



OSSTF BENEFITS MEMORANDUM

To: Bargaining Unit Presidents

From: Donna Morrison, Executive Director

Date: January 16, 2018

Re: OHIP+ and Exceptional Access Program

On January 1, 2018, the Ontario Ministry of Health and Long-Term Care (MOHLTC) introduced OHIP+: Children and Youth Pharmacare. Ontario residents who are 24-years-old or younger will be able to get their prescription medications for free under the new OHIP+ program. Enrolment and drug coverage will be automatic, with no upfront costs such as co-payments or deductibles.

The new program will cover all drugs currently reimbursed through the Ontario Drug Benefit (ODB) program. This includes more than 4,400 drug products listed on the ODB Formulary/Comparative Drug Index and additional drugs eligible for funding through the Exceptional Access Program (EAP) provided by the Ontario Ministry of Health and Long-Term Care. Therefore, medication that may be considered for funding through the EAP will not be covered under the OSSTF Benefits plan, unless an EAP application has been processed.

To prevent interruption in drug coverage while the EAP application is being processed, there will be a grace period from January 1, 2018 to March 31, 2018. During this time, members can continue to submit claims to their benefits plan as they do today and they will be covered.

What members need to do if EAP drugs are being claimed

Members need to contact their prescribing doctor/nurse practitioner to:

1. Ask if there is a suitable alternative drug covered on the Ontario Drug Benefit Formulary that can be prescribed to the patient instead of the EAP drug.

Or,

2. Request them to complete an EAP application for coverage of the EAP drug. The approval process can take a few weeks. Members are encouraged to take action now, so they are not paying out-of-pocket the next time they get the prescription filled.

To ensure members have sufficient time to apply, a joint communications has been sent out (via an e-blast) from the insurer (Manulife Financial) and OTIP to OSSTF Benefits members who are using EAP drugs.





For non-Prior Authorization drugs	For Prior Authorization drugs
 If EAP drug coverage is approved: The doctor/nurse practitioner may contact the member or the member can call the doctor/nurse practitioner directly to find out the status. The member can tell their pharmacist the prescription will be paid through OHIP+. The member does not need to notify OTIP. 	 If EAP drug coverage is approved or denied: The doctor/nurse practitioner may contact the member or the member can call the doctor/nurse practitioner directly to find out the status. OTIP will require proof that the EAP application was approved or denied. The member must send this information
 If EAP drug coverage is denied: The doctor/nurse practitioner may contact the member or the member can call the doctor/nurse practitioner directly to find out the status. OTIP will require proof that the EAP application was denied. The member must send OTIP this information. Once OTIP has been informed, the pharmacist can submit the EAP drug claim to see if it can be covered under the group benefits plan. 	 to OTIP. Once OTIP has been informed, the pharmacist can submit the EAP claim to see if it can be covered under the group benefits plan.

Questions about this notice? Please contact Donna Morrison directly at <u>donna.morrison@osstfbenefits.ca</u>.

If you have questions about OHIP+, please visit <u>www.ontario.ca/ohipplus</u>.