

Regulation Amendments in support of Sustainability and Access for the Ontario Drug Benefit Program

Questions and Answers for Patients

Responsible management of health care is part of the government's plan to build a better Ontario through its [Patients First: Action Plan for Health Care](#), providing patients with faster access to the right care, better home and community care, the information they need to live healthy and a health care system that's sustainable for generations to come.

The Ministry of Health and Long-Term Care (the "ministry") is making changes to pharmacy payments, fees and program policies under the Ontario Drug Benefit (ODB) program to make the program more efficient and effective. These changes reflect today's patient needs and will enable the government to achieve savings of over \$200 million annually when fully implemented, as per the 2015 Ontario Budget.

Amendments to Ontario Regulation 201/96 made under the *Ontario Drug Benefit Act* will come into force on October 1, 2015 to support these ODB program changes.

For more information, please visit our website at:
<http://www.health.gov.on.ca/en/public/programs/drugs/>

Any remaining questions can be emailed to the Ontario Public Drug Programs at:
PublicDrugPrgrms.moh@ontario.ca

Reducing the Mark-up for High-Cost Drugs

1. How will this change affect ODB recipients?

Reducing the mark-up paid to pharmacies for high-cost drugs will not impact ODB recipients as you will continue to pay your usual co-payment (up to \$6.11, depending on eligibility) when filling your prescriptions. The mark-up on a drug product is paid to pharmacies by the Government.

For ODB prescriptions, the components of a prescription cost paid to pharmacies include the ODB Drug Benefit Cost plus mark-up plus the ODB dispensing fee minus the recipient co-payment amount.

Dispensing Fee Reduction for Claims for Residents of Long-Term Care Homes

2. How will this change affect residents of Long-Term Care Homes?

Reducing the ODB dispensing fee reimbursed to Long-Term Care Home (LTCH) pharmacy service providers will not be expected to impact LTCH residents who will continue to pay up to

\$2.00 towards the cost of their prescriptions through their servicing pharmacy's usual co-payment arrangements.

Please note that ODB dispensing fees may vary depending on whether a pharmacy is located in a rural or urban area. Pharmacies located in rural areas are typically paid a higher ODB dispensing fee.

Maximizing the Quantity Dispensed for Chronic-Use Medications

3. How will these changes affect ODB recipients?

If you are an ODB recipient with a chronic disease or condition, in many cases, you will now be able to refill your prescriptions less often, making it more convenient and less expensive since you will be charged fewer co-payments.

The government will encourage pharmacists to provide you with enough medication for a 3-months' supply for certain medications you have been taking for a long time.

4. How will I determine whether the medication I am taking is considered chronic and included in the list of drugs affected by this change?

The list of drugs affected by this change includes drugs that are commonly used to treat chronic conditions such as high blood pressure, high cholesterol, and diabetes. Your pharmacist will tell you whether the medication you are taking will be dispensed in a 3-month supply.

5. What if I currently receive my medication in smaller allotments? Can I continue to receive this service?

If you are currently receiving your medication at more frequent intervals for a documented clinical reason (including cases where you are receiving blister-packaged medication), you will continue to receive this service.

The ministry will ensure ODB recipients who require more frequent dispensing due to an established medical reason, or those who are on a complex medication regimen where patient safety is at risk, continue to receive their medication in a manner that promotes its appropriate and safe use.

Reimbursement of Medically Necessary "No Substitution" Claims

6. What are brand name and generic drugs?

Companies that develop brand name drugs hold a patent on the formula. A patent gives the drug maker the sole right to produce and sell the drug.

Patents do not last forever and in Canada, the patent lasts for 20 years. When they end, other companies can make the drug with the same active ingredient(s) as the brand name drug and that is the same in every important way. These drugs are called generic drugs.

Generic drugs have a different name and may look or taste different from brand name drugs, but they have the same active ingredient(s). They also cost less.

Both generic and brand name drugs follow the same quality and safety standards. Health Canada monitors the way they are manufactured and ensures that all drugs meet the same standards.

If you will like more information on the effectiveness and safety of generic drugs, please visit:

https://www.cadth.ca/sites/default/files/pdf/generic_drugs_questions_answered_e.pdf

7. Does ODB pay for both brand name and generic drugs?

When both generic and brand name drugs are available, the ODB program pays for the one that costs less.

A “no substitution” prescription allows ODB recipients to receive a higher-cost brand name drug when it is required for medical reasons, including cases where an ODB recipient has had a bad (i.e. allergic) reaction to a generic equivalent and now requires the brand name drug product for safety reasons.

Where the ODB program pays for a generic drug only and you have not had an allergic reaction to the generic drug, you are still able to choose a brand name drug. You will have to tell the pharmacist that this is what you want to do and you will have to pay the cost difference yourself.

8. Why is the ministry changing the current “no substitution” policy?

The ministry is making changes to the “no substitution” policy in order to increase the use of safe and effective generic alternatives to brand name products. Generic drugs approved for use by Health Canada are as safe and effective as their brand name counterparts, but cost significantly less. Increasing the use of generic drug products offers enormous cost saving potential for our health care system and provides better value to taxpayers.

9. How will these changes affect ODB recipients?

Effective October 1, 2015, the ministry will only pay for a higher-cost brand name drug when it is required for medical reasons, including if you have had bad reactions (e.g. allergic reaction or bad reaction because of an interaction amongst multiple drugs you are taking) to two lower-cost ODB-funded generic drugs.

To have ODB pay for the brand drug, your doctor must write "no substitution" on your prescription and complete a form documenting your bad reaction(s) to the two generic products. You must take both the prescription and the completed form(s) to your pharmacy.

10. What if I already have a “no substitution” prescription?

If you already have a brand name drug covered under the ODB program due to a current “no substitution” prescription from your physician, you will continue to receive coverage for this

medication. However, your healthcare provider might speak to you about considering switching to a lower-cost but equally effective alternative generic medication that might be appropriate for your specific condition/treatment.

11. What if I already pay out-of-pocket for a brand name drug?

If you have chosen to substitute a brand name drug when the ODB program pays only for a generic drug, you will continue to be able to pay the cost difference yourself. This policy change will not affect you.