

PHARMACY *update*

Ontario Edition

NOVEMBER 2017

OHIP+ LAUNCHES JANUARY 1

As announced in the 2017 budget, the Ontario provincial health care plan will provide universal drug coverage for all children and youth age 24 and under, regardless of family income, effective January 1, 2018. Called “OHIP+,” the public benefit will cover the cost of all drugs funded through the Ontario Drug Benefit (ODB) program, without any co-pays or deductibles. The program will act as the **primary payor** (whether or not private coverage exists) providing full reimbursement of the eligible drug. Coverage under OHIP+ will stop on the individual’s 25th birthday. Private plans may continue to cover drugs not eligible for OHIP+ subject to plan design limitations.

Ensuring a smooth transition

Green Shield Canada (GSC) is working with other insurers, the Canadian Life and Health Insurance Association (CLHIA), and the Ontario Ministry of Health and Long-Term Care (MOHLTC) on a process to ensure a smooth transition so that no patients under 25 with private insurance experience a gap in coverage. Here’s how it works:

- Effective January 1, 2018, if the drug is listed on the Ontario Drug Benefit (ODB) Formulary/Comparative Drug Index and a patient is eligible for OHIP+, coverage will be provided through OHIP+.
- If the drug is available through the Exceptional Access Program (EAP), a patient who is eligible for OHIP+ **must submit** a request for EAP funding. GSC will cover EAP-eligible drugs only upon proof of EAP denial. GSC coverage is subject to plan design limitations.
- Drug funding decisions under the EAP can take time; therefore, all insurers, the CLHIA, and the MOHLTC have agreed on a transition strategy for a number of *specific* drugs. While these are drugs that would otherwise be considered under the EAP, from January 1 to June 30, 2018, they will be covered by private plans without an EAP denial letter. These drugs fall into three categories: anti-infectives, blood thinners (low molecular weight heparins), and drugs with low EAP approval rates. GSC coverage is subject to plan design limitations.

How GSC is handling the transition for patients currently taking an EAP-eligible drug...

Patients currently receiving coverage under their private plan for an EAP-eligible drug are required to submit an EAP funding request before accessing the drug through the OHIP+ program. Since decisions about EAP funding can take some time, GSC will be mailing letters to these patients advising them to speak to their doctor/prescriber about submitting funding requests to EAP as soon as possible.

providerConnect® is your online resource

providerConnect is GSC’s web portal for health service providers in Canada. It gives you convenient access to forms, pharmacy manuals and guides, health coaching program information, and many other tools and resources all in one place.

Not acquainted with providerConnect yet?
Register today at providerconnect.ca.

For patients still awaiting an EAP decision after January 1, GSC may continue to cover the drug to avoid interruptions in therapy. Therefore, we are implementing an intervention code that can be used for these claims. Our December Pharmacy Update will provide more information about the implementation of OHIP+ and the use of intervention codes.

Here’s what you should do...

If coverage is denied by the EAP, the drug may continue to be covered under the patient’s GSC drug plan after proof of the EAP’s denial is sent to GSC’s Special Authorization department. Pharmacists should ask to see documentation of the EAP decision before submitting EAP-eligible drug claims to GSC and can send us a copy of the EAP denial letter – including the patient’s GSC ID number:

- By email – Scan the letter and email to Drug.SpecialAuth@greenshield.ca
- By mail – Green Shield Canada, Attn: Drug Special Authorization, P.O. Box 1606, Windsor, ON N9A 6W1
- By fax – 1.519.739.6483

At this time, in preparation for the launch of OHIP+, pharmacies should start requesting OHIP numbers from their patients in the affected age range and updating their profiles to change the billing order. If any of these patients are taking EAP-eligible drugs, remind them to submit assessment requests soon.

Want to know more?

General OHIP+ questions	Refer to the <i>OHIP+ Key Facts for Pharmacists</i> received from the MOHLTC earlier this fall Visit https://www.ontario.ca/page/learn-about-ohip-plus
General EAP questions, including criteria for funding	Visit https://www.ontario.ca/page/applying-exceptional-access-program#section-0
Ontario Drug Benefit (ODB) claims adjudication	Call the ODB Pharmacy Help Desk at 1-800-668-6641
EAP drugs covered under the CLHIA/MOHLTC Transition Strategy	Refer to the OHIP+ e-blast sent by the MOHLTC on Friday, November 10, 2017 Call GSC’s Customer Service Centre at 1.888.711.1119
Transition for all other EAP-eligible drugs	Call GSC’s Customer Service Centre at 1.888.711.1119

GREEN SHIELD CANADA (GSC) FACILITATES MEDICATION SYNCHRONIZATION

Medication synchronization programs are increasingly being implemented in pharmacies across Canada as a way to improve patient convenience and adherence to medication therapy. Evidence from the U.S. has shown that these programs have a dramatic impact on patient adherence to maintenance medications, with some showing up to a 30 per cent improvement. GSC is a strong supporter of medication synchronization programs and is doing our part to support pharmacists in providing this service.

Intervention code will permit ‘short fills’

To support plan member convenience and adherence, GSC introduced the maintenance medication policy in February 2016, which requires pharmacists to dispense a three-month supply for a number of

maintenance drugs. We recognize that this particular policy can cause challenges in synchronizing patients to a defined regimen. Starting in November 2017, GSC is making it easier by introducing a new intervention code – **“DH = Rx synchronized pursuant to rule 19”** – that will override the maintenance-drug policy and permit “short fills,” i.e., less than a three-months’ supply. While rule 19 is relevant to other carriers, this rule is not applicable for GSC online claims; therefore, it can be disregarded.

There will not be any limitations on the number of days supply that will be allowed. We will allow the supply needed to get the patient’s different prescriptions lined up on one common refill date every three months. Note that other plan design parameters (including co-pays) may apply to these claims. For example, the DH intervention code will have no impact on early refill limitations – only prescriptions due for a refill can be short filled.

Please note that pharmacists are required to keep complete documentation of all synchronization activities performed and the associated usage of the code. As with all override codes, GSC reserves the right to audit pharmacies for appropriate utilization.

Improving medication adherence

While offering more convenience to plan members, medication synchronization presents an opportunity for pharmacists to help patients improve their adherence and health outcomes. Don’t forget, improvements will be reflected in the adherence measures reported on your pharmacy’s Patient-Impact Scorecard.