



THE advantage™

THE STUFF YOU NEED TO KNOW...

JANUARY 2016

It's a brand new year and we have lots to tell you in this month's edition of The advantage.

REMINDER: NEW SMOKING CESSATION PROGRAM AND MAINTENANCE MEDICATION FILL LIMITS

In November we first told you about two new GSC pharmacy programs launching on February 1, 2016 which have been designed to improve plan member health and lead to long term, sustainable cost savings for your drug and broader health plan:

- GSC's new and improved Smoking Cessation Program – as we first told you in November, we will be adding the new program to your benefit plan effective February 1, 2016, unless you notify your GSC account team by January 15, 2016 that you wish your plan to be exempted.
- Maintenance Medication Fill Limits – also on February 1, pharmacists will be required to dispense a minimum three-month supply of some maintenance drugs, to a maximum total fills of five per year. To explain this upcoming change, we have prepared the attached communication which you can share with your plan members.

As a result of these changes, there will be minor changes to booklet wording that will be incorporated at the next booklet reprint/repost. If you have any questions regarding these two programs, please speak with your GSC account team at any time.

Inside This Issue:

- Reminder – GSC's new Smoking Cessation and Maintenance Medication Fill Limits Programs
- Web ShieldStats® makeover and enhancements
- New cholesterol specialty drugs
- New online dental claim submission
- Quebec Bill 28 update
- GSC on the Go™ new features

Web ShieldStats®: NEW AND IMPROVED ONLINE REPORTING FOR PLAN SPONSORS AND ADVISORS

Web ShieldStats® is GSC's online self-service reporting platform which provides plan sponsors and advisors with the information they need to better understand their benefit plans. Available through our Online Administration tool, Web ShieldStats allows users to access a wide range of data about their benefit plans, including detailed claims reports, financial statements, plan member enrolment, and benefit eligibility, to name a few.

Innovation and improving our products is nothing new here at GSC. So effective **February 1, 2016**, Web ShieldStats is getting a new streamlined look and new features. For our current users, you may be experiencing déjà vu, as earlier this month we issued a GSC Update announcing the new Web ShieldStats changes. If you haven't read it, it's important that

you do as it includes detailed information outlining all of the exciting changes, as well as a few tips to prepare for the conversion.

Without giving away all of the enhancements, we can confidently say that it's more than just an improved look and feel that you'll notice. For example:

-  Would you like the ability to easily schedule multiple reports within seconds? *No problem.*
-  Once you've moved on to another task, would you like to receive an email notifying you that the report can be viewed? *You got it.*
-  Would you like to quickly access recently viewed reports or even those that you flagged as a "Favourite"? *Done and done.*

Updated resource materials to assist you with the transition will be available directly on the application. We're confident that the new version of Web ShieldStats will be a welcome change, one that will create many efficiencies and a better overall experience for you.

GSC places the highest priority on protecting your confidential information, which is why we conduct our annual web access review for our Online Administration users. This audit will be taking place in March 2016, and is one of the most effective ways of ensuring data remains confidential and secure.

If you are not currently using Web ShieldStats and want to know more, or if you have questions about these new enhancements, please contact your GSC account team for assistance.

NEW CHOLESTEROL HIGH COST DRUGS: PCSK9 INHIBITORS

What are PCSK9 Inhibitors? PCSK9 Inhibitors are a new class of specialty drugs used to treat high cholesterol. Evidence indicates that these medications are well-tolerated and highly effective in reducing low-density lipoprotein cholesterol (LDL-C), the cholesterol that increases risk of heart disease and stroke. PCSK9 Inhibitors are meant to treat patients who have either familial hypercholesterolemia or clinical atherosclerotic cardiovascular disease (CVD)¹ and have not responded adequately to traditional cholesterol lowering drugs such as statins. To learn more on this topic, refer to our recent issue of **Follow the Script™ (Fall 2015)**.

While PCSK9 Inhibitors are a noteworthy advancement in the pharmacological treatment of high cholesterol, the financial impact for plan sponsors could be significant over the long-term given the potential patient population size. Until now, patients with high cholesterol typically used statins to manage their condition, which cost on average several hundred dollars per year for each patient. In contrast, *Repatha™*, the first PCSK9 Inhibitor approved by Health Canada, is expected to cost approximately \$8,000 per year, per plan member.²

GSC'S STRATEGY FOR PCSK9 INHIBITORS

What is GSC's strategy to manage Repatha and other PCSK9 Inhibitors? Our strategy consists of four key components:

1. A rigorous prior authorization process
2. Demonstrated adherence to statin therapy
3. Referral to GSC's Pharmacist Health Coaching – Cardiovascular Program
4. Specialty drug preferred pharmacy network (PPN)

Here are the details...

Plan members need to apply for coverage for Repatha and other PCSK9 Inhibitors through GSC's prior authorization program, as they do for many other drugs. To be approved, plan members must meet the clinical indications for the drug, as well as demonstrate that they have tried statins and have not reached their LDL-C target levels. Plan members also need to show that they have been adherent to their statin treatment; those who have not been adherent will be denied for this drug. Plan members who have been denied due to non-adherence can re-apply in six months, however they must have demonstrated ongoing adherence during that six month period.

All plan members who apply for a PCSK9 Inhibitor will be invited to participate in GSC's *Pharmacist Health Coaching – Cardiovascular Program*, regardless of whether their drug is approved or denied. While participation in the program is voluntary, we believe health coaching by their pharmacist can help plan members better adhere to their medication and manage their high cholesterol, whether they are taking regular statin medication or a cholesterol lowering specialty drug.

Finally, plan sponsors who have chosen to participate in GSC's specialty drug preferred pharmacy network (PPN) can take advantage of reduced pharmacy markups and adherence support services offered through this program. As our pharmacy network partners have agreed to reduce their pharmacy markup on Repatha and other PCSK9 Inhibitors, there will be a reduced financial impact of these drugs on your drug plan. If you are currently not participating in the PPN, please speak with your GSC account team to discuss the potential cost savings for your plan.

ONLINE DENTAL CLAIM SUBMISSION COMING TO PLAN MEMBER ONLINE SERVICES

This month GSC will be adding an exciting new feature to Plan Member Online Services. Plan members with access to online claim submission will now be able to submit dental claims in the same way that they are able to submit claims for other services online. This new feature will have the benefit of real-time claim adjudication as well as the convenience of not having to submit paper forms.

With this enhancement, plan members will also notice two additional updates to online claim submission. The first provides a cleaner look and groups similar benefits type (for example, paramedical services are grouped together). The second allows plan members to submit online claims for all benefit types regardless of their benefit plan coverage or eligibility. Thanks to this second enhancement, plan members will no longer need to complete a paper form for the purpose of submitting a coordination of benefits claim.

QUEBEC BILL 28 UPDATE

We first told you in the September 2015 edition of *The Advantage* that Quebec had passed Bill 28, legislation that expanded the scope of practice for Quebec pharmacists and changed how Quebec drug plans could reimburse claims for brand name drugs. Here's an update on what's happened since...

PHARMACY SERVICES

Quebec pharmacists have been authorized since June 20, 2015 to provide eight pharmacy services to Quebec residents; private plans and the Regie de l'assurance maladie Quebec (RAMQ) must reimburse four of these services. In July, the government and the Quebec Association of Pharmacy Owners (AQPP) reached an agreement on the fees that could be billed to RAMQ. The insurance industry, however, had delayed paying for these claims until the government passed regulations that confirmed how the fees would be applied to private plans.

On November 10, 2015, the Quebec government introduced Bill 20 amending Bill 28, which confirmed that the fees for the private sector could not exceed the amounts set for the public plan. Thus, the fees for the insured pharmacy services that private plans are required to pay have been established.

What does this mean for GSC plan sponsors with plan members who reside in Quebec? It means that GSC will be reimbursing pharmacy service claims received, retroactive to June 20, 2015. The pharmacy services, the eligible medical conditions, and fees are outlined below:

PHARMACY SERVICE	ELIGIBLE MEDICAL CONDITIONS OR SERVICES	FEE
Evaluating and prescribing a drug when a diagnosis is not required*	<ul style="list-style-type: none"> → Traveler's diarrhea → Malaria prevention → Perinatal vitamin supplement → Nausea and vomiting related to pregnancy → Smoking cessation → Emergency contraception → Head lice → Medication to prevent pre-surgery infection in at-risk patients (e.g., patients with heart disease or who have a prosthetic heart valve) → Gastric cytoprotective medication to prevent ulcers → Medication to prevent acute mountain sickness 	\$16.00
Evaluating and prescribing a drug for minor conditions* If patient has already received treatment for the condition in the past.	<ul style="list-style-type: none"> → Allergic rhinitis → Cold sores → Minor acne → Yeast vaginitis → Diaper rash → Eczema (low to moderate corticosteroids) → Allergic conjunctivitis → Thrush (oral candidiasis) from using steroid inhalers → Mouth sores → Menstrual pain → Hemorrhoids → Urinary tract infection for women 	\$16.00
Adjusting a medication	<ul style="list-style-type: none"> → Initial meeting → Annual fee → Fixed monthly fee 	\$15.50 to \$19.50 depending on the medical condition and if for two or more conditions \$20.00 to \$50.00, in two to three installments, depending on the medical condition, and if for two or more conditions \$16.00 for adjustment of anticoagulation medication
Extending (renewing) a prescription		\$12.50 once per 12 months per person

*The service is billable whether or not a drug is prescribed following the pharmacist's evaluation.

While it is difficult to estimate the financial impact in the absence of historical utilization, we will closely monitor trends over the next several months and will provide further information as new data becomes available.

REIMBURSEMENT OF BRAND NAME DRUGS TO THE LOWEST COST

Also related to Bill 28, as of October 1, 2015, private plans that have generic substitution are permitted to limit reimbursement of brand name drugs to the lowest cost generic equivalent. Starting February 2016, GSC will apply this new pricing rule to your drug plan if you have generic substitution and have plan members residing in Quebec. If a plan member purchases a brand name drug that has a generic equivalent, GSC will only reimburse to the cost of the generic drug. Any amount in excess of the generic that the plan member chooses to pay will not be included in the RAMQ annual out-of-pocket maximum. Historically, it has been a challenge to incorporate our reimbursement practices into Quebec drug plans due to existing legislation. Taking advantage of this cost savings strategy will be a welcome change for plan sponsors with Quebec employees.

NEW FEATURES COMING TO GSC ON THE GO™

You asked...we listened! This March, plan members will receive an update to GSC on the Go that includes several new features:

Claims History: We're adding "Search my Claims History" to our existing "My Claims" feature. This will allow plan members to view claim history and status right from their iOS or Android device.

HCSA Claim Submission: This update will provide plan members with a Health Care Spending Account (HCSA) the ability to submit HCSA claims on their mobile device in the same way that they are able to do so on Plan Member Online Services.

Spending Account Balances: Also included in this release is the "My Balances" feature. Plan members with a Health Care Spending Account or Personal Spending Account will be able to conveniently view their balances on the go.

Be sure to check the settings on your device to ensure you're notified when the update becomes available!

Updates for GSC on the Go are available for Apple® iOS and Android™ only. Due to low uptake, we will no longer release updates for Windows devices.

Sources:

¹Familial hypercholesterolemia is an inherited disorder that can lead to aggressive and premature cardiovascular disease. Clinical atherosclerotic cardiovascular disease (ASCVD) refers to patients that have had a history of heart attack, stroke, stable or unstable angina, transient ischemic attack, peripheral arterial disease, or have undergone coronary artery bypass surgery.

²Based on the Manufacturer's List Price (MLP) for Repatha.