

The Trillium Drug Coverage Program: Fact Sheet



UHN

The Trillium Drug Program is a provincial government program for residents of Ontario who spend a large part of their income on prescription medications. This Fact Sheet will help you to understand the Program and how to apply.

If you have any questions contact The Trillium Drug Program at:
Toronto: (416) 642-3038
Toll Free: 1 (800) 575-5386

The address for the Trillium Program is:
Trillium Drug Program, Ministry of Health
P.O. Box 337, Station D,
Etobicoke, ON M9A 4X3

This information is to be used for informational purposes only and is not intended as a substitute for professional medical advice, diagnosis or treatment. Please consult your health care provider for advice about a specific medical condition. A single copy of these materials may be reprinted for non-commercial personal use only.

© 2010 University Health Network. All rights reserved.

Author: PMH and TGH Social Work

Created: 09/2006

Form: D-5366 (11/2010)



The Trillium Drug Coverage Program: Fact Sheet

The Trillium Drug Program

Sometimes your prescription medications are expensive. The Government of Ontario funds the Trillium Drug Program. It helps you to pay for some prescription drugs. You must have a valid Ontario Health Card to apply for this Program. The Program year runs from August 1 to July 31 and once you are enrolled on the program will automatically be renewed every year.

The Program “Start Date”

You can enrol in the Program any time during the Program year. You must choose a **start date**. When you submit your application, it is important to pick your start date carefully. You cannot change your start date. You must request to start on a **specific date**. You may not request the Program “as soon as possible” or “now”. People usually pick a date before the first prescription you want the Program to cover.

The Trillium Deductible

The Trillium deductible is the amount of money you and your family **household unit*** must pay over the year for your medications. The Program then covers the rest. Your deductible amount is based on your income and family household size.

To make it easier for you to pay the deductible, Trillium divides the amount into quarterly payments:

1. August-October
2. November-January
3. February-April
4. May-July

If you enter part way through the Program year, your deductible is based on the number of months that you are in the Program. This partial deductible is available only for the first year that you are enrolled in the Program.

Each time you buy medication, the amount you pay goes towards your deductible. Once you have reached your deductible each quarter, Trillium pays for the rest. You pay only \$2.00 for each prescription until the next quarter starts.

***Here is the definition of household unit:**

People included in the household unit:

- You, even if you are a single person living alone
- Spouse or same sex partner
- Children who live with you and depend on you or you on them for financial support

- Parents or grandparents who live with you and depend on you or you on them for financial support
- Children who may not live with you but who still rely on you financially (for example children away temporarily at university)

Medications that the Trillium Program Covers

The Program will cover most of the medications that your doctor prescribes. These are called “formulary drugs.” Sometimes your doctor will prescribe a medication that can only be covered by Trillium under certain conditions. Your doctor will need to write a code number on the prescription that indicates those special conditions. These drugs are known as Limited Use Code drugs. There are also other drugs that need government approval (Section 8 Approval) before the Trillium Program can pay for them.

- Please tell your doctor or nurse that you are on the Trillium Drug Program.
- Ask if any medications you are prescribed need a Limited Use Code or Section 8 Approval.
- If a medication needs a Limited Use Code, the doctor writes the Code under the name of the drug on your prescription. You then take this to the Pharmacy.
- If a medication needs Section 8 Approval, the doctor writes to the government to ask permission for the Trillium Program to cover the cost of the medication.

Please Note:

- Do not buy any Section 8 medications until you check with your doctor or Pharmacist that the approval is in place.
- Trillium does not pay for drugs before the Limited Use Code or Section 8 Approval is in place.

The Trillium Program Guidebook and Application

The Trillium Guidebook helps you understand the application form. You may call the Trillium Drug Program and request an application form be mailed to you. Or you can find the Program Guidebook and Application form on the Internet:

www.health.gov.on.ca/english/public/forms/form_menus/odb_fm.html
http://www.health.gov.on.ca/english/public/forms/form_menus/odb_fm.html

See section 3693-87 for the:

- Trillium Program Guidebook (25 pages)
- Application for Ontario Drug Benefits (4 pages)

If you have questions after reading this guidebook, contact Trillium at:

Toronto: (416) 642-3038
Toll Free: 1 (800) 575-5386

How to Apply

The Trillium application asks questions about each person in your family household unit.

1. One of the questions is about the **previous year's** net income of each family member. For example, if you are applying for 2007/2008, your **previous year's** net income is 2006. Your previous year's Notice of Assessment gives this information. (The Notice of Assessment is the statement that the government sends to you after you have filed your income tax.) Please put a copy of the Notice of Assessment for each family member 18 and over with your Trillium application. If you do not have your Notice of Assessment, you can request a copy from Canada Revenue Agency. The number is: **1 (800) 959-8281**. You can also give permission to Trillium to get this information directly from the government by signing Declaration #2 on Page 4 of the application.

Your family household unit's income can change from year to year. This can change your deductible. If your family income is less than the **previous year's** by more than 10%, you should send a letter to Trillium explaining that you have less income. Attach copies of income documents as proof. Date and sign this letter.

If you did not have any family income for the **previous year**, write Trillium a dated and signed letter telling them that you had no income for that year.

2. Another question that Trillium asks is about private drug coverage insurance. Private insurance includes drug plans you get through work, school, or by private arrangement. If you or anyone in your family household unit has private insurance, include the following information with your application:
 - full name of insurance company
 - policy or plan #
 - ID or certificate #
 - start date for prescription drug coverage (if many years ago, provide year only)
 - end date for prescription drug coverage (you may state "ongoing" if there is no known end date)
 - annual prescription drug premium paid for by you (proof required)

You must send a letter from the Insurance Company, **if, during the Trillium Program year:**

1. Your insurance coverage starts - the letter needs to state the date coverage started.
2. Your insurance coverage ends - the letter needs to state the date the coverage ended.
3. You reach your annual or lifetime maximum- the letter needs to state the date the maximum was reached
4. Your drug plan does not cover a particular drug(s) – the letter needs to state the name of the drug(s) not covered
5. You pay a premium – the letter needs to state the amount of the premium.

If your private insurance does not pay the pharmacist directly for 100% of your medication costs, you have to first pay the pharmacist the amount not covered. When your insurance company sends you the statement, send Trillium a copy of this statement and your original prescription receipts. Trillium will give you back any money that goes over your deductible.

Always keep copies of what you send to Trillium.

Application Completion Checklist

Please use this checklist to review your application. It will help you to know if your application is complete. Missing or incorrect information will slow down the approval of your application.

Please include the following information in your application:

Household Members

- your address
- all** of your household members who are 16 years and over
- the Ontario Health Insurance number of **every** household member
- the social insurance number of **every** household member
- the date of birth of **every** household member
- the yearly amount of your Universal Child Care Benefit (if you receive this benefit) Reporting this amount may reduce the amount of the deductible you pay.
- the signatures **in the 2 required places of every** household member who is 16 years and over

Enrolment start date

- completed enrolment “start date” (remember you cannot change this date)

Verification of Income/Proof of Income

If...	Then, send to Trillium
If you did not sign the consent for Trillium to contact the Canada Revenue Agency (CRA):	<ul style="list-style-type: none"> ❑ all of the proof of income required by Trillium for all household members
If you want your deductible to be assessed on the year following the year <u>previous</u> to Trillium's current Program year (August 1st – July 31st),	<ul style="list-style-type: none"> ❑ all of the proof of income required by Trillium for all household members for the current year ❑ and a signed letter explaining that your income in the current tax year has been or is expected to be 10% less than the previous tax year ❑ For example, if you are applying on or after August 1st, 2006 for the program year 2006/2007, you need to provide all of the proof of income for the year 2006.
If you want your deductible to be assessed on the year following the year <u>previous</u> to Trillium's current Program year (August 1st – July 31st), and you do not have all of the proof of income for the year starting at January 1st through to December 31:	<ul style="list-style-type: none"> ❑ a signed letter explaining your situation and income information that can help Trillium determine your income for the current year.

- ❑ a copy of Notice of Assessment (the statement that the government sends to you after you have filed you income tax) or proof of income for **all** household members 18 years of age and over for the **taxation year previous** to Trillium's current Program year (August 1st – July 31) or sign Declaration #2 on Page 4 of the application.

For example if you are applying on or after August 1st, 2006 for the 2006-2007 program year you need to provide copies of the 2005 Notice of Assessments.

Private insurance information

- ❑ completed answer to the question about private insurance - "yes" or "no"
- ❑ all information about your private insurance, including:
 - the company name
 - policy#
 - certificate #
 - coverage start date/end date
 - amount and proof of premium paid
 - the household member who has the policy
 - the household members who are covered by the policy

Receipts submitted

- prescription drug receipts for medication that are:
 - **original receipts**
 - prescribed by a physician who is registered in Ontario
 - obtained from a pharmacy in Ontario
 - purchased **on or after** your enrolment start date
 - included with Limited Use Code and Section 8 Approval information, if required
 - **not** already submitted to Trillium by your Pharmacy

Please note: If you have private insurance, submit receipts first to your private insurer.

Please note: Over-the-counter drugs are not included in the Trillium Program.

If...	Then, send to Trillium
If you are submitting a patient profile for several medications that have been purchased at a Pharmacy:	<ul style="list-style-type: none">□ the profile must include all of the information required (e.g. the dispensing fee)□ the profile must be signed and stamped by a pharmacist

Submitting the Trillium Application

It takes approximately 4 – 6 weeks for Trillium to process your application. Apply early. Use priority/express post to mail your application. This will ensure that it is reviewed quickly. Make a photocopy of your application for your records before you mail it.

The new address for the Trillium Program is:

**Trillium Drug Program, Ministry of Health
P.O. Box 337, Station B,
Etobicoke, ON M9A 4X3**

You can follow up directly with Trillium to request information about the status of your application. Call:

**Toronto: (416) 642-3038
Toll Free: 1 (800) 575-5386**

To send information by FAX, the number is: **(416) 642-3034**. Please make sure you include your name, address, phone number and date of birth, and your Trillium registration number (if you have one) on every fax that you send.

If you need to apply to Trillium right away, talk to your social worker. The social worker can write to Trillium explaining your situation. Before your social worker can write to Trillium or speak to them about you, you must give **written permission**. Please sign the Release of Patient Information Form and give it to your social worker. You will find the Release of Patient Information Form at the back of this booklet.

Please note: If you buy eligible medications before Trillium approves your application, but after your start date for the Program, you can send all of the original prescription receipts to Trillium. The cost of these drugs will go towards your deductible. If the cost of these drugs is more than your deductible, Trillium will give you your money back. This takes about 8 weeks.



University Health Network

Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

AUTHORIZATION FOR EXCHANGE OF INFORMATION

I, _____, HCN _____
PRINT NAME

hereby authorize the exchange of information between University Health Network (Social Work and/or Pharmacy and Medication Reimbursement Specialist) and the Trillium Drug Program.

This authorization extends to information pertinent to:

- 1) the processing of my application to the Trillium Drug Program,
- 2) the processing of my renewal application to the Trillium Drug Program or
- 3) other issues that may arise affecting my use of the Trillium Drug Program.

Signed _____ Date _____

Witness
Signature _____ Date _____