

Drug Insights: *Grandparenting and prior authorization*

Learn more about these plan provisions and how they work



To help ensure your benefits plan remains sustainable, the P/VP plan includes a process called **prior authorization (PA)**. This means, unless they are being grandparented (see the scenarios below), specialty drugs must go through a formal review process before they can be approved.

Specialty drugs are often biologic drugs used to treat complex conditions that have different lines of therapy, such as rheumatoid arthritis, Crohn's disease, ulcerative colitis, multiple sclerosis and plaque psoriasis. In some cases, specialty drugs have been approved for use in Canada even though there's no evidence of clinical benefits, simply because there are few (if any) other treatment options.

The goal is to make sure people are getting the right drug, at the right dose, at the right time, for the right condition. Research shows there is an opportunity to impact more than 40% of new PA claims – that's why this process is so important to the plan in the long term. Here's how it works.

SCENARIO #1: You are taking a specialty drug requiring PA that has already been approved under a prior Board benefits plan. Your drug claim will be grandparented, and you will not have to go through the PA process again at this time, unless there is a particular concern with the claim (e.g., dosing, medication adherence, etc.). If, for some reason, the prior approval isn't listed on your file, you will be asked to submit a claims history from your pharmacy, a copy of your Explanation of Benefits or other documentation to confirm these drug claims were started and approved under a prior PA process.

SCENARIO #2: You are taking a specialty drug that did not require PA under your previous Board plan but does under the P/VP plan. As in Scenario #1, your drug claim will be grandparented, and you will not have to go through the PA process again at this time, unless there is a particular concern with the claim. However, you will be asked to submit documentation that the specialty drug was being reimbursed under your previous plan.

SCENARIO #3: You have recently (since June 1, 2018) been prescribed a drug that requires PA. In many cases, your doctor or pharmacist will let you know that PA is required. To start the PA process, visit Great-West Life's GroupNet for Plan Members, print the applicable form for your doctor to complete and have your physician send the completed forms to Great-West Life.

The forms are also available on www.greatwestlife.com, under *You and your family*, and then *Forms, Prior Authorization Forms*. The Prior Authorization forms can also be obtained under GroupNet for Plan Members, under *Forms and Cards*.

Important: Grandparenting applies only to pre-approved specialty drugs, not to regular drug approvals. Going forward, there will be an annual review process in place for PAs as part of established best practices for managing the plan.

You can find a list of drugs requiring prior authorization on the Great-West Life website, www.greatwestlife.com, which will be updated regularly as new drugs come to market.



Why is my new benefits plan different from my prior Board plan?

Building the P/VP benefits plan was a significant undertaking, which involved consolidating benefits across more than 70 Board plans. It also involved moving from "defined benefit" plans at the individual Board level to a "defined contribution" model, where the government provides a set amount of funding for benefits each year.

From a plan member standpoint, this means you won't have exactly the same coverage you had before. But you will continue to have access to meaningful and sustainable benefits as we move forward.