

Colleges of Applied Arts and Technology
GROUP INSURANCE BENEFITS COMMUNIQUÉ
IMPORTANT INFORMATION

PRIOR AUTHORIZATION COMING TO YOUR DRUG PLAN

On **February 1, 2020**, prior authorization is being added to your drug plan.

This is a change to the administration of your drug plan for certain drugs. Prior authorization means getting pre-approval for some specialty drug treatments.

There is no change to the list of drugs the plan covers. As of February 1, anyone newly prescribed a prior authorization drug will go through the approval process. Out of over 14,000 drugs the plan covers right now, prior authorization will only apply to about 200 drugs. If you are currently using a prior authorization drug, you do not need any further approval.

This is the standard for the administration of drug claims. This is a very common practice, with the majority of plans now using prior authorization.

The attached brochure explains how prior authorization works.

Please be assured that this change:

- Only applies to certain specialty drugs
- Doesn't affect you if you're already taking one of the drugs

Questions?

Once you've read the brochure, if you have questions about prior authorization, please contact your Benefits Administrator.



Your health matters

Introducing prior authorization

When you or a family member is sick, you need to focus on making the right treatment choices based on reliable information. A talk with your doctor that includes prior authorization for **any special or expensive prescription drugs you need is an important step** to help you make those choices.

Why the change?

In their 2017 drug spending report, the Canadian Institute for Health Spending estimated that Canadians would spend approximately \$33.9 billion on prescription drugs. They also predicted the private sector would pay for 57.3% of this cost.*

This isn't only because of the number of claims; it's also due to a small number of claims that are expensive. For example, 2% of specialty drug claims represents 27% of total drug costs.**

Will this affect the quality of my health care?

Prior authorization helps to provide the right treatment at the right time. It takes into account safety, effectiveness and cost.

- Prior authorization only affects some drugs within selected categories. (That's about 200 drugs, out of the 14,000 that your plan covers.)
- You will still have a choice of drugs for your condition.
- You don't need prior authorization if you have taken one of the drugs included on the prior authorization list in the 180 days before the program begins. Sun Life will continue to reimburse you.

Prior authorization is coming to your drug plan – February 1, 2020

Prior authorization means getting pre-approval for any special or expensive drug treatment that your doctor recommends that you need.

Introducing prior authorization

Which drugs are included?

The prior authorization program changes as the market changes. By working with the pharmacy benefits manager, TELUS Health, Sun Life constantly reviews the list of drugs requiring approval to add, remove or make changes as needed. The program focuses on high-cost specialty drugs and drugs with high use for which less costly options are available, such as some diabetes and anti-cholesterol drugs.

As of February 1, 2020, you can find a list of the drugs and forms by going to mysunlife.ca/priorauthorization and entering your contract number.

You can also use the Drug look-up tool on [mySunLife.ca](https://mysunlife.ca) or the **my Sun Life mobile** app to confirm if a drug needs prior authorization.

How does prior authorization work?

If the drug your doctor prescribes for you needs prior authorization, you will need to send Sun Life a completed prior authorization form before filling your prescription. Your doctor may charge a fee for completing the form. Your plan doesn't cover the cost of that fee.

You may need to apply for prior authorization for any Sun Life plan that reimburses you (e.g., your spouse's plan if you are covered as a dependent and it has prior authorization too). You may be able to apply using only one form though.

Sun Life will review your request and let you know in writing if you are approved and the length of your approval period.

For some kinds of drugs, there are specific steps that need to be taken for the prescribed drug to be approved. As an example, you may need to have tried preferred therapies (unless you are not able to because of a medical reason or intolerance).

Sun Life's team of specialists, with the help of TELUS Health, bases these conditions on:

- Effectiveness,
- Recommendations from health technology assessment organizations,

- Clinical guidelines, and
- Cost.

Talk to your doctor

Let your doctor know that your plan has prior authorization and about the process.

Your Frequently Asked Questions

Q: Why is prior authorization important?

A: Prior authorization helps to **ensure that the right drug gets covered when you need it**. Prior authorization also makes sure drugs are used based on the medical use or indication specified by Health Canada who uses a rigorous process of evaluating and approving drugs based on their safety, effectiveness and quality before approving them. Sun Life's internal team of specialists develops the prior authorization criteria. Criteria are based on factors like efficacy (ability to produce the desired results), cost, clinical guidelines, and recommendations from health technology assessment organizations. If you're approved for any prior authorization drugs through Sun Life, you know that their use is in line with Health Canada and current clinical practice guidelines.

The prior authorization process gives you a valuable opportunity to talk with your doctor about treatment options. These conversations ensure that 1st line drugs are used first and 2nd line therapies are reserved for use later, if they are needed. You and your doctor still have all of the treatment choices available to you.

Q: Will this limit my prescription drug options?

A: No. You and your doctor still have access to the prescription drugs you can take for your condition.

Q: Cancer treatment is on the list of drugs impacted. Wouldn't a delay in receiving these drugs be dangerous?

A: Prior authorization decisions will typically be reviewed in five business days. This is sufficient time to work with your treating physician.

Q: If I'm approved for a drug, do I have to submit a form every time I need the prescription renewed?

A: No. The prior authorization form does not need to be completed each time your prescription is renewed. Some drugs, however, are approved for a limited time period. You'll need to renew the prior authorization once this coverage period ends.

This gives you a good opportunity to speak with your doctor about the drug treatment and its effectiveness.

When you receive prior authorization for your drug treatment, you can feel confident knowing this approval is based on clinical evidence and Health Canada recommendations.

Q: How will I know if I have to apply for prior authorization?

A: As of February 1, 2020, you can review the prior authorization drug list by going to mysunlife.ca/priorauthorization. You will need to enter your contract number.

You can also see if a drug needs prior authorization using the Drug look-up tool on mySunLife.ca or the **my Sun Life mobile** app.

If you are not aware of the drugs that require approval and you take a prescription to the pharmacy for one of these drugs, the pharmacist will advise you if the drug needs prior authorization. You may pay for the drug at that time or you can wait for approval before purchasing it. To receive reimbursement, you must complete the prior authorization form and you must receive approval from Sun Life.

Since most prior authorization drugs are for on-going treatment, the approval process should not affect your care.

Q: How do I apply for prior authorization?

A: If you are prescribed a drug that requires you to apply for prior authorization, you and your doctor should complete a prior authorization form and then submit it to Sun Life.

Q: Will I have to apply for prior authorization for every prescription I want to be reimbursed for?

A: No. Not every drug you or your family needs requires prior authorization. This program only applies to a limited number of specialty and expensive drugs.

Q: Who reviews my prior authorization form?

A: Sun Life, your plan provider, reviews all prior authorization forms.

Q: How long will the review take?

A: Provided that Sun Life has all of your information, your request will typically be reviewed within five business days. Sun Life will let you know in writing if you are approved.

Q: How do you select the drugs and categories that are affected, and choose the preferred drugs?

A: Sun Life does the evaluation with the help of TELUS Health. At Sun Life, the evaluators are pharmacists, the Global Medical team and the Claims team.

- The pharmacists forecast use and lead the evaluations. They consult with physicians where needed.
- The Global Medical team are specialist physicians, like cardiologists, geneticists, and pneumologists.
- The Claims team helps by overseeing your experience as a plan member.

Sun Life evaluates prescription drugs on factors such as efficacy (ability to produce the desired effect), the potential volume of utilization and cost to determine which drugs should have prior authorization.

Preferred drug treatments don't need prior authorization and are selected because they produce best results at the most reasonable cost.

Q: How was the prior authorization program developed?

A: Sun Life's internal team of specialists works with TELUS Health to develop and maintain the prior authorization program. On some occasions, Sun Life also checks with external organizations for more insight.

Your Pay-Direct Drug card – a fast and easy way to cover your eligible prescription drugs

- No claim forms to complete once a drug is approved.
- No waiting for a cheque in the mail.

If your prior authorization request is approved, you can use your Pay-Direct Drug card at the pharmacy. Present your card each time and your pharmacist will send Sun Life your claim electronically. We pay the covered amount directly to your pharmacy, so you only have to pay the balance. If your spouse also has a benefit plan that includes a Pay-Direct Drug card, your pharmacist can send claims electronically to both plans at the same time – to make the initial claim and then claim the unpaid balance from the other plan. This is called **coordination of benefits** and could mean that you have no out-of-pocket costs.

Take advantage of Sun Life's preferred pharmacy network

You can reduce your costs through the Preferred Pharmacy Network (PPN) – a network of participating pharmacies across Canada, excluding Quebec. Show your Sun Life Drug card at PPN pharmacies to pay less when you fill prescriptions for most **specialty drugs that require prior authorization**. As well, you can take advantage of a few additional benefits:

- A range of services that may be offered by the pharmacies participating in the Sun Life PPN, including injection services (where available), smoking cessation clinics, e-refills, home delivery (where available) and more.
- You may choose to speak with McKesson Canada about co-pay assistance counselling, which includes help applying for government and manufacturer programs. This benefit is available in Quebec. Any information you share with McKesson Canada regarding co-pay assistance will not be shared with Sun Life or your employer.

If you're taking a drug that needs prior authorization and you would like to find out if you can benefit from the Sun Life PPN:

- call **1-855-885-6425** between 8 a.m. and 8 p.m. ET, Monday to Friday, or
- visit **mysunlife.ca/sunlifepharmacynetwork**

Questions?

If you have any questions, call **1-800-361-6212**.

* Source: Prescribed Drug Spending in Canada, 2017, Canadian Institute for Health Information, 2017.

** Source: Sun Life Financial, 2017.

Life's brighter under the sun

Group Benefits are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

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