ONE T
Ontario Non-union Education Trust

P/VP
JUNE 2018

Understanding Your Drug Coverage

An important update for P/VP members

Your drug coverage is an important and valuable part of your benefits plan, and the P/VP plan includes certain approaches designed to keep the plan affordable and sustainable for years to come. Here is an overview of the key elements.

Prior Authorization (PA) and Grandparenting of PAs

To ensure the P/VP plan remains affordable and sustainable, specialty drugs and certain medications for complex disease states must go through a **prior authorization (PA)** process with Great-West Life before they can be approved for coverage.

PA APPROVED UNDER PRIOR BOARD PLAN

To ease the transition for P/VP members, drugs requiring PA that have already been approved under a Board plan will be grandparented. This means, if you have already completed the PA process with your prior provider and been approved for coverage, you will not have go through that process again under the P/VP benefits plan.

NEW PA REQUEST

In many cases, when you are prescribed a specialty medication requiring PA, you will be notified at the physician's office. Your pharmacist may also advise if PA is required.

To complete the PA process: visit **Great-West Life's website** and print the applicable forms for your doctor to complete and send to Great-West Life (or contact Great-West Life, if you need help).

You can find a list of drugs requiring prior authorization on **Great-West Life's website: www.greatwestlife.com**. This list will be updated regularly as new drugs come to market.

What does it mean for me? Great-West Life has been collecting claims history on approved PAs from previous providers. However, in some cases, that history was not readily available. For this reason, you may be asked to provide a copy of your *Explanation of Benefits* or other documentation to confirm that your prior drug claims were paid. Since not all information may be captured correctly in the system at the start, there is a chance there could be an issue processing your first claim under the new plan. This means, if you are taking a biologic or a specialty drug that has been approved and the information is not on file, you may be required to submit a claims history from your pharmacy. We would recommend that you leave enough time to ensure the grandfathering has been successfully documented within your file prior to needing your next refill.

Mandatory Generic Substitution

The P/VP plan also includes **mandatory generic substitution.** This means Great-West Life will reimburse up to cost of the lowest-priced interchangeable drug, when prescribed by a physician and dispensed by an approved provider.

It's important to understand that a generic drug contains the same active ingredients, with the same dosage form, strength, safety and quality, as the original brand-name drug. In other words, generic drugs are equally as effective as brand-name drugs, but they cost the plan significantly less – in some cases, as little as 10% of the price of the brand-name product!

If a brand-name drug is required for medical reasons (e.g., you are allergic to the filler in the generic version, which is not in the brand-name drug), you will need to go through an exception process with Great-West Life before the P/VP plan will cover it. Your doctor will need to complete a *Request for Brand Name Drug Coverage* form and provide medical evidence. If your request is approved, you will be reimbursed for the cost of the brand-name drug.

What does it mean for me? If you are taking a brand-name drug and you fill your prescription under the P/VP plan, you will be reimbursed based on the lower-cost generic, even if your doctor writes "no substitution" on the prescription. Of course, you can always purchase the brand-name drug if you want to – you will just have to pay the difference out of pocket.

If your *Request for Brand Name Drug Coverage* is denied but you believe it should be approved, there will be an escalation process allowing you to appeal the decision with medical evidence. More information on this process will be provided in the coming weeks.

Over the Counter (OTC) Drugs

Some Board plans included coverage for **over the counter (OTC) drugs**, which are easily accessible and widely available. Going forward, these drugs will not be covered under the P/VP drug plan unless they are life-sustaining – for example, insulins, nitroglycerin and epinephrine products such as EpiPens.

What does it mean for me? If you are regularly taking an OTC drug for which you were reimbursed under a Board plan, you will have to pay for it out of pocket under the P/VP plan (unless it is life-sustaining).

Reasonable and Customary (R&C) Limits

Reasonable and customary (R&C) limits are the normal range of fees for services and supplies in a given geographical area. All services and supplies covered under the P/VP plan must represent reasonable treatment – meaning they must be accepted by the Canadian medical profession, proven to be effective, and of a form, intensity, frequency and duration that is essential to diagnose or manage a disease or injury.

Some paramedical practitioners and medical service providers – such as massage therapists or physiotherapists – charge higher rates, which drive higher plan costs. R&C limits are important to ensure claims to our plan are not excessive and will also help reduce the likelihood of benefits fraud.

What does it mean for me? If you use a provider that charges fees above the R&C limits for that service, your claims will be reimbursed only up to the R&C limit. The choice of provider is yours; however, if you choose a provider that charges more than the R&C limit, you will need to pay the difference out of pocket.

How You Can Help

It's important to remember that this is our trust, and our benefits plan. There are a number of ways you can help keep our plan affordable and sustainable:

Shop around or talk to your pharmacist – The P/VP plan has a $12 cap on dispensing fees. Pharmacy fees (including dispensing fees and drug markups) can vary significantly depending on where you fill your prescription.

Find out what your pharmacy charges, and consider taking advantage of lower-priced alternatives. Also, feel free to speak to your pharmacist about whether they would be willing to make a special arrangement for you – for example, waiving the difference between the dispensing fee they normally charge and the $12 fee cap within the plan, or waiving the difference between the drug markup allowed by the plan and what the pharmacy is looking to submit.

Ask for a generic – As noted earlier, generic drugs work just the same as brand-name drugs but are significantly less expensive.

Talk to your doctor – If you're taking a high-cost drug, your doctor may be able to suggest a lower-cost alternative. Working with your healthcare providers can help keep costs manageable for both you and our plan.

Questions? You can find more information on the P/VP plan at **www.one-t.ca**.

- *For inquiries on enrollment and eligibility, contact the Cowan call centre at **1-888-330-4010**.*
- *For inquiries on benefits coverage and claims, contact the Great-West Life call centre at **1-866-800-8086**.*