

PHARMACY *update*

Ontario Edition

DECEMBER 2017

GREEN SHIELD CANADA (GSC) CONTINUES TO FINE-TUNE NARCOTICS STRATEGY

Over the past year, GSC has been working to update and strengthen our overall strategy for the management of narcotic pain medications in view of the continuing opioid crisis in Canada and its related societal ramifications. In June 2017, we announced an update to our Narcotic Pain Medication Policy that delists non-abuse-deterrent formulations of opioids when an abuse-deterrent formulation is available.

Effective **January 1, 2018**, we are implementing two additional changes to our policy that further prioritize patient safety.

Here's what's changing...

Determining dosage more accurately

Updated clinical guidelines for the management of chronic pain were recently published by the Michael G. DeGroote National Pain Centre at McMaster University. To better align with the new clinical guidelines, GSC will now determine maximum/threshold dosages for opioid medications based on morphine equivalents. If opioid usage reaches a specified three-month usage threshold established by GSC, we notify the patient via a letter that their prescriber may need to re-evaluate the current treatment and make adjustments if clinically appropriate.

Prior authorization for long-acting narcotics

Since the management of chronic pain generally requires the patient to be stabilized on short-acting narcotic medication before starting treatment with long-acting narcotic medication, long-acting narcotic pain medications will no longer be a general GSC benefit but will need prior authorization. This means that patients must start treatment with a short-acting narcotic **and** demonstrate a need for ongoing pain management before being allowed access to long-acting narcotics.

Patients who have a three-month history of using a short-acting narcotic will be automatically approved for a long-acting narcotic and will not need to go through the prior authorization process. Note that all patients currently taking long-acting narcotics will be grandfathered; this change only affects new narcotic prescriptions. Patients will be required to go through the prior authorization process only where there's no evidence in their claims history of chronic short-acting narcotic use in the previous three months.

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Putting patient safety first

Misuse and abuse of prescription narcotics has become a serious public health and safety issue in Canada. These changes to our narcotics strategy are another way in which GSC is doing our part to ensure patient safety.

GSC TRANSITION STRATEGY FOR OHIP+ AND EAP DRUGS

As noted in the November Pharmacy Update, GSC will be facilitating the transition of eligible plan members to OHIP+, which is effective on January 1, 2018.

To confirm, plan members currently receiving drugs available under the Exceptional Access Program (EAP) will be required to have their physician submit an EAP funding request for the drug. The EAP will then send a letter back to the physician indicating whether the request is approved or denied. Pharmacists should ask to see this documentation before submitting EAP-eligible drug claims to GSC.

When a claim for a drug available from the EAP is adjudicated, GSC will deny the claim and the pharmacy will receive a CPhA message “**QQ – drug ineligible – specialty program drug.**” A request for funding must be submitted to the EAP by the prescriber. Should a plan member meet the criteria for coverage and EAP funding is approved, then the claim must be submitted to OHIP+. However, if the plan member does not meet the criteria for EAP funding, there are intervention codes that can be used depending on the scenario. Please refer to the table below.

Scenario	What to do
The plan member has applied to EAP and funding has been approved.	Submit the claim to OHIP+. This claim cannot be coordinated with GSC.
The plan member has applied to EAP and funding has been denied.	Submit the claim to GSC using intervention code DW = applied to prov. plan and rejected.
The plan member has not applied to EAP.	<p>Advise the patient and prescriber to submit a request for funding to the EAP and submit the claim to GSC using intervention code DX = applied to prov. plan, decision pending.</p> <p>Use of this intervention code will trigger a 60-day grace period to allow the patient to receive treatment while awaiting an EAP funding decision. Subsequent claims during the 60-day grace period will not require an intervention code. Once 60 days have passed, GSC will not allow any further claims.</p> <p>Note that if the drug also requires approval from GSC and prompt treatment initiation is required, advise the patient and prescriber to apply to both EAP and GSC simultaneously. Once GSC has approved the drug, submit the claim to us using the above intervention code while the EAP funding decision is still pending.</p>

The plan member has applied to EAP and is awaiting a decision.	Submit the claim to GSC using intervention code <i>DX = applied to prov. plan, decision pending.</i> Use of the intervention code will trigger a 60-day grace period to allow the plan member to receive treatment while awaiting an EAP funding decision. Subsequent claims during the 60-day grace period will not require an intervention code.
The plan member is not eligible for OHIP+ program.	Submit the claim to GSC using intervention code <i>DY = not eligible for prov. plan coverage.</i>

Please note that a patient who does not qualify under EAP-funding criteria may need to qualify for coverage under GSC special authorization criteria.

GSC CUSTOMER SERVICE CENTRE 2017 HOLIDAY HOURS

Monday, December 25	CLOSED
Tuesday, December 26	CLOSED
Wednesday, December 27	8:30 a.m. to 8:30 p.m. EST
Thursday, December 28	8:30 a.m. to 8:30 p.m. EST
Friday, December 29	8:30 a.m. to 8:30 p.m. EST
Monday, January 1	CLOSED

Our regular business hours (8:30 a.m. to 8:30 p.m. EST) resume on Tuesday, January 2, 2018.

Best wishes for a healthy and happy 2018.