INSIDE STORY®

FEBRUARY 2018

AND NOW FOR SOMETHING...

Listen to the companion podcast with special guest Stephen Frank, President and CEO of the Candian Life and Health Insurance Association.

COMPLETELY INDIFFERENT

THORNY ISSUES WILL PERSIST IN 2018. HERE'S HOW WE'LL LESSEN THEIR STING...

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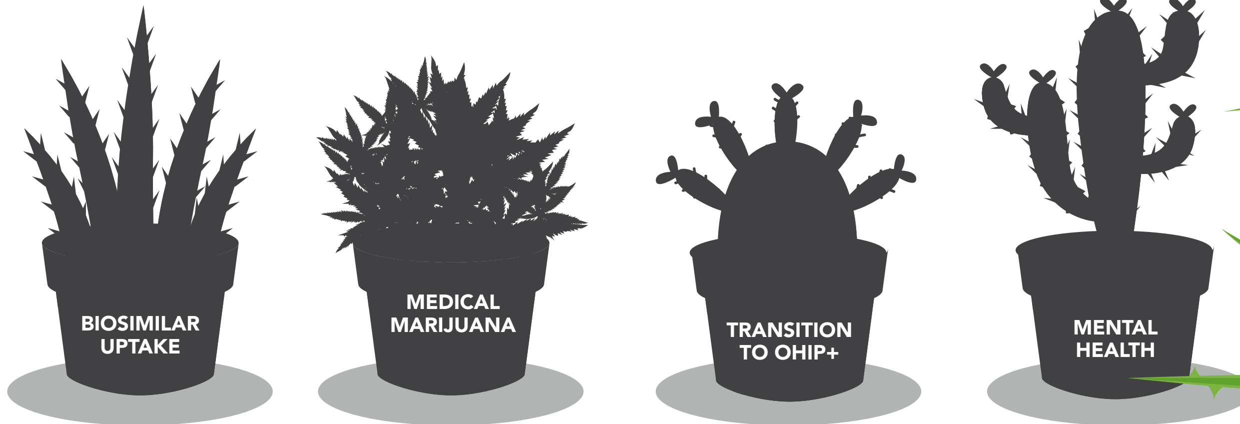

To say that the health benefits industry faced some challenges in 2017 would definitely be an understatement. Certain issues were downright thorny as they dug-in deeply in 2017 shaking up the industry and plan sponsors' pocket books. And we predict that the industry will continue to feel their jabs in 2018. Here's a recap of how GSC tried to lessen their sting last year—and how we'll continue to do so in 2018…

The challenge: Slow uptake of biosimilars

BIOLOGICS AND BIOSIMILARS REFRESHER

Nothing like getting the year rolling with a review of biologics and biosimilars. They've been on GSC's radar since they started entering the market—resulting in our 2016 Biologics Policy. Check out the GSC website for the December 2016 edition of *The Inside Story* and the Summer 2017 edition of *Follow the Script®*.

In 2017, the drug pipeline continued to produce ground-breaking biologics and other high-cost drugs. And you don't need a crystal ball to predict—and in fact, know for certain—that biologics will continue as one of the fastest growing areas of pharmaceutical development into 2018 and well beyond. But that's not all that's coming down the pipeline. Another growth area is biosimilars—which represent more alternatives for plan members and lower costs for your plan. A good news story all round. However, stimulating the uptake of biologics remains challenging in Canada. But why?

Although there is strong evidence surrounding the comparable safety and efficacy of biosimilars to their originator biologics, the main culprit may be a lack of awareness and understanding of this evidence. And that may be the case because most of the evidence is coming out of Europe—with the European market much further ahead of North America in terms of adoption.

For example, remember the NOR-SWITCH trial that we covered in the December 2016 edition of *The Inside Story*? This Norwegian study found there was no difference in disease worsening between patients that transitioned to the biosimilar compared to those that continued treatment with the originator biologic.[1]

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The lack of awareness and understanding about biosimilars may be triggering a domino effect resulting in public and private payors lagging in terms of assigning preferred status to biosimilars in plan designs. And then, coverage for the originator biologic may be translating into doctors being less likely to change their prescribing practices, so they continue to prescribe originator biologics rather than biosimilars.

Fortunately, with GSC's fixation on scientific evidence, we're "in the know"—in fact, we were the first major benefits carrier to preferentially list biosimilars. And now we're seeing some provincial health plans follow suit as—like us—they are recognizing that the evidence is showing efficacy and safety, but at lower costs.

Looking to 2018, we see more good news on the horizon: there are more biosimilars coming to market and the evidence regarding transitioning from an originator biologic to a biosimilar is moving fast, indicating that one-time transitions are safe and effective. For example, in the case of patients with rheumatoid arthritis, a study showed no risk associated with transitioning patients from the originator biologic etanercept—brand name Enbrel®—to the biosimilar, Brenzys™.[2]

Of course, as always, GSC will be following the evidence (our analysts are pleased to now have this on their weekend "social calendar"). As the evidence mounts and warrants a change in policy, we'll be on it (and likely sooner than later)!

The challenge: Managing medical marijuana

Throughout 2017, a big story continued to be the extensive societal debate about the legalization of marijuana for recreational use. For our industry, of course, the focus is on medical marijuana (MM) and the industry debate regarding what exactly is its appropriate place in private plans.

For several years, GSC has standardly covered medical marijuana under health care spending accounts (HCSAs). Throughout 2017, we immersed ourselves in the scientific evidence to determine how to provide plan sponsors with more options for incorporating MM into benefits plans for evidence-based indications but with a greater level of oversight and rigour than is currently available through HCSAs.

For instance, one of the conclusions in the comprehensive 2017 study, *The Health Effects of Cannabis and Cannabinoids, The Current State of Evidence and Recommendations for Research,* is that there is conclusive or substantial evidence of MM's effectiveness for chronic neuropathic pain, spasticity due to multiple sclerosis, and nausea and vomiting due to cancer chemotherapy.

Accordingly, the solution for 2018 (as you may recall from the Winter 2017 edition of *Follow the Script*) is that MM will now be a standalone benefit that requires prior authorization for claims for the three conditions above. And as always, as the scientific evidence mounts regarding the clinical benefit of MM for additional medical conditions, we'll investigate expanding indications—just as we do with other drugs.

THE SCIENTIFIC EVIDENCE OF MEDICAL MARIJUANA

Although studies look at marijuana use in various forms, often the research conclusions are not appropriately combined into coherent recommendations. Unlike other controlled substances—like alcohol and tobacco—for marijuana there are no accepted standards for safe use. And there aren't any standards around an appropriate dose for therapeutic effectiveness either.

To help remedy this, the study—*The Health Effects of Cannabis and Cannabinoids, The Current State of Evidence and Recommendations for Research* provides a comprehensive review of scientific evidence related to the health effects and potential therapeutic benefits of marijuana. It also indicates gaps in current knowledge and prioritizes research needs for the future.

You can access the report here: https://www.nap.edu/read/24625/chapter/1#xi.

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The challenge: Smooth transition to OHIP+

Nothing like a tight deadline to get the industry pulling together and all the brainiacs brain-storming. This is precisely what happened after the Ontario government announced OHIP+ on April 28, 2017—with implementation set for January 1, 2018. (Whoa!)

GSC worked closely with the Canadian Life and Health Insurance Association (CLHIA) and its members, in collaboration with the Ontario Ministry of Health and Long-Term Care (yes, lots and lots of looooong meetings). The result? A process that ensures plan members under 25 do not experience a gap in coverage. Not bad for an eight-month turnaround!

For 2018, as OHIP+ takes hold and things evolve, we'll be evolving right along with it. And we'll be keeping tabs on what the future may hold in terms of the bigger-picture questions, for instance, will other provinces introduce pharmacare programs or expand existing ones? And what about the federal government and the ongoing debate about a national pharmacare program? You might want to take a listen to this ***Inside Story's* companion podcast** to hear the CLHIA's view—conveyed by its President and CEO, Stephen Frank, on how this debate may unfold.

THE OHIP+ SCOOP SO FAR...

As of January 1, 2018, the Ontario government started the OHIP+ program, which provides universal drug coverage for a limited formulary of 4,400 drugs to all children and youth 24 years of age and younger, regardless of family income.

It's very early days, but as of January 12, 2018, the Ontario Ministry of Health and Long-Term Care reported that more than 220,000 children and youth under 24 years old have had their prescriptions filled through OHIP+.

Also, to find out which medications are covered, the ministry launched this new online drug search tool: https://www.ontario.ca/page/check-medication-coverage/?_ga=2.106727555.1648094309.1516717015-432184853.1493394140.

To find out more about OHIP+, visit: www.health.gov.on.ca/en/pro/programs/drugs/ohipplus/.

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The challenge: Magnitude of issues surrounding mental health

Throughout 2016 and 2017 we were out across Canada sharing our concern about a worrisome and costly trend. GSC claims data indicates that antidepressants are prescribed in massive numbers—amounting to high costs—to the mild-to-moderate depression population. However, the scientific evidence indicates that instead of antidepressants, the first-line therapy for many of these patients should be psychotherapy combined with healthy lifestyle habits.

There is strong evidence of the effectiveness of antidepressants, but for *severe* depression.[3] Meanwhile, due to a range of issues, including low adherence to antidepressants and sub-therapeutic prescribing, plan members with severe depression—who could benefit most from antidepressants—may not necessarily be getting all the support they need.

In addition to spreading the word about these trends—that we refer to as the "medicalization of unhappiness" (check out the January 2017 edition of *The Inside Story*)—we also moved into problem-solving mode. Psychotherapy for depression and anxiety increasingly includes mindfulness techniques (as you may recall from the November 2017 edition of *The Inside Story*). And so, a new Change4Life module focused on mindfulness came to be! And we are thrilled that thousands of plan members have visited and used the module in its first few weeks.

Finding ways to continue to support plan member mental health is certainly a top priority for 2018. And we're on a prevention quest! Just imagine if we could help plan members protect against potential mental health issues down the road?

To get the prevention ball rolling, we're already involved in a pilot project with the new Work and Mental Health Research Unit at the Institute of Mental Health Research affiliated with the University of Ottawa. With support from the Canadian Institutes of Health Research, the pilot involves an online depression risk calculator. Adults who are not currently experiencing a major depressive episode answer an online survey and receive a report that includes the survey questions and answers and indicates their probability of developing major depression in the next four years—all excellent for awareness and education.

In addition, to further support prevention, the report includes recommendations. For instance, the participant may be encouraged to discuss the results with their doctor. You can try out the tool here—and join our prevention quest by also encouraging your plan members to try it out: www.predictingdepression.com/survey/aftersurveys/action.

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MORE SCIENTIFIC EVIDENCE... NEW RESEARCH FINDS PREVALENCE OF DEPRESSION REGULARLY OVERESTIMATED

A new study—*Addressing overestimation of the prevalence of depression based on self-report screening questionnaires*—found that research studies, even large ones published in credible journals, estimate rates of depression that are two or three times higher than actual rates.

The researchers reviewed 25 studies published in 2017. All of the studies, except for two, based their estimates of depression on self-reported screening questionnaires. These questionnaires do not accurately identify individuals who suffer from depression and should only be used to identify people who may require further testing to determine whether they have depression. A more thorough evaluation by way of a diagnostic interview is necessary to determine an appropriate diagnosis.

The researchers caution that this kind of overestimation can have many negative consequences. For example, it could lead to over-diagnosis. Family doctors may follow researchers' lead in using the screening questionnaires to make diagnoses. Doctors might also assume they should be finding the same rates of depression within their own practice. For policy makers and others committed to addressing mental health issues and needs, it makes it difficult to accurately and effectively direct resources.

To access the study, visit the Canadian Medical Association Journal at www.cmaj.ca/content/190/2/E44.

Thorny indeed...

Although the issues that dominated 2017 will continue to be thorny throughout 2018, each is sure to take on new dimensions—dimensions that we'll continue to combat for a less prickly 2018!

In the meantime, don't miss episode five of our podcast, "And Now for Something Completely Indifferent…" As mentioned earlier, David Willows, GSC's chief innovation and marketing officer, talks with special guest Stephen Frank of the CLHIA to review issues from 2017 and what's coming up in 2018 for our industry, including pharmacare in Canada, the rising cost of drugs in benefits plans, and getting on top of claims fraud.

Sources:

[1]"Biosimilar Infliximab (CT-P13) Is Not Inferior to Originator Infliximab: Results from a 52-Week Randomized Switch Trial in Norway," American College of Rheumatology, Abstract Number 19L. Retrieved November 2016: http://acrabstracts.org/abstract/biosimilar-infliximab-ct-p13-is-not-inferior-to-originator-infliximab-results-from-a-52-week-randomized-switch-trial-in-norway/.

[2]"Long-term efficacy and safety in patients with rheumatoid arthritis continuing on SB4 or switching from reference etanercept to SB4," Paul Emery, Jiří Vencovský, Anna Sylwestrzak, Piotr Leszczyński, Wieslawa Porawska, Barbara Stasiuk, Joanna Hilt, Zdenka Mosterova, Soo Yeon Cheong, Jeehoon Ghil, Annals of the Rheumatic Diseases, August 29, 2017. Retrieved January 2018: http://ard.bmj.com/content/annrheumdis/early/2017/08/09/annrheumdis-2017-211591.full.pdf.

[3]"Antidepressant Use Has Gone Crazy: Bad News From the CDC," Psychiatric Times, Allen Frances, October 28, 2011. Retrieved December 2016: http://www.psychiatrictimes.com/blogs/antidepressant-use-has-gone-crazy-bad-news-cdc.

DEAL WILL CUT GENERIC DRUG PRICES BY UP TO 40%

As of April 1, 2018, a deal between the pan-Canadian Pharmaceutical Alliance and the Canadian Generic Pharmaceutical Association, will decrease the prices of nearly 70 commonly prescribed generic drugs by 25% to 40%. In exchange for these reductions over the deal's five-year term, the participating public drug plans have agreed not to solicit open tenders in bids to get lower drug costs. Even better news, the prices are also being made available to private drug plans.

Generic drugs currently account for more than 70% of all prescriptions reimbursed under public drug plans, and about 60% at GSC, so this deal will help reduce costs for provincial and private plans. In addition, it will help improve pricing consistency of generic drugs across the country. Projections include that savings in the first year will amount to more than $385 million and as much as $3 billion in the system over the next five years through price reductions and the launch of new generic drugs.

What does this mean for your plan? The most widely used drugs on the list of generics to be discounted are for high cholesterol, high blood pressure, and depression—high-volume drugs. Once the deal takes effect, the prices of the discounted generic drugs will be set at either 10% or 18% of the brand-name price and will generate cost savings for plan sponsors. As always, the cost savings impact for a specific plan are dependent on the plan design. GSC will be communicating more on this topic in the weeks and months to come.

For more information, visit http://canadiangenerics.ca/news-release62/a-joint-statement-from-the-pan-canadian-pharmaceutical-alliance-and-the-canadian-generic-pharmaceutical-association/.

UPDATE ON OPIOIDS: STUDY SHOWS 40,000 NEW STARTS FOR HIGH-DOSE PRESCRIPTION OPIOIDS

As you may recall from previous coverage, opioid addiction and fatal overdoses have increased dramatically across Canada. Although many of today's challenges involve opioids from street sources, often these situations began with an opioid prescription. Canadians are the second-largest per-capita users of prescription opioids after the U.S.

The current guidelines around opioid prescribing encourage prescribers and patients to first consider whether or not there are non-opioid therapies that might be useful. If opioids are the best option, the guidelines encourage prescribing and taking the lowest possible dose. However, findings from a new study done by Health Quality Ontario (HQO)—*Starting on Opioids*—are concerning as it states that more than 40,000 Ontarians started on high doses of prescription opioids in 2016.

Opioid dosages...

The scientific evidence shows that those who take prescription opioids at higher than recommended doses are several times more likely to overdose compared to those on lower doses. The report defines a high-dose opioid prescription as over 90 mg of morphine per day, or the equivalent dose of a different opioid.

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And for "new starts" on opioids for chronic pain, standards and guidelines say it's preferable not to exceed a dose of 50 mg of morphine or equivalents per day, and to initiate opioids only after other therapies have been tried. New starts of opioids are defined as prescriptions for people who had not filled an opioid prescription in at least six months.

Prescription duration…

The evidence indicates that initial opioid prescriptions for more than seven days' duration have been associated with a higher risk of long-term use. And for acute pain, a prevailing recommendation is that opioid prescriptions should typically have a duration of three days or less. However, the HQO report found that of the 1.3 million Ontarians who started on opioids at any dosage, nearly 325,000 were started with a prescription for more than seven days.

Regarding all opioid new starts (not just high-dose starts), 1.3 million Ontarians overall were started on opioids in 2016, which is 2% lower than in 2013. Although a decrease, to put it in perspective, HQO explains that at this rate, it would still take Ontario more than a decade to get down to the rate of new starts of other similar countries, such as Australia.

In addition to these findings about opioid dosages and prescription durations, HQO conveys that it's important to recognize that chronic pain is very difficult to manage. Accordingly, it's important for prescribers not to suddenly discontinue prescription opioids so patients don't turn to nonprescription heroin or fentanyl.

To find our more and access the report, visit: www.hqontario.ca/StartingonOpioids.

FLU VIRUS PARTICULARLY AGGRESSIVE

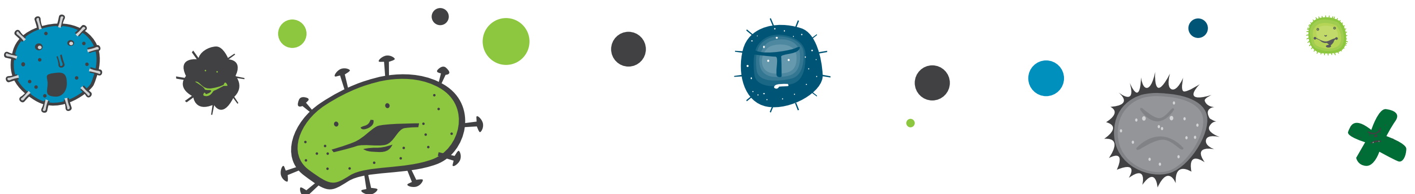
Canada is seeing high numbers of flu cases with the Public Health Agency of Canada describing influenza as "widespread" in most of Ontario and southern British Columbia, and present "at least sporadically" in most parts of the country. This is the case because this year's virus is proving to be particularly aggressive.

Although doctors correctly predicted this year's dominant flu strain—an A strain called H3N2—the virus mutated before the vaccine could be manufactured. As a result, although this year's vaccine is considered to be working well against other flu strains in circulation, some doctors feel that it is only about 10% effective against H3N2. In addition, this year's B strain—called B/Yamagata—began circulating much earlier than usual.

About halfway through the flu season, considered to run until early March, the majority of cases continued to be H3N2, although 40% of detections were influenza B in week three (January 14, 2018 to January 20, 2018).

Canada isn't alone; the U.S. Centers for Disease Control and Prevention has labeled this year a flu epidemic, and the U.K. is experiencing the highest rates in seven years. Similarly, Australia's flu season, which is now over, was the worst in more than a decade.

For more information, visit: https://www.canada.ca/en/public-health/services/diseases/flu-influenza.html.



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STUDY SHOWS MINDFULNESS HELPS CREATE A LESS TOXIC WORKPLACE

A University of British Columbia Sauder School of Business study finds that online mindfulness training can help create a less toxic work environment. Overall, the program helps create a healthier, more collegial and tolerant work environment.

In June and July 2017, 549 employees at two workplaces in British Columbia took part in a "30-day Mindfulness Challenge." The Challenge takes about five to ten minutes each day online with a focus on learning—and doing—a mindfulness technique called "Take 5." The goal of Take 5 is to help people make the connection between their mind and body and be in the present moment. Using videos, podcasts, emails, and optional support by an online buddy, participants are taught to add cues to their day to remember to practice Take 5 and, ultimately, to make Take 5 a habit.

Before and after the challenge, the study participants completed a survey. Results include that the program helps reduce negative workplace behaviours like bullying, rudeness, being hurtful to others, and trying to embarrass colleagues. The researchers feel that these results are important because negative treatment at work is linked to stress, as well as issues like ineffective teamwork, low employee morale, and poor performance.

To help your plan members become more mindful, GSC introduced a new Mindfulness Program in December on the Change4Life® health portal. Plan members can easily access the training on all their personal devices at no cost. **Encourage your plan members to try it out!**

For more information, visit https://www.prnewswire.com/news-releases/mindwell-u-new-university-research-study-finds-mindfulness-training-reduces-bullying-amongst-employees-657456203.html.

AN UPDATE ON GSC'S HEALTH STUDY "ROADSHOW"… YES, IT'S TAKING A BREAK IN '18

Once again this year, GSC experts have been hard at work analyzing what has been happening with benefits plans, looking for trends, patterns, and outliers. Without giving away too much, we are finding that the 2017 landscape—specifically rising prescription drug costs, the prevalence of biologics, the continuous push for biosimilars—is a similar story to what we've been presenting the last few years. And since there's not much new to learn about drug trends… it's just slowly getting worse… we've decided to take a year off from the traditional "Health Study." But there are a number of emerging stories that we at GSC are rather keen to talk to you about, and where we are leading the way in new approaches, namely:

→ Biosimilars and the feasibility of transitioning patients
→ Medical marijuana
→ Value-based Pharmacy… and health care

You will hear more from us on the topics above in 2018 as well as the usual drug trend data. And if you want to hear smart people (and an occasional good looking one) talking about them, start checking out GSC's brand-new **podcast**. Officially called "And now for something completely indifferent…", the podcast highlights the hottest topics and trends in Canadian health benefits. We lovingly refer to this as the industry podcast that absolutely no one asked for… but we're doing it anyway.

February Haiku

2017
Challenges surrounded us
This year, same story

OUT & ABOUT... *Events not to miss*

International Certified Employee Benefit Specialist Southwestern Ontario

March 1, 2018 – Deer Ridge Golf Club, Kitchener, Ontario

www.iscebs-swo.org/index.cfm?utm_campaign=ISCEBS_011518_SWO_030118&utm_medium=email&utm_source=Eloqua&display=pages&pageid=9901&sec=&elqTrackId=891268B6AE4FC7D0D10760F2198BE66F&elq=c3357991ae8e4e4fb797dfcc495c63cd&elqaid=3390&elqat=1&elqCampaignId=2600

GSC's Innovation Leader for Health Management, **Peter Gove**, will speak about "The Medicalization of Unhappiness."

CPBI Western Regional Conference 2018

April 11–13, 2018 – The Rimrock Resort Hotel, Banff, Alberta

www.cpbi-icra.ca/Events/Details/Southern-Alberta/2018/04-11-CPBI-Western-Regional-Conference-2018

Leila Mandlsohn, GSC's pharmacy strategy consultant, will deliver a presentation explaining the ideas behind Value-based Pharmacy.

FITBIT WINNER

Congratulations to **B. KAVANAGH**, of **SURREY, BC**, the winner of our monthly draw for a Fitbit. Through this contest, one name will be drawn each month from plan members who have registered for Plan Member Online Services for that month.

greenshield.ca

Windsor	1.800.265.5615	**Vancouver**	1.800.665.1494
London	1.800.265.4429	**Montréal**	1.855.789.9214
Toronto	1.800.268.6613	**Atlantic**	1.844.666.0667
Calgary	1.888.962.8533	**Customer Service**	1.888.711.1119