

THE INSIDE STORY®

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Watery eyes, runny nose, groggy head 'Tis the season— *allergy season that is*

.....
Allergies decrease employee health and productivity while increasing absenteeism—'tis the season to give allergies a second look.

Allergies are a lot more than just watery eyes. In addition to discomfort and irritation, allergies can lead to significant cognitive and mood issues that negatively affect productivity and overall employee health. And a lack of allergy diagnosis or under treatment can result in increasing severity of symptoms, lowering your plan members' quality of life off the job—and their productivity on the job.
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So what's up with the sneezing and those runny eyes?

Time to give allergies—and plan members—

a closer look

Because allergy symptoms can cause significant discomfort leading to sleep disruption and a range of mood issues, in turn they can also lead to decreased productivity and increased absenteeism—negatively affecting your bottom line. However, often allergy sufferers themselves don't associate the cognitive effects and mood issues they are experiencing with untreated allergies. In addition, even in cases where they do recognize that allergies are playing a role in their discomfort, often they don't seek treatment thinking "it will pass". In the meantime, while waiting for symptoms to subside, the opposite may occur as symptoms start escalating—'it will pass' translates into decreased employee health.

Is it a cold or an allergy?

...was it something I ate? ...touched?
...smelled? ...breathed?

Needless to say, allergies are confusing. Not only are the causes confusing, some allergies develop after a long period of exposure, while others seem to develop quickly. Some are life-long while others mysteriously disappear. What's going

on? Developing a solid understanding of what's going on with allergies is an important first step in helping plan members investigate whether allergies are at the root of their physical, cognitive, and mood issues.



Allergies and asthmas affect **30%** of all Canadians.*

True confessions of allergy suffering employees:

"My head is so groggy, I can't think straight or concentrate on what I'm doing..."

"My nose and eyes are so irritating that I'm frustrated and short tempered..."

"I just want to curl up at my desk and take a nap..."

* Source: Allergy/Asthma Information Association

Turns out that 'Allergy' actually has three A's...

Consider following the 3A's – Awareness, Avoidance, Action – to help identify allergy-suffering plan members and to help combat allergy symptoms that may silently be taking a negative toll on employee health and productivity:

Awareness: Know the basics...

Although allergies are complex, to help you identify potential allergy sufferers and point them in the right direction for help, all you really need to know are the basics:

■ Allergies occur when the immune system becomes unusually sensitive to normally harmless things like dust, animals or food—these substances are called "allergens". The allergens come into contact with 'mast cells' that are found in the lining of the nose, lungs, and intestinal tract, triggering an allergic reaction.



■ The immune system produces an antibody called IgE that attaches to the mast cells causing the release of numerous chemicals, including histamine, leading to inflammation and a range of possible allergy symptoms. For instance, depending on the allergen and the individual, allergy symptoms can occur throughout the body:

- *Nose and eyes:* for example, with the allergic condition known as allergic rhinitis, symptoms may include runny or stuffy nose, itchy, watery eyes, poor concentration, headaches, and sleep disturbances.
- *Respiratory system:* for example, with allergic asthma, symptoms may include breathing difficulties, coughing, wheezing, and chest tightness.
- *Skin:* for example, with allergic eczema, symptoms may include itchy skin, red rash, and small, raised blisters
- *Gastrointestinal tract:* for example, with food allergies, symptoms include cramps, diarrhea, vomiting



■ Allergies are as individual as the allergy sufferer. Accordingly, allergic reactions can be short or long and mild, moderate or severe. The most severe form of an allergic reaction is called "Anaphylaxis". If allergy symptoms progress to the severe level of Anaphylaxis, it can be very dangerous.

If a plan member exhibits these signs, get medical help immediately:

- Flushed face
- Hives or rash
- Red and itchy skin
- Swelling of the eyes, face, lips, throat and tongue
- Trouble breathing, speaking or swallowing
- Anxiety, distress, faintness, paleness, sense of doom, weakness
- Cramps, diarrhea, vomiting
- Drop in blood pressure
- Rapid heart beat
- Loss of consciousness

Get to know one of the main offenders:

Allergic Rhinitis

It is important to take special note of allergic rhinitis (AR) because not only does it affect about 20% of Canadians, it can be triggered by a wide range of allergens and can occur either seasonally or throughout the entire year. It is an *allergic condition* like asthma, meaning that the body overreacts to certain substances outside of the body. Although AR can be inherited, typically it is not the specific allergy that is inherited (e.g., an allergy to ragweed) instead, it is just the tendency to be allergic that is inherited. Children have a 30% chance of developing AR if one of their parents has AR, and a 50% chance if both parents are AR sufferers.

Allergic Rhinitis = *allergic nose inflammation*

rhino = "to do with the nose"

-itis = *inflammation*

Because AR is so common, it is likely that some of your plan members are AR sufferers. Keep your eye out for plan members who are experiencing a range of symptoms such as runny or stuffy noses, or itchy, watery eyes, or headaches combined with poor concentration, irritation, and frustration. Although AR is prevalent, the good news is that because the allergens associated with AR are outside of the body in the plan member's environment, there are many ways to help them by showing them how to take control of their work and home environments. Now, back to the 3A's...

Source: <http://www.healthyontario.com>

Avoidance

Of course, one of the best ways to help your plan members control allergies is by helping them avoid the allergens altogether. However, easier said than done—due to the complex nature of allergies, it is sometimes difficult to precisely pinpoint cause and effect. Accordingly, consider taking the following steps to try to remove as many common allergens from the workplace as possible:

- Remove any furniture that is susceptible to collecting dust like high-pile carpeting, thick drapery, or heavily upholstered chairs.
- Wash floors with a wet mop and dust surfaces with a damp cloth rather than dry ones that may just redistribute dust.
- Remove any plants that may be a source of mould.
- Use central air conditioning during high pollen and mould times.
- Check that indoor humidity is below 45%.

In addition, suggest that plan members follow a similar regimen at home. Consider including the following tips in your next employee communication:



Sneezing? - It may be something in the air...

10 quick tips for avoiding common airborne allergens like pollen, pet hair and dust mites:

- Always wipe surfaces with a damp cloth (not dry “duster”) and mop floors with a wet mop.
- Avoid carpeting wherever possible, as well as heavily upholstered furniture—good options include leather or vinyl coverings for both your home and car.
- Keep indoor humidity below 45%.
- Remove close to 100% of airborne allergens such as pollen, cat dander, household dust, tobacco smoke, and mold spores by using HEPA (High Efficiency Partical Air) filters. For example, they can be used with furnaces and vacuums, as well as portable air purifiers that you can place in rooms where you spend most of your time like the bedroom and family room.
- Keep windows closed as much as possible during the spring pollen season—even in the car.
- Do not dry clothes outside during the pollen season and remove shoes and outdoor clothing when you come inside.
- Only allow your pets in specific areas of your home so they stay out of areas like your bedroom where you spend numerous hours
- Try to bath pets about once a week with a cloth and warm water or give them a shower— even a walk in the rain helps.
- Wash bedding in hot water once a week and use a pillow covering that protects against dust mites (i.e., tiny microscope insects that are a major component of household dust).
- Create a barrier between you and them – get a vinyl cover for your box spring and dust mite-proof your mattress with a covering. Yes – this really does work!



Action

Encourage plan members who may be suffering from allergies to get an official diagnosis from their doctor. This will make all the difference in terms of their ability to follow through on the 3A's themselves. They will be able to take control of their health by becoming **aware** of learning about their specific condition, as well as how to **avoid** the specific allergens that trigger their symptoms, and they may also take **action** in terms of medication or other treatment.

Because it is virtually impossible to completely control the environment and eliminate all allergens, especially airborne ones, the doctor may recommend medication for relief. Similar to any health issue, the type of medication recommended will depend on the plan member's specific symptoms, severity of symptoms, past response to medications, and other existing medical conditions. First line treatment usually includes antihistamines. For example:

- **Orally:** chlorpheniramine, diphenhydramine, cetirizine, loratadine, fexofenadine, desloratadine
- **Nose sprays:** levocabastine
- **Eye drops:** olopatadine

Beyond antihistamines, the doctor may also recommend other options that suit the plan member's specific situation, or the doctor may refer the plan member on to an Allergist for additional assessment. For instance:

- **Corticosteroid nose sprays:** may be recommended for AR if antihistamines aren't working (e.g., budesonide, ciclesonide, fluticasone, flunisolide, mometasone).
- **Anticholinergic nose sprays:** may be recommended specifically to help reduce runny nose symptoms (e.g., ipratropium). Saline nose sprays and lubricant eye drops may also help with nose and eye symptoms.
- **Allergen immunotherapy:** may be an option depending on the specific case. It is essentially allergy shots that work through desensitization by regularly injecting small amounts of the allergen while slowly increasing the dosage. As the body gets used to the presence of the allergen, hopefully the immune system reaction weakens. Typically, the shots are given 1 or 2 times each week for about 6 months before maintenance treatment begins that is usually just 1 shot per month. After 3 to 5 years, some allergy sufferers stop receiving the shots altogether.

The bottom line for your bottom line:

Allergies in the workplace are nothing to sneeze at...

In addition to the obvious physical discomfort caused by allergies, negative cognitive effects like distorted thinking and lowered concentration, as well as negative mood effects like increased frustration and irritation, make allergies a serious issue influencing employee produc-

tivity and absenteeism. As is the case with most issues, the key is to "face it, trace it, and try to erase it"; this spring, make identifying allergy-suffering plan members a main goal.

Allergist:

A physician who specializes in the treatment of allergies.

Demystifying Natural Health Products once and for all

Clarifying fact from fiction...

DIN, NHP, NHN, DIN-HIM, FDA, NHPR, NHPD, GMP—Confused yet? Just how many acronyms does it take... It's no wonder there are so many questions out there these days regarding the transition of certain Natural Health Products (known as NHPs) that previously had Drug Identification Numbers (known as DINs) to being assigned Natural Product Numbers (known as NPNs). As a pharmacy benefit manager (or as they say in the industry, PBM), we thought that we would clarify the 2004 NHP Regulations and how they affect your drug plan.

FICTION: NHPs are just a bunch of herbs

The facts: NHPs are more than just herbal remedies

NHPs include herbal remedies and so much more:

- vitamins and minerals (calcium, vitamin D, iron supplements, etc.)
- homeopathic medicines
- traditional medicines (such as traditional Chinese medicines)
- probiotics
- other products like amino acids and essential fatty acids

"A recent survey shows that 71% of Canadians regularly take vitamins and minerals, herbal products, homeopathic medicines and the like -- products that have come to be known as natural health products (NHPs)."

Source: Health Canada

FICTION: NHPs may not necessarily help, but there is no risk of harm

The facts: Like any other substance, whether natural or synthetic, there are potential health risks with NHPs

Whether a conventional medicine or NHP, any substance that has an effect on the body has risks including:

- self-diagnosis of a condition that may be serious,
- absence or delay in receiving supervised treatment for a medical condition,
- interaction with prescription drugs, over-the-counter medicines, or other NHPs, reducing or enhancing their effects, and
- allergic reactions.

The 2004 NHP Regulations intend to address some of the risks that could be associated with NHPs such as the possibility that a plant species may have been misidentified, that the amount of an ingredient may vary from what is stated on the label or between batches, and that the health-related claims are not appropriate for the ingredients. To learn what you can do to further minimize your risk, download the *Safe Use of Natural Health Products* fact sheet available at hc-sc.gc.ca/hl-vs/iyh-vsv/med/nat-prod-eng.php.

FICTION: If the label says "natural" it is safe

The facts: Safety concerns motivated change in regulations

- In 1997, Health Canada began to take a closer look at the regulation. Similar to drugs, NHPs may have potentially serious side effects. As Health Canada states, "Any substance, whether natural or synthetic, that has an effect on the body, has the potential to be a risk to health. Children, pregnant or breastfeeding women, seniors, those diagnosed with a serious disease or those scheduled for an operation are particularly susceptible to risk."
- Originally, NHPs were sold as either a drug or food as regulated by the Food and Drugs Act. However, as Canadians began to increase their use of NHPs, safety and efficacy increasingly came under the microscope. It became clear that classifying NHPs as either a drug or food was inappropriate, motivating new regulations to specifically address the unique nature of NHPs.

In 2004, the Natural Health Products Directorate (NHPD) was established. New guidelines for the regulation of NHPs were created, as Health Canada states, "ensuring that all Canadians have access to NHPs that are safe, effective and of high quality, while respecting freedom of choice and philosophical and cultural diversity. NHPs must be safe for consideration as over-the-counter products and not require a prescription to be sold. Products requiring a prescription will continue to be regulated under the Food and Drug Regulations."



WHAT'S NEW

Ontario Drug Reform Update – Professional allowances gone for good

On May 19, 2010, the Ontario legislature passed Bill 16: *Creating the Foundation for Jobs and Growth Act, 2010*, banning professional allowances (generic rebates) to pharmacies. However, as timing would have it, the Ontario government also

just announced delay until late spring of the proposed amendments to Regulation 935 under the Drug Interchangeability and Dispensing Fee Act (DIDFA) and Ontario Regulation 201/96 under the Ontario

Drug Benefit Act (ODBA) that will, among other things, reduce the cost of generic drugs. The delay provides additional time for review of public submissions. For now, it's still wait and see.

2010 Federal Budget: Cosmetic procedures and Health Care Spending Account coverage

According to changes in the March 2010 Federal Budget, expenses for purely cosmetic procedures are no longer eligible for the Medical Expense Tax Credit (METC) under the Income Tax Act. Why? These procedures are not considered medically necessary. As a result, cosmetic procedure expenses are no longer eligible under your Health Care Spending Account (HCSA), unless they are required for medical/reconstructive purposes or paid for by a provincial health insurance plan.

How does this affect plan members?

We will deny any HCSA claims for purely cosmetic procedures with a service date of March 4, 2010 or beyond.

Exceptions to the rule

If the cosmetic procedure is necessary for medical or reconstructive purposes (e.g., surgery to address a deformity related to a congenital abnormality, a personal injury resulting from an accident or trauma, or a disfiguring disease), the expense still qualifies for the METC and is eligible under an HCSA. For these exceptions to be considered for reimbursement, plan members must provide supporting documentation from their physician indicating that the procedure is necessary for medical or reconstructive purposes.

Typical cosmetic procedures no longer eligible:

- teeth whitening
- hair replacement
- liposuction
- botox injections
- rhinoplasty

What if a plan member is part way through treatment?

As of March 4, 2010, expenses for non-medical or reconstructive purposes no longer qualify for the METC, so we will deny any claims with a service date on or beyond March 4, 2010.

For a list of eligible medical expenses, please visit the Canada Revenue Agency at cra.gc.ca and search 'eligible medical expenses'.

NHPs and your GSC Drug Plan

Before the 2004 NHP Regulations...

- NHPs were classified as either a drug or a food. If classified as a drug, the NHP had to adhere to the drug review process, including proof of safety and efficacy through clinical trials, and receive a Drug Identification Number (DIN) to be sold and be eligible for drug plan coverage.

After the 2004 NHP Regulations...

- NHPs that previously had DINs are gradually being reviewed to assess their re-classification as a NHP with a corresponding NPN (Natural Product Numbers).
- NHPs that have been re-classified with an NPN are not eligible for drug plan coverage unless your benefit plan contract specifically indicates otherwise.
- The following products with a DIN are not affected and remain eligible:
 - life-sustaining, over-the-counter products such as insulin, diabetic supplies, and nitroglycerin
 - injectible vitamins and prescription-strength vitamins
 - smoking cessation products that require a prescription

For more information about the regulations, take a look at the Natural Health Product Directorate 2004 report at <http://www.hc-sc.gc.ca/dhp-mps/prodnatur/activit/consult/archive/pract-prat-eng.php>

NEWS & EVENTS

"e-service" at your...service

Our Plan Member Online Services allows your plan members to submit a 'pretend' claim to instantly find out when and what portion of a claim will be covered. This is more than just a simple eligibility check. Our system will verify their eligibility against their current accumulated claims history – in real-time – for the following benefits:

- Dental Recall Exam
- Chiropractic Treatment
- Massage Therapy
- Physiotherapy Treatment
- Custom Foot Orthotics
- Eye Examination
- Prescription Glasses
- Prescription Contacts

Winner of the draw for a 'night out on the town'



Congratulations to **Kevin Smith**, of Fernie, BC, the winner of Green Shield Canada's monthly draw for gift certificates for a 'night out on the town'. Through this contest, one name will be drawn each month from plan members who have registered for Plan Member Online Services for that month. To learn more, visit greenshield.ca.

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