer.

It is now very rare that an employer requires submitting drug claims to a supervisor or a Human Resources staff-person at your place of work. The insurance company heavily discourages setting up that kind of arrangement. If you are told to submit your claims at work, and that is uncomfortable or worrisome for you, try to consult someone. You can speak to an experienced Social Worker at your treatment clinic or your local AIDS Service Organization.

Your part of the drug bill may be expensive. This is called the non-insured portion. It may be difficult to budget your personal funds for these expenses. In such cases, you can apply for the Trillium Drug Program (TDP). If your portion of the cost of medications exceeds 4% of your income, it is beneficial to use TDP along with the insurance. See page 7 and Appendix 1 and 2.

Your private insurance may have a “health spending account” or “flexible benefits” arrangement. If so, the drug cost benefits are grouped into the same “benefit fund envelope” as the other extended health care perks. You risk tapping out the benefits for expensive HIV-related medications. Then you might lose access to other important health-related benefits in the insurance plan. Nevertheless, you still must report and use the insurance with Trillium Drug Program. This applies if you are using the TDP for supplementary assistance. It is OK to first tap into your health spending account for non-drug expenses. You can try to do that prior to utilizing the account for medications. This strategy involves planning certain expenditures early in the insurance fiscal year. For example, you can time dental work or eyeglasses immediately following the point of annual fund replenishing.

Another way to conserve private insurance funding is timing of expense claims to insurance and Trillium Drug Program. Get the receipt for your percentage of the drug costs. Submit claims to TDP immediately. Do it when you acquire your receipt or insurance statement. In any given TDP fiscal quarter, once you reach your deductible you can use TDP fully. Sometimes, this will happen by the second month of a quarter. It will happen in the third month of a quarter for TDP enrollees who do not reach the deductible until the second month of the quarter. This will vary if not all drugs in a given month are purchased simultaneously. When TDP has officially recognized you attained or surpassed your deductible for the quarter, simply use your OHIP card at the pharmacy for full coverage for the remainder of the quarter. You can repeat the strategy and procedure each TDP fiscal quarter. The quarters begin the first of August, November, February and May. You can “do the math” yourself, or contact TDP to see if you reached your deductible. This strategy can also help reduce the occasions you have to “front” your out-of-pocket non-insured portion and wait for the reimbursement from TDP.

Most private insurance plans block a refill earlier than a set post-dispensing period. Most plans require a proportion of the previous coverage period to have elapsed. Then they allow for refill. Usually two-thirds or 70% of the period must elapse. For example, let’s say you obtain a 30-day supply of medication. You attempt to fill the subsequent 30-day supply before 21 days have elapsed. The insurer will likely reject the claim. This can particularly complicate matters if you are using insurance in combination with Trillium Drug program.

For long-term medications, many insurers will eventually allow a larger supply to be dispensed at any one time. This is on a drug-by-drug basis. For example, you may start a medication at a 30-day supply. If it is refilled a few times, the insurer will recognize it as a maintenance-type drug. At that point, it will be possible to get 60-day or sometimes 90-day supplies. Sometimes this is termed “transition from an acute use drug to a

maintenance use drug”. The same refill blocking rules apply. For example, 60 days of a 90-day supply must elapse. Then you can refill the next 90-day supply.

It is a good idea to be familiar with the details of your insurance. If you plan time outside of Canada you could then strategize. Without the planning, you may find yourself stuck without the supply you need.

Ontario Drug Benefit Program (ODB)

A) How the Ontario Drug Benefit program works

The Ontario Drug Benefit program is the most common route for drug cost assistance. ODB covers four categories of medications. Different rules apply to each category. You can see the categories below, in the order of least complex to most complex. .

i) Formulary list:

The Ontario Drug Benefits formulary contains a big list of drugs. They tend to be medications that many people take. Simply show the pharmacist your coverage details.

ii) Facilitated Access:

This is a special list of drugs. Certain doctors may prescribe them. The doctor needs authorization in a special category. The term used is “facilitated access.” Your physician usually has this registration. Most medications for HIV/AIDS are in this category. A doctor in training might write the drug prescription. Check the doctor’s name and signature on the prescription and on the drug receipt. Make sure the doctor is on the registered facilitated access list. Pharmacies can check this for you.

iii) Limited Use:

The Limited Use category is another special list of drugs. ODB covers them under certain circumstances. The physician writes the relevant code number on the prescription. The code represents two things: the product, and the patient needing the product for medical reasons. The physician must be under facilitated access.

iv) Exceptional Access Program:

This is a final list of drugs not on the ODB formulary. Your physician applies for coverage on a paper form. The form is separate from the prescription. This program was formerly called Individual Clinical Review (Section 16). When the request is granted, coverage is allowed for a limited period of time. Your doctor or nurse may reapply later for renewal. The physician must be under facilitated access. Sometimes, the drug will move to lower levels of complexity. For example, it might move to Limited Use (or skip that step), then Facilitated Access.

Note that ODB coverage is not comprehensive. It does not cover all dispensing fees. ODB does not cover most investigational and complementary/alternative therapy products. If you are not in a study that provides these medications free of charge, you must pay for them.

B) How to qualify for ODB assistance

There are four ways that Ontario residents may qualify for ODB assistance.

i) Social Assistance: Ontario Works (local Social Services), or Ontario Disability Support Program

These two social assistance programs provide a monthly ODB slip. The slip is attached to your cheque or benefit payment stub. Clinic social workers and AIDS Service Organizations can help you access these programs. A Clinic social worker or a benefits counselor at the Toronto PWA Foundation can give you more information. The Ontario AIDS Network's Online Benefits Information section contains more detailed information. Look for it under the Programs and Services section of their website.

ii) Community Care Access Centres' home care programs

Some patients receive Home Care Service through a CCAC. Home care programs provide professional services. These services help ill people live independently. These services may be nursing and personal care assistance. CCAC provides an ODB slip to cover medication costs. This is usually automatic. This pathway into ODB expires when home care services end.

iii) Seniors with OHIP

Persons age 65 and older obtain their medications free of charge. ODB covers the costs. The senior presents the OHIP card at the pharmacy. Higher income seniors usually pay an annual copayment deductible of \$100.00 (beginning each Aug. 1st) and higher dispensing fees.

iv) Trillium Drug Program

The Trillium Drug Program (TDP) assists with drug costs for residents in Ontario. You must have a valid Ontario Health Insurance Program (OHIP) card. You pay a co-payment, called a deductible. The deductible is approximately 4% of your taxable household income for a calendar year (January 1st to December 31st). The TDP operates on a fiscal year, August 1st to July 31st. You pay the deductible in quarterly installments. You can apply anytime during the fiscal year as a new applicant. You will renew each year. Your tasks for renewal depend on a number of factors. For more information, refer to the instructions.

Paper application packages include the guide and application form. These are available in most pharmacies, or contact TDP and they will mail it to you. You can download these on line through MOHLTC.

Your pharmacist uses your Ontario Health Insurance Program (OHIP) card to access TDP coverage. In most cases, it is done electronically. You pay the deductible co-payment at the pharmacy. The appendices at the end of booklet demonstrate submitting receipts to TDP.

Trillium Drug Program
PO Box 337, Station D,
Etobicoke, ON M9A 4X3
Ph (Toronto): (416) 642-3038
Fax: (416) 642-3034
Toll Free: 1 (800) 575-5386
Email: trillium@resolve.com

Helpful Tips When Using Trillium Drug Program:

It is important to read and completely understand the instructions guide. Below are outlined suggestions to avoiding common TDP enrolment and usage problems. Some relate to protecting your privacy.

Use the person names as they are stated on the OHIP registrations. OHIP must be current. If OHIP is expired, the file is not registered, or the file is put on hold pending OHIP renewal.

Enrolment in Trillium Drug Program does not identify you as having HIV/AIDS. However, one piece of correspondence can contain names of HIV medications. It is the medication summary sheet. TDP would mail this to you. This happens if you mail expense claims (drug cost receipts). You would mail such claims to TDP if you spent money on drugs before enrolment. Alternatively, you would mail claims if private insurance covers a portion of the costs. In that case, you must submit your portion of the costs by mail. The medication summary sheet TDP sends you shows the amounts you paid towards your quarterly deductible. It may include a reimbursement cheque.

For TDP, you can use a mailing address that is not your true mailing address or physical address. This may better protect your information.

It could be the address of a trusted friend, for example. In that case, it will likely differ from your OHIP address. For example, you can enter in the mailing address section: care of John Doe, etc. Enter your physical address below the mailing address. A simple letter of explanation for the “care of” address must accompany the application. This is not intended to force you to provide private information about your illness. For example, you can state that it is convenient to use the “care of” address. The explanation requirement intends to ensure that TDP can cross-check your signature with the signature on your application. In other words, it is designed to protect you.

This strategy will work smoothly if all your medications are billed directly to TDP by the pharmacist. However, if you submit receipts or copies of receipts (with accompanying insurance statements) to TDP the address on the medication receipt must correspond to the mailing address on your TDP file. Technically, the address on the medication receipt is not required, so you could ask the pharmacist to omit it. If the receipt contains your physical address, enclose a letter each time to TDP that explains it is your physical address and that your mailing address is not contained on the receipt because you had elected to file a mailing address that differs from where you reside.

The “Universal Child Care Benefit amount” is deducted from (not added to) “Net Income”. Therefore, your deductible will be reduced by about \$50.00 per child under age 6.

It is important to budget from quarter to quarter during the TDP fiscal year. Any unpaid deductible amount in a quarter is “rolled over” (automatically added) to the next quarter. However, unpaid deductible amounts are not carried forward to the next program year.

The enrolment start date requires careful consideration. If you do not notice this section, tucked away at the bottom of page 2, you may miss it. In that case, Trillium Drug Program will set the enrolment start date as August 1st. You should backdate it within the **current** TDP fiscal year (no earlier than August 1st) if you have spent an amount of money on medications that exceeds what your deductible for that period would have been. You should backdate it within the **previous** TDP fiscal year (no earlier than August 1st of the previous fiscal year) if you have spent an amount of money on medications that exceeds what your deductible for that period would have been AND you have applied for enrolment for the **previous** fiscal year no later than September 30th of the **current** fiscal year and submit receipts no later than October 31st of the **current** fiscal year.

If not backdating the enrolment start date, you enter either the current date or a future date. Be careful that you do not use the current date if you do not anticipate needing medications in the near future where the costs exceed your deductible. Be careful that you do not use a date projected into the future if it is possible you will need expensive medications prior to that future enrolment date. You can consult with your physician about these timing questions. In general, if you are well organized with the required documentation you can apply for TDP at the time you need it. If the application is in order, you can expect to be enrolled within two weeks.

The information provided in the TDP Guide and the application about “household unit” can be confusing. On page 3 of the guide, the definition is: “a single person or two or more people who are dependent on each other financially”. This implies a reciprocal dependence rather than a unilateral hierarchical dependence. On page 18 in the guide, a household unit is defined as “the members that make up a household”, and it is stated that “a single person may be a household unit for TDP purposes”. However, some applicants are not sure if the term “single” is to be taken to mean non-married or taken to mean a

person as an individual or sole entity. The definition on page 3 of the guide does little to clarify, as it does not reference marriage, a conjugal relationship, or a common-law relationship that could be taken as a contextual basis upon which to interpret the term “single”.

On page 3 of the guide, the applicant is referred to page 2 of the application for a definition of household unit. It is somewhat clearer. There are basically four possible household units. A household is comprised of a single person of at least age 16 living alone (though income documentation is required only for 18 years of age and older); two persons who are spouse (legally married), common-law spouse, or same-sex partner; either of the first two family units along with children, parents or grandparents residing with the single person or couple, where reliance for financial support is in one direction or reciprocal; or either of the first two family units along with children who are students, who may not live with the unit but rely on the single person or couple for financial support (in one direction).

In Ontario the definitional requirements for common-law spousal status are being in a conjugal relationship and at least one of three conditions: cohabiting for no less than one year, are together the parents of a child, or have entered into a cohabitation agreement

If you report drug coverage insurance, make sure you enter the premium you pay, or zero. If you leave it blank the TDP application may be put on hold.

Sometimes, but rarely, another enrollee happens to be in the program at the same address as yours. For example, a tenant at your address may be in the TDP. In that event, notice is sent to person 1 of the new application. The application is returned to person 1, indicating that both the new applicant(s) and the previous enrollee at or previously (but without notice of address change) at that address have to write and cosign documentation that they are not spouses and they are not financially interdependent.

Sometimes TDP enrollees want to know what amount of medication supply can be filled at one time. This depends on the date within a quarter and the date within the TDP fiscal year. You can ask your pharmacist or contact TDP with questions about supply quantity guidelines.

Interim Federal Health Program (IFHP)

IFH provides temporary health insurance to refugees, protected persons and refugee claimants in Canada. This occurs when not yet covered by a provincial or territorial health insurance plan. The coverage is also for eligible dependants. Citizenship and Immigration Canada (CIC) delivers the program. FAS Benefits Administrators Limited (Vegreville, Alberta) administers the program. The General Inquiries contact is: (888) 242-2100.

You show the pharmacist your photograph-bearing document. It is called “Acknowledgement of Convention Refugee Claim”, or “Determination of Eligibility”, or

“Certificate of IFH Eligibility.” You may see a code number on the document: IMM 1442. The coverage is one year at a time. You must renew the document each year. It ends when you get Convention Refugee status and OHIP. For Greater Toronto Area, we recommend a lead time of three months for the renewal each year. Each renewal requires a new set of photographs and a completed application.

Sometimes patients with IFH also have Ontario Drug Benefit coverage. This can be confusing. Such patients get the ODB coverage only through Ontario Works or Ontario Disability Support Programs. Those are the two systems that provide ODB coverage without Ontario Health Insurance (OHIP). Whether IFH or ODB is used seems to make no difference.

Ontario Drug Distribution and Monitoring Program (ODDMP)

Some doctors register Ontario patients with the ODDMP HIV Drug Project Centre. It is based at Sunnybrook Health Sciences Centre in Toronto. The Project Centre covers the cost of certain medications (e.g., some antiretrovirals, aerosolized pentamidine). Designated hospital pharmacies can fill these prescriptions. Your physician completes a form and sends it to the Centre. The Centre keeps your name in a confidential registry. Ontario Drug Benefits (ODB; see below) covers some of the Project Centre medications. ODB covers them when the medications are in a combined formulation.

Special Access Program (Health Canada)

Some medications are not yet licensed or marketed in Canada. To obtain them, your physician contacts the Health Protection Branch of Health Canada. The physician makes a specific request on your behalf. The drug has to be listed in the Special Access Program (SAP), through a regulatory exemption. These drugs are often (but not always) provided free of charge by the manufacturer. You may have to pay a dispensing fee. The Special Access Program was once called the Emergency Drug Release Program. The term “compassionate access” is also sometimes used to describe this way of obtaining a medication. The medication might be obtained through what is called an Expanded Access Protocol at a clinic site. The term “Expanded Access” is not to be confused with the new Ontario mechanism “Exceptional Access” (Section 2 A iv). Sometimes, the SAP drug will move to lower levels of complexity. For example, it might move to the Ontario Drug Benefits system. In that case, it could be under Exceptional Access in Ontario, then Limited Use (or skip that step), then Facilitated Access, etc.

Public Health Department (syphilis or tuberculosis)

Public Health provides drug payment for treatment of syphilis and tuberculosis. Access is through the provincial or local departments of public health. You do not need health insurance (i.e., OHIP, Interim Federal Health). In most cases, you obtain the medications

at the public health department. In some cases you obtain the drug from your physician or pharmacy. Sometimes a drug that treats TB is used to treat another condition (e.g., rifabutin for MAC). In that case, the other drug coverage mechanisms apply.

Workplace Safety Insurance Board

The WSIB drug benefit program in Ontario pays for prescription drugs for workers. The drug must be related to the workplace injury or illness. One example of getting HIV through work is a needlestick injury. WSIB would likely cover the medication costs. Pharmacies can set up online billing. There is no obligation to use the WSIB program if there are other ways to pay for the medications. For questions regarding the WSIB Drug Benefit Program, contact their Health Care Access Line at (416) 344-4526 or toll-free (800) 569-7919.

Patient Assistance Programs

Many hospital HIV clinics and HIV primary care physicians can apply for short-term compassionate access. They must document a reason for requesting the drug free of charge. For example, there is no other way to cover the cost. The pharmaceutical company supplies the medication. Other drug coverage mechanisms need to be explored. Each free drug supply usually lasts for one to three months. Some AIDS Service Organizations in Ontario facilitate PAP medication for their clients. They help to organize the paperwork. One example of such a window into PAP drugs is the HIV Medication Access Program (H-MAP) at the Toronto PWA Foundation.

Post-Exposure Prophylaxis

PEP is the need and procedure for HIV-related medications right after exposure to the human immunodeficiency virus, where there is reasonable expectation that the incident posed a risk of infection. It might be a broken condom during sexual intercourse, or sharing a needle for intravenous injection. Immediate drug treatment for one-month, at a cost of about \$1,500.00, can prevent infection. To obtain prescriptions without delay, the typical entry point is a hospital Emergency Department. Unless accessed through ODB, (the patient pays the costs of the medications “up front” when filled.

Appendix 1.

STEPS TO FOLLOW WHEN YOU ARE USING BOTH PRIVATE/ WORKPLACE INSURANCE with a direct-pay card AND TRILLIUM DRUG PROGRAM (TDP) COMBINED

- 1) Fill the prescription at the pharmacy, using your electronic card from the insurance company. Make a Xerox copy of the original receipt for your out-of-pocket expense. It is usually 10% or 20% of the cost of the drugs. Keep this copy for your records. Note that this receipt contains the name of the medication(s) and the costs. It is not the cash or credit card receipt. TDP does not need the cash or credit card receipt. Put your name and OHIP number or TDP registration (RA) number on each piece of paper or document that you send to TDP.
- 2) Send the original receipt to the Trillium Drug Program. TDP will credit your expense towards the deductible. They will reimburse you any amount that exceeds your quarterly deductible. **Make sure that the physician on the receipt is registered under Facilitated Access if the drug is in that category.**

Even though you have private insurance, TDP fully covers your medications after you reach your deductible in any given quarter. If you submit your claims quickly, chances are the pharmacy computer will register this prior to your subsequent refills within that quarter. If there is a delay, you will likely need to use the private insurance later in the quarter, until TDP revises the computer system information after they process your claims.

Note: Reimbursement from Trillium Drug Program usually takes some time. Whether you accumulate your receipts and send them in batches to TDP, or whether you send them each time you fill medications depends on your financial situation. It also depends on your desire to reach your deductible sooner in a given quarter in order to have TDP cover the costs. If possible, try to create a financial 'cushion' for yourself before you begin these reimbursement procedures.

Following is a sample letter a sample letter for submitting your receipts to TDP

Date: day: ____/month: ____/year: _____

Trillium Drug Program,
P.O. Box 337 Station D
Etobicoke, Ont. M9A 4X3

Dear TDP staff:

Please find enclosed my latest receipt(s) for the 'out-of-pocket portion' that I paid for my medications.
Thank you for your assistance.

Signature:

_____, RA# or OHIP#
Print name

Appendix 2.

STEPS TO FOLLOW WHEN YOU ARE USING BOTH **PRIVATE/ WORKPLACE INSURANCE AND TRILLIUM DRUG PROGRAM** COMBINED in cases where the insurance portion must be submitted manually to the insurer without an e-card:

- 1) Fill the prescription at the pharmacy. Make a xerox copy of the original receipt. This photocopy is **Item A**. Note that this receipt contains the name of the medication(s) and the costs. TDP does not need the cash or credit card receipt. Put your name and OHIP number or TDP registration (RA) number on each piece of paper or document that you send to TDP. Remember where you put Item A while waiting for Item B (below).
- 2) Send the original receipt, NOT **Item A**, to the insurance company. They will reimburse you the portion that they cover, usually 80% or 90%. **Make sure that the physician on the receipt is registered under Facilitated Access if the drug is in that category.**
- 3) You will receive a statement from the insurance company, along with your reimbursement payment. The original statement is **Item B**. Make a xerox copy for your records. **The insurance statement should state clearly the name of the medications or the drug identification number.** If it does not contain that information, TDP will likely request it. This will cause further delay. For each drug receipt copy, the drug information on the insurance statement should correspond. If the insurance does not cover one or more drugs, that will be listed on the statement. In that case, TDP may request an additional letter from the insurer, verifying the claim rejection. You may have to obtain this letter from the insurer.
- 4) Send **Item A** and **Item B** to Trillium Drug Program. TDP will credit your expense towards the deductible. They will reimburse you any amount that exceeds your quarterly deductible.

Even though you have private insurance, TDP fully covers your medications after you reach your deductible in any given quarter. If you submit your claims quickly, chances are the pharmacy computer will register this prior to your subsequent refills within that quarter. If there is a delay, you will likely need to use the private insurance later in the quarter, until TDP revises the computer system information after they process your claims.

Note: Reimbursement from Trillium Drug Program usually takes some time. Whether you accumulate your receipts and send them in batches to TDP, or whether you send them each time you fill medications depends on your financial situation. It also depends on your desire to reach your deductible sooner in a given quarter in order to have TDP cover the costs. If possible, try to create a financial 'cushion' for yourself before you begin these reimbursement procedures.

For an example of a sample letter for submitting your claims to TDP, see the sample letter in Appendix 1 on the previous page. For the main text statement, substitute:

“Please find enclosed my original insurance coverage statement(s) along with photocopies of the original pharmacy medication receipts.”