

## ALLERGY SHOTS AND EPIPEN

Eligible residents of Ontario have 100 per cent coverage for allergy shots and EpiPen under the Ontario Drug Benefit (ODB) program; however, a Special Authorization Allergen form must be completed by the physician and the pharmacist.

Effective **August 1, 2017**, Green Shield Canada (GSC) will require individuals covered under the ODB program to obtain their allergy shots and EpiPens through this program.

Details about the ODB program for allergy shots can be found at:  
[www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp\\_allergy.aspx](http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_allergy.aspx).

Information about EpiPen and the Special Authorization Allergen forms are located here:  
[www.ontario.ca/page/get-coverage-prescription-drugs](http://www.ontario.ca/page/get-coverage-prescription-drugs) under the heading “Allergy Shots and EpiPen.”

## OXYCODONE CR POLICY

Effective **May 1, 2017**, GSC made a decision to remove from its list of reimbursed drugs non-abuse-deterrent formulations of opioids for which there is an abuse-deterrent alternative available. This means that patients requiring a long-release formulation of oxycodone no longer have coverage for the generic version of oxycodone controlled release (CR) but instead will have access to the abuse-deterrent formulation known as OxyNEO®. Patients taking a generic version of oxycodone CR were notified in April 2017 and grandfathered for a period of two months ending June 30, 2017, to give them the opportunity to switch to an abuse-deterrent version of the product. Beginning July 1, 2017, claims for generic versions of oxycodone CR will be rejected.

This change reflects the coverage provided by most provincial drug plans. With opioid misuse and abuse expanding across Canada, and now at crisis proportions, GSC will continue to review our existing narcotic policies, so stay tuned for future announcements.

## EXTEMPORANEOUS COMPOUND POLICY

In the past few years, federal drug schedule changes have been made to hydrocortisone. GSC has reviewed these changes and is making a corresponding change to the extemporaneous compound policy. Effective **August 1, 2017**, hydrocortisone powder will no longer be an eligible ingredient when used in a topical extemporaneous compound.

### **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](http://providerconnect.ca).

## **VICTOZA® (LIRAGLUTIDE) FOR DIABETES**

We would like to remind you that, according to the Health Canada monograph for Victoza (liraglutide), the maximum dose of Victoza (liraglutide) for the treatment of adults with type 2 diabetes is 1.8mg per day. GSC will allow patients to claim for a maximum of 10 pens for a 100-day supply. Off-label use of Victoza (liraglutide) for chronic weight management in adult patients is not eligible for reimbursement under GSC plans.

## **BALANCE BILLING REMINDER**

As a reminder, under GSC's Provider Agreement, reimbursement for prescription drug products consists of a maximum ingredient cost and maximum dispensing fee. GSC's Provider Agreement also prohibits balance billing any amount greater than the adjudicated co-pay, except in limited instances such as Mandatory Product Selection, Maximum Allowable Cost, etc. In other words, pharmacies are not allowed to charge plan members for any variance amount between the rendered ingredient cost and the adjudicated allowed ingredient cost. Refer to the [Pharmacy Claims Manual](#) on the providerConnect™ website for details.

Please note, the above still applies to claims where there is coordination of benefits (COB) and GSC is the secondary payer (the drug claim has already been processed for payment by another private carrier). GSC will reimburse the secondary claim up to the full eligible price of the submitted DIN, and any amount submitted in excess of the eligible amount will not be reimbursed. This drug pricing policy ensures that claims are paid fairly and accurately in accordance with the eligible amount set out in our drug pricing policies and is supported by the Canadian Life and Health Insurance Association COB practice guidelines. Any provider found to be balance billing and therefore in non-compliance of GSC's drug pricing policy will be required to reimburse plan members for any excess charges.