



OHIP+ Launches January 1, 2018

OHIP+ launches January 1, 2018 As mentioned in the October issue of GSC's the Advantage®, 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. GSC has been 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 one under 25 with private insurance experiences 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 an individual is eligible for OHIP+, coverage will be provided through OHIP+
- If the drug is available through the Exceptional Access Program (EAP), an individual eligible for OHIP+ must submit a request for EAP funding. The EAP facilitates access to drugs not listed on the ODB formulary under specific clinical circumstances. GSC will cover EAP-eligible drugs only upon proof of EAP denial. As always, 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 continue to 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. As in the past, GSC coverage is subject to plan design limitations.

How GSC is handling the transition for those currently taking an EAP-eligible drug... Anyone eligible for OHIP+ who is currently receiving coverage under their GSC plan for an EAP-eligible drug that falls outside of the CLHIA/MOHLTC transition strategy is 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 individuals advising them to speak to their doctor/prescriber about submitting funding requests to the EAP as soon as possible.

For individuals still awaiting an EAP decision after January 1, GSC will continue to cover the drug for a period of up to 60 days to avoid interruptions in therapy.

If coverage is denied by the EAP, the drug may continue to be covered under the person's GSC drug plan once GSC's Special Authorization department receives proof of the EAP's denial.