

PHARMACY *update*

Ontario Edition

MARCH 2019

PHASE THREE OF THE VALUE-BASED PHARMACY INITIATIVE NOW IN DEVELOPMENT

In 2017 Green Shield Canada (GSC) launched the Value-based Pharmacy initiative with the goal of improving care for our plan members through collaboration with community pharmacies. Phases one and two of the initiative are now complete, and phase three is currently in development.

In phase one of the Value-based Pharmacy initiative we started measuring pharmacy performance, assessing it against a set of validated metrics, and sharing that information with pharmacies via monthly Patient-Impact Scorecards. In phase two, a new overall score (a star rating called the Pharmacy Quality Rating) was added to the scorecard and made available to GSC plan members through our secure Online Services web platform and mobile app.

When the Patient-Impact Scorecards were introduced in October 2017, we indicated that our longer-term plan was to tie the ratings to pharmacy reimbursement. We are now in the process of designing the new reimbursement model with the input of the Canadian Pharmacists Association and the Neighbourhood Pharmacy Association of Canada. While the details of the model are still under development, we are able to provide an update on the general structure.

A new value-based reimbursement framework

The new reimbursement structure will apply only to pharmacies that have earned a Pharmacy Quality Rating – about a third of all pharmacies in Canada – while pharmacies that don't qualify for an overall rating will not see any change in the calculation of their reimbursement. In August 2018 we communicated how the overall rating is calculated and the criteria for a pharmacy to qualify for an overall rating – a pharmacy must be scored on three or more measures and have at least 10 patients impacting each measure. You may review the Value-based Pharmacy section on our providerConnect webpage (<https://providerconnect.ca/AdminContent/Forms.aspx?type=pharmacy>) for a refresher on calculating the overall score.

Here's the timeline...

The new reimbursement framework will be tied to defined periods of performance measurement – known as the Performance Period – that will in turn impact reimbursement for defined periods of time – known as the Reimbursement Period. While pharmacy reimbursement won't be directly impacted until July 2020, there are a few things to start thinking about now.

Performance during the entire 2019 calendar year will determine pharmacy reimbursement starting in July 2020

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and continue through the next 12-month reimbursement cycle to June 2021. This early notice allows pharmacies adequate time to perform analysis of their results and understand the potential impact to their business. Further details about the specific reimbursement scheme that will go in effect in July 2020 will be shared in the coming months.

VALUE-BASED PHARMACY TIMELINE



CHANGE TO OHIP+

As you know, effective April 1, 2019, children and youth under age 25 who have drug coverage under private plans* will not have **any** coverage under OHIP+, and there is no opportunity to coordinate the provincial and private plans. This means GSC drug benefit plans will again cover dependent children and youth.

We recognize that both pharmacies and GSC plan members may have some questions about this change, so here are some key points about this transition:

- As of April 1, all eligible drug claims for GSC plan members under age 25 are to be submitted to GSC for reimbursement.
- The pharmacist will be responsible for determining whether a patient is covered by a private plan or by OHIP+.
- This change is a result of provincial government policies not changes to GSC coverage or pharmacy practices.
- Dependent children and youth under age 25 approved for EAP-eligible drugs before the original implementation of OHIP+ on January 1, 2018, have their approvals retained on our claims system ensuring no interruption in coverage.
- Anyone who started taking an EAP-eligible drug while covered by OHIP+ will be grandfathered under their GSC plan, subject to plan design and limitations – we just need to see proof of payment through OHIP+ for the drug within the past six months.
- New starts on EAP-eligible drugs after April 1, 2019, will have to go through GSC’s standard prior authorization process.

* A “private plan” is defined as any type of employer, group, or individual plan that provides coverage for prescription drugs, including a health care spending account. More information can be found here: www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/exec_office_20190227.pdf.

- Anyone with high out-of-pocket drug expenses due to a plan maximum or drugs that are not covered under their benefits plan can apply to the Trillium Drug Program.

Information for patients who are GSC plan members

We have prepared a communication – Plan Member Update – to explain this change and that drug claims for dependent children and youth under age 25 in Ontario will soon need to be submitted to GSC for reimbursement. To provide this communication to plan members who have questions, just [click here](#) to download it.

REMINDER: CHANGE IN PROCESS FOR ONTARIO SENIORS PRESCRIBED EAP-ELIGIBLE DRUGS

As announced in the December 2018 Pharmacy Update, as of February 1, 2019, GSC requires that seniors, age 65+, who receive drugs available under the Exceptional Access Program (EAP) have their physician submit an EAP-funding request for the drug.

In the October 2018 Pharmacy Update, a number of possible scenarios and intervention codes were provided. Here’s one more...

<p>Scenario: The prescriber has determined that the plan member will not qualify for the EAP drug, as they will not meet the EAP criteria set out in the Ministry of Health and Long-term Care <i>EAP Reimbursement Criteria for Frequently Requested Drugs</i> document.</p>	<p>Here’s what you do: Note on the patient’s file that documentation showing that the plan member will not qualify for the EAP was provided from the prescriber. Also ensure that the document is available in a readily retrievable manner for audit purposes. Submit the claim to GSC using intervention code: DY = not eligible for provincial plan coverage.</p>
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CHANGE IN PACK SIZE FOR OZEMPIC

Effective February 4, 2019, Ozempic (DIN 2471469 and 2471477) is being adjudicated in the GSC system in **mL** instead of per pen. Previously the system priced the claim as per pen where 1.5ml equals 1 pen. Please make adjustments in your software system to account for this **change to mL**.