



Prior Authorization

Frequently Asked Questions:

What is Prior Authorization (PA)?

Express Scripts Canada's Prior Authorization program is a process whereby specific drugs are clinically reviewed prior to allowing them to be eligible to be covered by a benefits plan. Many new drugs are very expensive; others may not be used appropriately. Effective April 1, 2017, your plan requires Prior Authorization for some drugs. Prior Authorization helps benefits-plan managers to ensure that these medications are used appropriately, so they will be available to those who need them.

New drugs are reviewed by Express Scripts Canada to determine if they are candidates for PA. Drug-specific forms and clinical criteria are developed for drugs deemed to be suitable for PA. Using a combination of online messages, physician contacts, and clinical evaluations, the Express Scripts Canada Prior Authorization process helps plan members receive approval for reimbursement from their benefits plans for these drugs in a timely manner.

How exactly does the Prior Authorization work?

Drugs that have been determined to be eligible for the PA program will be covered **only** following the completion of a PA form by both the plan member and prescriber. These PA Request Forms and Drug Listing are available in PDF format for members to download and print (www.kechnie.com). In the event that a plan member attempts to have a PA drug filled at a pharmacy prior to completing a PA form, the pharmacy will receive an online message indicating that payment for the drug is conditional upon approval under PA, and that they must call Express Scripts Canada.

Upon contacting Express Scripts Canada's Call Centre, the call-centre member advisor can provide direction with respect to sending a PA Request Form, via facsimile, to the pharmacy.

The plan member will then have to complete the required sections of the form, including the authorization to disclose health information and bring the form to the prescriber for further

completion. The form will then be faxed to Express Scripts Canada, where it will be evaluated by their clinical staff to ensure that the use of the drug meets established criteria.

Express Scripts Canada will inform Kechnie Benefits and the plan member of the decision to approve or deny payment of the claim under the PA criteria. This process can also be completed prior to a plan member receiving a prescription for a PA drug.

How does PA work?

If a plan member has been prescribed a drug requiring a prior authorization, they have two options:

(a) Obtain approval for coverage before filling the prescription:

1. Obtain the PA Request Forms: The forms are available at www.kechnie.com and on Express Scripts Canada's Web site, at www.express-scripts.ca. They can be accessed and printed by anyone (e.g., patient, pharmacist, physician or plan sponsor). Another way to access these drug forms is through their pharmacy. When the pharmacy submits the prescription to Express Scripts Canada for a drug requiring Prior Authorization, it receives an online message indicating that payment for the drug is conditional upon approval under PA, and to call Express Scripts Canada. The pharmacy contacts Express Scripts Canada's Call Centre by telephone and the call-centre member advisor can direct the pharmacist to the Web site, or send a PA Request Form, via facsimile, to the pharmacy.
2. Fill out any required sections on the form, including the authorization to disclose health information. The patient must take the form to his/her physician to complete. If the physician charges a fee to complete the form, the plan member/patient is responsible for paying the fee.
3. The completed PA form has to be returned by fax to (905) 712-6329 or can sent by standard mail to Express Scripts Canada.
4. A clinical pharmacist at Express Scripts Canada evaluates the completed PA form to ensure that the established criteria is met. Upon receipt of a form containing all required information, it will take two-five business days to evaluate and update the member's profile.



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5. **If the PA is approved:** The carrier or Express Scripts Canada updates the member's profile to allow for payment of the drug.
 - The carrier or Express Scripts Canada sends the member a letter indicating that the PA has been approved.
 - The plan member/patient must contact their pharmacy to pick up their prescription or arrange for delivery.
6. **If the PA is denied:**
 - The carrier or Express Scripts Canada updates the member's profile to deny payment of the drug.
 - The carrier or Express Scripts Canada sends the member a letter indicating that payment for the drug has not been allowed.

(b) Plan member/patient can fill your prescription first, pay for it and go through the PA process thereafter:

1. However, the PA request must still be done and the member will not be reimbursed until/unless PA approval is granted. If, after the PA process [step (a) above] is completed, the drug is not eligible under the group plan, the member will not be reimbursed for the cost of the prescription.

Since there is an additional step before a prescription can be filled, it may take a little longer to get the medication. If a doctor is not available to complete the PA form, it could take additional time before Prior Authorization for the PA drug can be received.

The PA process ensures that patients receive necessary health benefits without compromising quality of care. Only medically approved treatments are paid for, based on a review of the clinical literature. Prior Authorization distances insurance providers and plan sponsor from making decisions about coverage for new prescription drugs while maintaining patient confidentiality. As well, members do not have to submit manual claim forms using this process.

If you have any questions about the PA process, please contact Kechnie Benefits.