

champix® - new safety information

Get help quitting smoking.

CHAMPIX (varenicline tartrate) is one treatment option available to help quit smoking. Pfizer Canada in consultation with Health Canada is advising consumers of important safety information regarding CHAMPIX. Since the introduction of CHAMPIX in Canada, in April 2007 through April 30, 2008, a total of 226 Canadian cases of neuropsychiatric adverse events have been reported. A number of patients taking CHAMPIX have experienced unusual feelings of agitation, depressed mood, hostility, changes in behavior or impulsive or disturbing thoughts such as thoughts of self-harm or harm to others.

-  *Tell your doctor if you have experienced depression or other mental health problems before taking CHAMPIX as these symptoms may worsen while taking CHAMPIX. Stop taking CHAMPIX and tell your doctor right away if you, your family or caregiver noticed any of these symptoms, if you experienced these symptoms in a way that is not typical for you, or if you have thoughts of self-harm or harm to others.*
-  *CHAMPIX has not been studied in people with mental health problems, and therefore your doctor will be monitoring you closely for new or worsened emotional or behavioral problems while on CHAMPIX.*

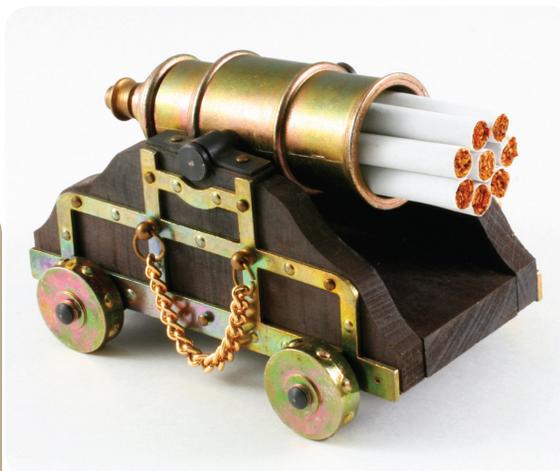
Quitting smoking can also be associated with changes in mood and behaviour, with or without taking medication to help quit. A doctor or pharmacist should be consulted should these symptoms or those described above be experienced, since guidance has been provided to health-care professionals on how to use CHAMPIX in patients, including those patients who may also have mental health problems.

source

Health Canada Bulletin, June 2008

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patient drug monographs

JOHNSON Inc. has expanded the services available to Health Plans participants online.

Participants can request a user ID and password to access Johnson's Members Only website to review a Patient Drug Monograph (PEM) for any of the prescription drugs they have claimed under the RTO/ERO Extended Health Care Plan. The PEM is an information document generally provided to participants by some pharmacists when they fill prescriptions. This document may be provided on paper, or often, a pharmacist will verbally review the information with the patient. The PEM includes information about the medication including: uses, how to take the medication, side effects, precautions, drug interactions, counselling messages, and missed dose and storage instructions. To access the PEM for a particular drug claim, participants would be required to log onto the Johnson Inc. Members Only website using their user ID and password, select the "Claims Information" section of the website and click on the drug claim they wish to view. Once the "Detailed Description" appears, they will need to select the drug identification number to access the PEM information.

attention RTO/ERO snowbirds!

SNOWBIRD time is quickly approaching. **Now** is the time to remind your membership about the careful need to ensure they have proper Travel Insurance if they plan to travel Out of Province/Country longer than 62 days. Remember a new five day top-up is available through RTO/ERO's Supplemental Travel Plan. Also remind members that proof is necessary for the date that members left their province of residence in case a claim has to be made.



THOUSANDS of Canadians die from heart attacks every year because they do not get medical treatment quickly enough. Learn to recognize the signals of a heart attack, so you can react quickly to save a life.

- ▶ Sudden discomfort or pain that does not go away with rest

- ▶ Chest pain or discomfort that is brought on with exertion and goes away with rest
- ▶ pain that may be in the chest, neck, jaw, shoulder, arms or back
- ▶ pain that may feel like burning, squeezing, heaviness, tightness or pressure (**in women, pain may be more vague**)
- ▶ Difficulty breathing or shortness of breath
- ▶ Indigestion, nausea or vomiting
- ▶ Sweating or cool, clammy skin
- ▶ Fear, anxiety or denial

If you are experiencing any of these signals, you should:

- ▶ CALL 9-1-1 or your local emergency number immediately, or have someone call for you. Keep a list of emergency numbers near the phone at all times.
- ▶ Stop all activity and sit or lie down, in whatever position is most comfortable.
- ▶ If you take nitroglycerin, take your normal dosage.
- ▶ If you are experiencing chest pain, chew and swallow one adult 325 mg ASA tablet (acetylsalicylic acid, commonly referred to as Aspirin) or two 80 mg tablets. Pain medicines such as acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Advil) do not work the same way as ASA (i.e. Aspirin) and therefore will not help in the emergency situation described above.
- ▶ Rest comfortably and wait for emergency medical services to arrive.

▶ **source**
Heart & Stroke Foundation Canada, July 2008

heart attack and women

Are the Warning Signals Different?

IN the past, it was believed that women had different warning signals than men. This may not be the case. Both women and men may experience typical or non-typical symptoms such as nausea, sweating, pain in the arm, throat, jaw or pain that is unusual. However, women may describe their pain differently than men. Nevertheless, the most common symptom in women is still chest pain.

Heart disease is the leading cause of death in women. Women tend to be safeguarded from heart disease prior to menopause because of the protective effect of estrogen, but not always. For example, pre-menopausal women with diabetes have similar risk to men of the same age because diabetes cancels out the protective effect that estrogen provides to pre-menopausal women.

▶ **source**
Heart & Stroke Foundation Canada, July 2008

heart attack myths

Chain Email

THE Heart and Stroke Foundation continues to advise Canadians against circulating an e-mail often entitled How to Survive a Heart Attack When Alone. The e-mail is being circulated with the advice to send it to everyone you know and recommends that people who think they are having a heart attack should cough long, deeply and frequently. It claims that this will improve blood circulation to the heart keeping you alive until emergency services arrive.

What you *should* do:

So what should you do if you are alone and think you having a heart attack?

- ▶ The Heart and Stroke Foundation encourages Canadians to learn the warning signals of heart attack, and
- ▶ Immediately call 9-1-1 or your local emergency number for help. It's a good idea to keep a list of emergency numbers near the phone at all times.

▶ **source**
Heart & Stroke Foundation Canada, July 2008

1) CLAIMS Status - Of the occurrences processed from January to June 2008, 88% were electronic and 12% were paper claims.

2) AT the June 2008 Health Services and Insurance Committee (HS&IC) meeting, Johnson Inc. was asked to review whether Canadian travel patterns have been altered due to the rising cost of fuel. The following is an excerpt from a press release from the Travel Health Insurance Association of Canada (THIA). Johnson Inc. is a member of THIA. Despite high gasoline prices and soaring airline fares, travel health insurers expect Canadian snowbirds to hold fast to their winter vacation ritual this coming winter. "And though record high gas prices are a major concern, the fact they are some 20 percent cheaper in the U.S., where snowbirds will spend the winter months, may ease that concern a little," says Juliann Martyniuk, president of THIA. "So will the continuing strength of the Canadian dollar, which continues to trade at near parity with the U.S. dollar, a fact that fortifies Canadians' purchasing power in the U.S. sunbelt." The Conference Board of Canada projects that snowbirds (55 years and older travelling for at least 31 consecutive nights) will make more than 750,000 out-of-country trips through the 2008/2009 season. That is up more than 73 percent since the low of 433,000 in 2000.

3) A secondary costing and review of 2009 Group Benefit enhancements was carried out. The final review for Benefit enhancements will occur at the October HS&IC meeting.

4) About 24 RPWs are expected for 2009. The schedule will appear in the September issue of Renaissance that will be distributed to all schools, and posted on the RTO/ERO website.

5) THE Ministry of Health and Long-Term Care has issued a call for applications from pharmaceutical manufacturers to enter into Competitive Agreements for four drug products currently listed "as a benefit" on the government formulary:

- ▶ Enalapril maleate (treatment of high blood pressure)
- ▶ Ranitidine hydrochloride (treatment of gastrointestinal issues)
- ▶ Metformin hydrochloride (treatment of diabetes)
- ▶ Gabapentin (treatment of epilepsy and some pain disorders)

Pharmaceutical manufacturers are being asked to bid on the Ontario Public Drug Programs (PDP's) business. Ontario residents, age 65 and older receive coverage under one of the PDP's – the Ontario Drug Benefit Plan.

Brand and generic manufacturers are eligible to quote.

Two manufacturers will be selected as the exclusive suppliers to the PDP, effective October 1, 2008. All other manufacturers for the drugs listed below will be listed as "not a benefit" on the government formulary, and will no longer be covered by the province for the Ontario Drug Benefit Program and Trillium, etc.

The patent protection on each of the four medications has expired and there are multiple manufacturers listed "as a benefit" on the government formulary. They represent \$80.3 million in expenditures under the various PDP's. The following table outlines the number of manufacturers approved by Health Canada for each medication (both generic and brand), as well as the cost to the PDP for April 2007 to March 2008:

Generic Drug Name	Brand Name	Manufacturers	Cost to PDP
Enalapril Maleate	Enalapril Maleate	10	29.3 Million
Ranitidine Hydrochloride	Ranitidine Hydrochloride	13	21.3 Million
Metformin Hydrochloride	Metformin Hydrochloride	17	22.7 Million
Gabapentin	Gabapentin	10	6.9 Million

Under the existing regulations, the pricing for generic drugs on the government formulary is limited to 50% of the brand price. With the new Competitive Agreements, prices will be maintained at 50%, but manufacturers will rebate back to the provincial government a further volume discount, based upon market share of the PDP.

What should you do? If you are an Ontario resident age 65 or older, and are receiving one of the previously noted drugs under Ontario's PDP's, ask your pharmacist to switch you to the approved drug manufacturer once the Ontario Government has awarded the contract.

6) THE Sub-Committees of the HS&IC, Governance, Plan Design and Third Party Review met and reported to the whole HS&IC on the progress achieved to date. This endeavor will continue over the next period of time until the mandate established by each Sub-Committee is complete.

7) A presentation was made to the HS&IC by the CEO of Plasmid Bio communications Inc. The presentation dealt with the method cancer drugs are developed and costed for Governments and the general public. It was a very informative presentation.

:ontario matters

ONTARIO has appointed a 15-member transitional council to oversee the practices and services of traditional Chinese medicine practitioners and acupuncturists. The first public meeting of the council was held on June 26, 2008.

Established under the Traditional Chinese Medicine Act, 2006, the College of Traditional Chinese Medicine will make traditional Chinese medicine and acupuncture services safer for Ontarians by ensuring that only regulated and qualified practitioners who are accountable to a regulatory body may deliver services. The transitional council is the public's voice in regulating the future development of traditional Chinese medicine in Ontario.

Traditional Chinese medicine is a holistic system of health care that originated in China. Therapies include acupuncture, herbal therapy, tuina massage and therapeutic exercise. Ontario is the second province in Canada to regulate traditional Chinese medicine.

 **source**

Ontario Ministry of Health & Long Term Care bulletin, June 2008

PHYSICIAN assistants are joining teams in selected hospitals, community health centres and diabetes and long-term care settings across the province as part of a two-year demonstration project. In addition, Ontario's first civilian physician assistant education program will be offered at McMaster University in Hamilton with the first class of 20 students beginning this fall. Funding of \$1.26 million is being provided to create and develop the education program.

 **source**

Ontario Ministry of Health & Long Term Care Bulletin, July 2008

ONTARIANS looking for a family doctor will benefit from the government's initiatives to create more opportunities for internationally trained doctors to enter medical practice in the province. Providing more opportunities for internationally trained doctors in the province, delivering more physicians to Ontarians and improving access to health care are the focus of the government's Report on International Medical Doctors (IMG). Currently, 630 IMG doctors are in residency training in Ontario.

There are five key recommendations to this Report:

- ▶ Fast track, simplify and streamline the registration process for doctors already practicing elsewhere in Canada, the U.S. or any other country with a comparable healthcare system to our own;
- ▶ Help internationally trained doctors enter into medical practice in Ontario with the creation of a transitional license which will allow them to practice under supervision while they complete required education or gain specific practical experience;
- ▶ Undertake assessments more efficiently to allow internationally trained doctors to get on with their education and integrate into Ontario's medical system;
- ▶ Provide individualized bridging support which would include cultural and language education, mentorship and hands on training;
- ▶ Develop individualized assistance for those seeking to transfer their international medical skills and knowledge into another area of the health profession or a related career.

These recommendations will help form the basis of new legislation to further reduce barriers for IMGs.

 **source**

Ontario Ministry of Health & Long Term Care bulletin, July 2008

2008 RTO/ERO HSIC

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This newsletter is intended to keep DHRs/ UHRs current with matters considered at Health Services and Insurance Committee (HS&IC) meetings and current items which may be of interest to your District/Unit membership. Please feel free to use any of this information when communicating with members at meetings or via local newsletters.

The Health Services and Insurance Committee of the Retired Teachers of Ontario / Les Enseignantes Et Enseignants Retraité De L'Ontario will provide a most cost effective, high quality and competitive Group Health insurance Plan that meets the needs of the majority of the membership.