

DRUG COVERAGE PEARLS FOR THE HOSPITAL PHARMACIST

Souzi Badr BScPhm, PharmD, ACPR

Disclosures

Presenter Disclosure

- I have no current or past relationships with commercial entities
- I have received no speaker's fee for this learning activity

Commercial Support Disclosure

- This program has received no financial or in-kind support from any commercial or other organization

Learning objectives



By the end of this presentation, the learner will be able to:

- Discuss the impact of drug coverage on patient outcomes
- Describe drug coverage options available in Ontario
- Identify methods to reduce drug coverage issues on discharge

Background



- Canada Health Act aims to facilitate reasonable access to medically necessary health services

- Where do medications fit in?
 - ▣ Inpatient Medication Costs: Covered
 - ▣ Outpatient Prescription Medication Costs: Not Covered under this legislation

- As patient advocates, it is important that we ensure that therapies prescribed to patients in hospital are affordable on discharge

Background

- Cost Related Non-Adherence is common problem within Canada and worldwide
- In 2007, almost 1 in 10 Canadians who received a prescription reported cost-related non-adherence
- Individuals most likely to report cost-related barriers to taking medications were those with
 - i) poorer health, ii) lower income, or iii) without drug coverage

Patient Case: What's the impact?



Patient Case: What's the impact?



Background



- Pharmacists can play an essential role in helping to reduce cost-related non-adherence

- Pharmacists are involved in patients' care at admission, transfer, discharge, and throughout hospital stay

- In an opportune position to
 - ▣ identify patients at risk and
 - ▣ try to facilitate access to medications on discharge

Drug Coverage Options

Who are the payers?

Drug Coverage: Who are the payers?

Public Sector (Provincial Programs)

- **Ontario Drug Benefit**
- **Special Drug Program**
- **OHIP+**

Public Sector (Federal Programs)

- **Non-Insured Health Benefits**

Private Sector

- **Private Health Insurance**
- **Individuals: Out of Pocket**

Ontario Drug Benefit Program

Ontario Drug Benefit

- Who:
 - ▣ Ontarians over the age of 65 years
 - ▣ Ontarians living in a long-term care home or a home for special care, or
 - ▣ Ontarians enrolled in one of these programs:
 - Home Care
 - Ontario Works
 - Ontario Disability Support Program (ODSP)
 - Trillium Drug Program (TDP)



Tip: *If a patient may be eligible for one of these programs, connect them with the right individuals or provide them with the resources to access this coverage*

Ontario Drug Benefit

- Formulary
 - ▣ Consists of over 4400 drug products eligible for coverage

- Limited Use
 - ▣ Drug products requiring specific criteria to be met in order to receive coverage
 - ▣ Rationale:
 - May be costly and other low-cost alternatives available
 - May have safety concerns and a safer alternative available
 - May have potential to be use beyond the indication with demonstrated efficacy

- Exceptional Access Program (EAP)
 - ▣ Facilitate access to medications not listed on the ODB formulary
 - ▣ Requires either Telephone or Written Request
 - ▣ Must be completed by an authorized prescriber or his/her delegate

Other Products ODB covers

- Allergy shots and Epinephrine for severe allergic reactions
 - ▣ Requires prescriber fill a Special Authorization Allergen form

- Diabetes Products (e.g. Test Strips)
 - ▣ Number of strips covered varies based on diabetes treatment and risk of hypoglycemia


- Over-The-Counter (OTC) Products
 - ▣ Acetaminophen
 - ▣ Senna
 - ▣ Some OTCs can be covered if medically necessary with letter from prescriber



Tip: *Do not undervalue writing OTCs on a prescription*

ODB – Exceptional Access Program

Regular Form



Ministry of Health
and Long-Term Care

Drug Programs Delivery Branch
5700 Yonge Street 3rd floor
Toronto ON M2M 4K5

Request for an Unlisted Drug Product Exceptional Access Program (EAP)

Please fax completed form and/or any additional relevant information to 416 327-7526 or toll-free 1 866 811-9908; or send to Drug Programs Delivery Branch (DPDB), 3rd floor, 5700 Yonge Street, Toronto ON M2M 4K5. For copies of this and other EAP forms, please visit http://www.health.gov.on.ca/en/pro/programs/drugs/eap_mn.aspx

The Ministry of Health and Long-Term Care (the "ministry") considers requests for coverage of drug products not listed in the Ontario Drug Benefit Formulary under Section 16 of the Ontario Drug Benefit Act. This form is intended to facilitate requests for drugs under the Exceptional Access Program. The ministry may request additional documentation to support the request.
Please ensure that all appropriate information for each section is provided to avoid delays.

Section 1 – Prescriber Information			Section 2 – Patient Information		
First name	Initial	Last name	First name	Initial	Last name
Type of Prescriber <input type="checkbox"/> Physician <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Other ▶ <input type="checkbox"/>			Health Number		
Mailing Address Street no. Street name					
City		Postal code			
Fax no.	Telephone no.	Date of birth (yyyy/mm/dd)			
<input type="checkbox"/> New request <input type="checkbox"/> Renewal of existing EAP approval (specify EAP#)					
Section 3 – Drug Requested					
Requested drug product				DIN	
Strength / Dosage form			Frequency of administration		

Hospital Priority Form

Exceptional Access Program (EAP) Drug Request Form: Hospital Discharge Priority Request

Ensure that the following are present and confirmed before faxing the request to EAP:

- The correct fax number for the response to the hospital prescriber is accurate and the physician has signed the form.
- Provide the hospital contact for request follow-up calls.
- Review the EAP funding criteria (as applicable). Include all lab work and information to assess the request. Criteria for EAP Frequently Requested drugs are posted at: http://www.health.gov.on.ca/en/pro/programs/drugs/pdf/frequently_requested_drugs.pdf

Fax the completed form to EAP at 416-314-3857 or toll-free to 1-844-829-6807

Hospital Specific Information					
Patient's Hospital Medical Record Number: _____			Reimbursement facilitator contact information (complete section if applicable)		
Name of Hospital: _____			Name: _____		
Date of hospital admission (yyyy/mm/dd): _____			Profession: _____		
Planned date of Discharge (yyyy/mm/dd): _____			Contact Number: _____		
Expected start date of requested drug (yyyy/mm/dd): _____					
Section 1 – Prescriber Information & Mailing Address			Section 2 – Patient Information		
First Name	Initial	Last name	First Name	Initial	Last name
Street no.	Street Name		Health Card Number		
City		Postal Code			
Fax Number for response at the hospital.		Telephone Number	Date of Birth (yyyy/mm/dd)		
Section 3 – Drug(s) Requested					
<input type="checkbox"/> New EAP Request for a drug initiated in a hospitalized patient			<input type="checkbox"/> Other (Specify details):		
Name of Drug:			Drug identification number (DIN)		
Dose (Strength)			Frequency of Administration		
Duration of administration			Expected Start Date (yyyy/mm/dd):		



Tip: If a medication is imminently required for hospital discharge, use the Hospital Priority Form to expedite the EAP funding request

ODB – Exceptional Access Program

- Reimbursement Criteria for frequently requested drugs are available online

Vancomycin

Dosage Form: 125 mg and 250 mg capsules; 1g vial (for oral use)

(Note that not all manufactured brands are reimbursed. Please refer to the EAP approval letter to confirm funded brands.)

Reimbursement Criteria:

For patients with Clostridium difficile-associated diarrhea (CDAD) confirmed by toxin assay or typical endoscopic appearance, or histologic pattern on biopsy. If toxin results are pending, clinical suspicion is required. The following information is also required:

- For the first episode, patient must have failed an adequate trial of metronidazole or have an intolerance or contraindication to metronidazole, if there are no indicators of severe CDAD.
- For subsequent episodes, physician must provide detailed history of previous CDAD infection, including dates, duration and dose of treatment used, and patient's response to treatment.
- For severe CDAD, the physician must describe the complication(s) CDAD caused, or describe multiple risk factors for developing serious complications (e.g., renal failure, high leukocyte count, low serum albumin, high fever, elderly). Examples of complication(s) are the following: toxic megacolon, septic shock, bowel perforation, need for colectomy, treatment in the ICU, and ileus.

EAP will approve vancomycin at a dose of 125 mg to 250 mg four times daily. (For a non-severe primary episode of CDAD, approval will be provided only for 125 mg four times daily.)

Standard Approval Duration: 2 weeks (unless recurrent infection, where approval may be granted for up to 8 weeks)

EAP Requests

- ❑ Ministry of Health is working to improve turn-around times
- ❑ Be pro-active in submitting EAP requests
- ❑ Review reimbursement criteria prior to submitting and include all pertinent information
- ❑ Only submit requests if the patient will require the drug on discharge

EAP Weekly Progress Report

Date: October 30, 2017

Processing categories and examples	Target	Current
Priority 1 – e.g. for drugs such as antibiotics, cancer medications, and initial requests for pain medications	3 business days	4 business days
Priority 2 – e.g. for antiviral drugs to treat HIV, drugs for multiple sclerosis, and pulmonary hypertension	5 business days	5 business days
Biologics – e.g. for biologic drugs to treat rheumatoid arthritis, psoriatic arthritis, ulcerative colitis and Crohn's disease	10 business days	10 business days
Chronic – e.g. for drugs used for chronic conditions such as migraines, chronic pain, Ménière's disease and symptoms of Parkinson's disease.	4 to 6 weeks	6 weeks



Tip: For Telephone Requests, although may receive real-time approval, it will take at least **one business day** to come into effect

MOHLTC, 2017

Image from: <http://www.health.gov.on.ca>

What's New for 2018: SADIE



OHIP +

Children and Youth Pharmacare

OHIP +: Children and Youth Pharmacare

- Effective January 1st 2018

- **Eligibility:** Anyone 24 years old or younger with a valid OHIP card

- **What's Covered:**
 - ▣ Prescription drugs listed in the Ontario Drug Benefit Formulary
 - ▣ Unlisted medications may be covered through EAP

- **Key Differences from ODB:**
 - ▣ No Deductibles or Co-pays

Non-Insured Health Benefits

Non-Insured Health Benefits (NIHB)

- Federal program that provides medically necessary coverage and services to registered First Nations and recognized Inuit
 - ▣ Includes medications

- The NIHB Drug Benefit List provides details on what is covered
 - ▣ <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/health-system-services/non-insured-health-benefits-drug-benefit-list/dbl-2017-eng.pdf>

- Some medications require prior approval from prescriber
 - ▣ Limited use
 - ▣ Exception Drugs



Tip: Check drug benefit list or submit prescriptions early in case medications require prior approval

Private Health Insurance

Private Health Insurance

- Private plans share similar features to ODB program
- Some require prescriber to sign prior authorization form prior to funding specific drugs
- Often will have a list of medications requiring authorization available online
- Important to identify these potential medications early during hospital stay
 1. Can sometimes take upwards of 2 weeks to get approval
 2. Not all plans accept past receipts



Tip: When filling out special authorization forms ensure all potential dosage strengths the patient will require are included.

Private Insurance - Patient Case



Out of Pocket Drug Costs

Out of Pocket Drug Costs: How can we help?

- Can we reduce drug costs by deprescribing?
 - ▣ Are all medications indicated?

- Is there an alternative that is cheaper?
 - ▣ Examples:
 - Warfarin versus direct oral anticoagulants
 - Metoprolol versus carvedilol for heart failure
 - Tricyclic antidepressants versus gabapentin/pregabalin for neuropathic pain
 - ▣ Consider “step up therapy”

- Consider contacting the manufacturer
 - ▣ May have a compassionate program or patient assistance cards
 - ▣ Are samples an option in your practice



Tip: *Do not forget to include the patient in the discussion*

How can pharmacists help?

- Identify patients at risk of cost-related non-adherence
- Ask about drug coverage on admission
- Become familiar with medications that require limited use codes or special authorization within your practice
- Be pro-active to prevent delays in discharge due to drug coverage.
- Be involved in discharge reconciliation and use this as an opportunity to
 - increase awareness of drug costs and
 - proactively identify and resolve medication coverage issues
- Collaborate with other members of the team
(**patient**, prescriber, social worker, medication reimbursement specialist etc)

References

- Balling, Lauren, Brian L. Erstad, and Kurt Weibel. "Impact of a transition-of-care pharmacist during hospital discharge." *Journal of the American Pharmacists Association* 55.4 (2015): 443-448.
- Health Canada. "Pharmacy Benefit Information - NIHB." *Canada.ca*, 20 Apr. 2016, www.canada.ca/en/health-canada/services/first-nations-inuit-health/non-insured-health-benefits/benefits-information/pharmacy-benefit-information-first-nations-inuit-health.html.
- Kennedy, Jae, and Steve Morgan. "Cost-related prescription nonadherence in the United States and Canada: a system-level comparison using the 2007 International Health Policy Survey in Seven Countries." *Clinical therapeutics* 31.1 (2009): 213-219.
- Law, Michael R., et al. "The effect of cost on adherence to prescription medications in Canada." *Canadian Medical Association Journal* 184.3 (2012): 297-302.
- Ministry of Health and Long-Term Care. "Exceptional Access Program." *Ontario.ca*, Queen's Printer for Ontario, 8 Nov. 2017, health.gov.on.ca/en/pro/programs/drugs/eap_mn.aspx#6.

References

- Ministry of Health and Long-Term Care. "Formulary." *Ontario.ca*, Queen's Printer for Ontario, 21 Apr. 2016, www.health.gov.on.ca/en/pro/programs/drugs/odbf_mn.aspx.
- Ministry of Health and Long-Term Care. "Get Coverage for Prescription Drugs." *Ontario.ca*, Queen's Printer for Ontario, 6 Nov. 2017, www.ontario.ca/page/get-coverage-prescription-drugs.
- Ministry of Health and Long-Term Care. "Limited Use Drug Products." *Ontario.ca*, Queen's Printer for Ontario, 22 Sept. 2016, health.gov.on.ca/en/pro/programs/drugs/limited_use_mn.aspx.
- Ministry of Health and Long-Term Care. "OHIP : Children and Youth Pharmacare." *Ontario.ca*, Queen's Printer for Ontario, 8 Nov. 2017, www.health.gov.on.ca/en/pro/programs/drugs/ohiplus/.
- Tamblyn, Robyn M. "Prescription drug coverage: An essential service or a fringe benefit?." *Canadian Medical Association Journal* 173.11 (2005): 1343-1344.
- Tang, Karen L., William A. Ghali, and Braden J. Manns. "Addressing cost-related barriers to prescription drug use in Canada." *Canadian Medical Association Journal* 186.4 (2014): 276-280.