



Bulletin from the H&W Trustees

If you are prescribed Hepatitis C drugs, high cost drugs for cholesterol (e.g. Repatha) and Botulinum toxins (Botox™ and Xeomin™), this memo will be of interest to you:

The Trustees of the PPWC – Employer Trusteed Health & Welfare Plan want to make you aware of one of Pacific Blue Cross' new standard features being introduced to the plan effective April 18, 2016 - it is a prior authorization program for certain specialty drugs and is intended to help support the long term sustainability of the plan.

Similar to a pre-authorization for major or orthodontic dental services, Pacific Blue Cross requires that you submit an application for certain classes of drugs before being automatically reimbursed under the plan. To start, three classes of drugs, as mentioned above, will be part of this program: PCSK9 inhibitors (e.g. Repatha to treat high cholesterol), Hepatitis C drugs, and Botulinum toxins (Botox™ and Xeomin™). Please note that if you are currently undergoing treatment and receiving one of the Hepatitis C drugs in the program, you will not be impacted.

If you are prescribed a drug that requires prior authorization you will be notified either by the Patient Assistance Program provided by the manufacturer of the drug being prescribed, or by your pharmacist. Pharmacies in Pacific Blue Cross's preferred network which include Save-On-Foods and its affiliated stores, Costco and London Drugs, as well as the Patient Assistance Programs, will assist you with the prior authorization process. Pacific Blue Cross can also assist you and answer any questions you may have. For some drugs, application must first be made to BC Pharmacare's Special Authority program, and for other drugs, application is made directly to Pacific Blue Cross. Prior authorization forms are available on the Pacific Blue Cross website, and must be completed by your physician. Many physicians will be familiar with the requirement for pre-authorization forms.

Pacific Blue Cross will review the application forms and communicate their decision in writing to you within five business days in most cases. You can also view approvals in CARESnet. Once approved, subsequent fills will be covered up to the plan limits.

We encourage you to have an open dialogue with your physician about the details of your plan coverage in order for them to prescribe accordingly, and we encourage you to contact Pacific Blue Cross to find out whether a prescribed drug will be covered before submitting the drug to the pharmacy for dispensing. You can also check coverage for a particular drug in CARESnet, Pacific Blue Cross' member website, at www.pac.bluecross.ca.

If you have any questions please feel free to contact Pacific Blue Cross at 604-419-2600.

If your doctor has prescribed a drug treatment plan that Pacific Blue Cross has denied under the Prior Authorization Program, and you have launched an appeal directly with Pacific Blue Cross to reconsider your claim and your appeal has been rejected, you may appeal to the Board of Trustees for a procedural review of your claim to ensure that the proper adjudication process and Plan rules were followed, by contacting the Trust Secretary, Brian MacLeod via email at brianmacleod@shaw.ca.