



FOR YOUR BENEFIT

Employee Benefit & Pension Newsletter

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Expanding Role of Pharmacists

New standards of practice are now in effect in several provinces across Canada. Following are the expanded prescribing abilities for pharmacists in Ontario, Nova Scotia and Saskatchewan.



Ontario: On March 15, 2011, the Ontario College of Pharmacists issued an Advisory Notice pertaining to new regulations under the Drug and Pharmacies Regulation Act. Under the regulations, pharmacists practicing in accredited pharmacies are now able to refill existing prescriptions without the further authorization of a prescriber. Pharmacists will have the authority to extend (prescribe an additional quantity) of an existing prescription under certain circumstances. Narcotic or controlled drugs are not included in the enhanced scope of practice.

Nova Scotia: Effective January 6, 2011, pharmacists in Nova Scotia now have the ability to prescribe a drug in an emergency situation, renew existing prescriptions, adapt a prescription, make a therapeutic substitution and initiate a prescription for minor ailments and vaccines. Service fees charged by pharmacists for adapting a prescription will in all likelihood not be covered under your group insurance benefit program.

Province/Territory	Website
Alberta	www.pharmacists.ab.ca
British Columbia	www.bcpharmacists.org
Manitoba	www.mpha.ca
New Brunswick	www.nbpharmacists.ca
Newfoundland & Labrador	www.nlpb.ca
Northwest Territories	www.napra.ca/pages/NWT/default.aspx
Nova Scotia	www.nspharmacists.ca
Ontario	www.ocpinfo.com
Prince Edward Island	www.peipharm.info
Quebec	www.opg.org
Saskatchewan	www.skpharmacists.ca
Yukon	www.napra.ca/pages/Yukon/default.aspx

Saskatchewan: Effective March 4, 2011, the Saskatchewan College of Pharmacists expanded the scope of pharmacists' prescribing ability. Pharmacists in Saskatchewan can now prescribe a drug in an emergency situation, renew existing prescriptions, adapt a prescription and make a therapeutic substitution. Service fees charged by pharmacists for adapting a prescription will in all likelihood not be covered under your group insurance benefit program.

← For information regarding the pharmacists association in your province.



Recent Regulatory Eye Care Changes in Ontario and Alberta

Ontario: On April 6, 2011, the Ontario government approved regulation allowing for optometrists in Ontario to prescribe medications for eye diseases/conditions including bacterial and viral eye infections, red eye due to contact lens wear, eyelid infection and inflammation, inflammation of the eye, allergies affecting the eyes and glaucoma.

Alberta: Effective October 1, 2011, all Albertans, regardless of age who require an optometrist for certain medically related eye services, will be covered under the Alberta Provincial Health Plan.

Provincial Generic Drug Pricing Update

Over the past few months, several provinces have introduced generic drug reform reducing the cost of generic drugs covered under provincial drug programs and private plans. All provinces are implementing these changes in a phased in manner that may be over several years. Following is an update to the timelines for these changes.



Alberta: Effective April 1, 2010, legislation was introduced that reduced the amount paid for generic drugs from 75% to 56% of the cost of brand name drugs. New generic drugs added to the provincial formulary will be reimbursed at 45% of the brand name drug. The province implemented a Transitional Allowance of \$3.00 per prescription for all prescriptions under \$75.

Effective April 1, 2011, the Transitional Allowance has been reduced to \$2.00 per prescription and a further reduction to \$1.00 per prescription will be implemented effective April 1, 2012. The allowance will be eliminated effective April 1, 2013.

British Columbia: Effective October 15, 2010, legislation was implemented reducing the allowable cost for existing generic drugs on the provincial formulary to 50% of the brand drug and 42% of the brand drug for generics added to the provincial formulary after January 1, 2009.

Effective July 4, 2011, a further reduction to 40% of brand name drugs will be implemented on all generic drugs (new and existing) and to 35% effective April 2, 2012.

Nova Scotia: Effective July 1, 2011, a 45% cap will be set for the price of generic drugs based on the price of the brand name drug under Pharmacare. A further reduction to 40% will be implemented January 1, 2012 and reduced further to 35% effective July 1, 2012. At this time, these reductions do not apply to private plans.

Ontario: Effective July 1, 2010, legislation was implemented reducing the amount paid by the public and private sectors for generic drugs listed on the provincial formulary. Generic prices were reduced to 25% of brand name drugs on the Ontario Drug Benefit Formulary and 50% for private plans.

Effective April 1, 2011, generic prices for private plans were further reduced to 35% of the brand name drug and will be further reduced to 25% effective April 1, 2012.

Quebec: Effective November 2010, the province reduced the allowable amount for generic drugs on the formulary to 37.5% of the cost of the brand drug. This will be further reduced to 25% effective April 2012. These reductions are applicable to both public and private plans.

Defined Contribution Benefit Programs

On February 2, 2011, Michael Trowell – Assistant Vice-President, Comprehensive Benefit Solutions – was invited to speak at the 2011 HSPA Annual Conference and Trade Show about Defined Contribution (DC) Benefit Programs.



Mike's presentation focused on how to apply the concepts of DC plans to employee benefit programs, allowing employers to reduce risk and long-term exposure to unsustainable cost increases. This concept is something Mike has been passionate about for some time and the presentation sparked a lot of interest.

On February 4, 2011, Mike's presentation was the subject of an online Benefits Canada Article ("Is DC the future of health benefits"), and in May 2011, Mike had an article published in Benefits Canada about this concept.

If you would like a copy of Mike's HSPA presentation or are interested in learning more about this concept, please contact your CBS Consultant.

Applicable Links:

- ① HSPA Presentation: <http://www.hspa.ca/Conf2011/Schedule/Pages/SessionDetails.aspx?SessionScheduleId=30>
- ② Benefits Canada: <http://www.benefitscanada.com/benefits/health-benefits/rethinking-the-hcsa-14130>
- ③ Benefits Canada: <http://www.benefitscanada.com/benefits/health-benefits/applying-the-db-dc-plan-model-to-group-benefits-16531>

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