

OHIP+: Reminders for Prescribers

The Ministry of Health and Long-Term Care appreciates the continued collaboration with prescribers to support the implementation of *OHIP+: Children and Youth Pharmacare*. To help achieve a smooth rollout of OHIP+, the Ministry has prepared a Tip Sheet for prescribers on some common issues that have arisen during the early implementation stages of OHIP+.

Terms

ODB = Ontario Drug Benefit EAP = Exceptional Access Program LU = Limited Use

What is OHIP+ and who is Covered

- *OHIP+: Children and Youth Pharmacare* is an expansion of the Ontario Drug Benefit (ODB) program for children and youth aged 24 years and under, who have OHIP coverage.
- OHIP+ recipients will have eligible medications and pharmacy services covered at no cost (i.e., no co-payment or deductible). This includes more than 4,400 drug products listed on the ODB Formulary and additional drugs eligible for funding through the Exceptional Access Program (EAP), if an individual qualifies (requires a prescriber initiated request).

Non-ODB funded drug products

- If a drug product is not funded through the ODB program (i.e., it is not listed on the Formulary, funded through EAP according to the DIN list provided to insurers, or available through the Special Authorization (Allergen) program) then it is not funded through OHIP+.
- Private insurers could continue to fund the product based on plan design without requiring the patient to submit proof of an EAP rejection letter. This should also be the case for OHIP+ recipients with private plans who are starting on new drugs that are not funded through the ODB program but which are eligible benefits through their private plan.
- Examples of non-ODB funded drug products include guanfacine (Intuniv XR[®]), norethindrone acetate & ethiny estradiol (LoLo[®]), lansoprazole disintegrating tablets (Prevacid FasTabs[®]). Prescribers should consider if there are suitable covered alternatives on the ODB Formulary when prescribing for patients.

Exceptional Access Program

- For OHIP+ recipients who require an EAP request, the ministry has developed a streamlined EAP form to ensure access to needed medications and reduce the administrative burden for clinicians.
- The EAP streamlined forms can be accessed at www.forms.ssb.gov.on.ca/; Form Number: 014-5067-87E, Title: OHIP+ Eligible Recipient Request for an Unlisted Drug - Exceptional Access Program.
- For an EAP assessment for drugs not listed on the streamlined form, prescribers can use an existing full EAP request form or can use the EAP streamlined form by selecting “other” in the drop down menu.
- Do not use the streamlined EAP form without selecting a specific drug or ‘other’ from the Drug Category drop down box or else the questions will not be populated.
- Streamlined EAP requests for OHIP+ eligible recipients can be faxed to: **1-844-227-6590**.
- For more information about the EAP and a list of commonly prescribed EAP drugs with DINs that may be eligible for funding, please visit: http://www.health.gov.on.ca/en/pro/programs/drugs/eap_criteria.aspx

Transition Strategy Drugs

- The Canadian Life and Health Insurance Association (CLHIA), its member insurance companies and the government have developed a transition strategy where most insurers are assisting with coverage for some drugs that may otherwise be considered under the EAP without requiring an EAP rejection letter. These medications include:
 - Antibiotics (and anti-infectives, including antiviral and antifungal agents).
 - Blood thinners (low molecular weight heparins).
 - Drugs with low Exceptional Access Program approval rates.
- This transition period is from January 1 – June 30, 2018. Starting on July 1, 2018, individuals will be required to have their prescriber submit a request for **all EAP drugs, including transition drugs**. **Prescribers should submit an EAP request for patients on any EAP drug, including transition drugs, prior to July 1, 2018 to ensure their patients do not experience any interruptions in coverage.**

Limited Use (LU) Codes

- LU codes may now be required for some claims for OHIP+ eligible recipients who were previously covered by private insurance.
- LU products are listed on the ODB Formulary with specific clinical criteria/conditions for use and will only be reimbursed under the ODB program when those criteria/conditions are met for an ODB eligible recipient. Check the online eFormulary for LU drugs and criteria:
<https://www.formulary.health.gov.on.ca/formulary/>
- It is the prescriber's responsibility to determine whether the patient meets the LU criteria and to provide the Reason For Use (RFU) Code (either verbally, electronically or in written format) with the prescription.
- There is no application process for LU other than the RFU code on the prescription as LU claims are processed directly at the pharmacy.
- If a patient does not meet the LU criteria, write "Does not meet LU" on the prescription to save valuable time (so pharmacists will not call to ask).
- If an OHIP+ patient is considered by their physician or nurse practitioner as not meeting the LU criteria published on the ODB Formulary and if the drug is not funded through EAP, an EAP rejection letter should not be required from the Ministry of Health and Long-Term Care for private coverage. In these cases the physician or nurse practitioner may see if an alternative prescription medication is appropriate, the patient may pay for the medication out-of-pocket, or if the recipient also has drug coverage through a private insurer, the pharmacy may be able to bill the private plan if the drug is eligible for coverage by the insurer.
- Note: Individual private insurance plans vary, and some insurers may require additional information to be submitted from the prescriber before coverage may be provided, for example drug products that may be part of a private insurer's Prior Authorization Program. In all cases, an individual should confirm with their private insurer if coverage will be provided.

Brand and Generic Drugs

- The formulary contains both brand name and generic drugs. If there is a generic interchangeable product available under the ODB program, the Ministry of Health and Long-Term Care will reimburse an Ontario pharmacist for the lowest cost interchangeable product (e.g. a generic). The Ministry will reimburse claims for a higher cost interchangeable drug product (e.g. a brand) only in medically necessary circumstances.

- Individuals can request the pharmacist dispense the brand and can pay the difference in cost (or it may be covered by private insurance, if applicable).
- Alternatively, a brand name drug could be paid for by the ODB program if a patient has tried at least **two generic drug products** (where available) and experienced an adverse reaction(s) to each generic product. Adverse reactions must be documented in a Side Effect Reporting Form (<https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada/adverse-reaction-reporting/consumer-side-effect-reporting-form.html>) that is completed and signed by their physician or nurse practitioner. In these situations, prescribers must write “no sub” or “no substitutions” on the prescription to direct the dispensing of a brand name drug. If all of these conditions are met, prescriptions for brand drugs would be funded by the ODB program.
- For more information about brand and generics:
https://www.cadth.ca/sites/default/files/pdf/similarities_differences_brandname_generic_drugs_e.pdf

Temporary Facilitated Access Mechanism (TFA) Rheumatology

- The ministry has collaborated with the Ontario Rheumatology Association (ORA) to implement a temporary facilitated access mechanism. On a temporary basis, prescriptions for specific biologics are an eligible benefit for an OHIP+ recipient through the TFA mechanism if prescribed by a prescriber identified by the ORA. The TFA is only available to provide coverage for certain biologics for select indications when prescribed by approved prescribers for their patients aged 24 years and under.
- **REMINDER:** Physicians on the TFA Rheumatology List of Authorized Prescribers are expected to, write the words “Temporary Facilitated Access” or “TFA” on the prescription in addition to the other required information
http://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/exec_office_20171214.pdf

Epinephrine Auto-Injectors

- Since December 1, 2017, all ODB-eligible individuals, no longer required a Special Authorization (Allergen) (SAA) form for an epinephrine auto-injector (e.g. EpiPen® or EpiPen Jr®) to be reimbursed through the Allergen program
- A valid prescription is required for epinephrine auto-injectors for eligible recipients.

Valved Holding Chambers (VHC)

- VHCs are eligible for ODB recipients 12 years of age or under
 - Only one funded VHC per 365 day period is allowed
- Note that VHCs are not deemed interchangeable.
 - A list of VHCs funded by the ODB program is available here:
http://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/exec_office_20171221.pdf

Additional Information

- Prescribers can email OHIPplus@Ontario.ca.
- Pharmacists should be directed to contact the ODB Help Desk at 1-800-668-6641.
- For general OHIP+ questions, individuals should be directed to the Ontario.ca website (Ontario.ca/OHIPplus) or to contact the ServiceOntario INFOLine, 1-866-532-3161.
- For drug specific questions, individuals should be directed to visit the online search tool (Ontario.ca/Rxchecker), contact the Public Inquiry Officer at 1-866-811-9893, or email OHIPplus@Ontario.ca.