Prior Authorization Program for High Cost Drugs

Significant cost

High cost specialty drugs are used by a small number of members but the cost to health plans is significant and growing.

To help clients manage these costs, and to ensure the sustainability of health plans, we implemented a Prior Authorization Program for High Cost Drugs on April 18, 2016.

Which medications will be part of the program?

To start, three classes of drugs were included in this program — PCSK9 inhibitors, Hepatitis C drugs, Botulinum A toxins.

1. PCSK9 INHIBITORS — These are new biologic drugs for high cholesterol. The first drug on the market in this category was Repatha™, which costs approximately $7,000 per year. In 2017, Praluent™ was added to this category with similar pricing.

Unfortunately, approximately 40 percent of the Canadian population has an unhealthy level of cholesterol so the potential utilization for PCSK9 inhibitors could be significant. Not all patients with high cholesterol require these drugs. Most are treated adequately with statins (e.g., Lipitor™, Crestor™) which cost about $150 per year. Our Prior Authorization Program will help ensure that only patients who are not controlled on maximally tolerated doses of statins are eligible for Repatha™ and Praluent™.

Type of prior authorization — Pacific Blue Cross.

2. HEPATITIS C DRUGS — There are new treatments for Hepatitis C that are considered cures in virtually all patients. The course of treatment is typically 8 to 12 weeks, and up to 24 weeks in certain cases. Treatment costs $50,000 to over $200,000 per patient, depending on the drug and length of therapy.
Chronic Hepatitis C progresses very slowly as liver disease can take up to 25 or 30 years to develop. Infected individuals may be asymptomatic for many years. It is estimated that 250,000 Canadians have Hepatitis C, many unknowingly. Our Prior Authorization Program will ensure that only members who meet criteria reflecting best practices are eligible for these costly therapies. Pacific Blue Cross will ensure that BC PharmaCare has approved and is sharing the cost of the Hepatitis C drugs.

**Type of Prior Authorization** — all of the following drugs will require PharmaCare Special Authority: Epclusa™, Zepatier™, Daklinza™, Sovaldi™, Sunvepra™ and Harvoni™.

3. **BOTULINUM A TOXINS** — As part of this prior authorization program, we require doctors to complete a prior authorization form to better ensure that only Health Canada approved indications/conditions are eligible. Cosmetic purposes are still not considered eligible medical reasons for Pacific Blue Cross drug plans.

Additionally, the drugs must be dispensed from a pharmacy; receipts from medical clinics are no longer acceptable, except in certain situations (e.g. a neurological clinic).

**Type of prior authorization** — Pacific Blue Cross or PharmaCare Special Authority.

4. **FUTURE ADDITIONS** — As new specialty drugs enter the market, they will be added to the Prior Authorization Program as determined by our internal Drug Advisory Committee. Only chronic, non-urgent medications will be part of this program.

Pacific Blue Cross Members save on prescriptions by shopping within our Preferred Pharmacy Network.
What are the benefits of this program?

- Helps protect the plan from escalating drug costs to encourage sustainability.
- Monitors appropriateness of the therapy:
  1. Only drugs that Health Canada has approved for the member’s medical condition will be considered
  2. Ensures members meet clinical criteria and/or have tried more cost effective therapies before the plan covers the specialty drug
- Coordinates with provincial funding in BC for drugs — If the drug is covered on the provincial formulary, the member’s physician must apply for BC PharmaCare Special Authority coverage.

If approved, the Pacific Blue Cross plan will cover the member’s PharmaCare deductible and coinsurance amounts, while the majority of the cost will be borne by BC PharmaCare.

Currently, this is applicable to several drugs that are covered by BC PharmaCare, but the intent of our Prior Authorization program is to capitalize on the provincial plan where possible when new drugs are added to it.

What is the process for members?

Members will be notified that their medication requires prior approval either by the Patient Assistance Program provided by the manufacturer of the drug being prescribed, or by their pharmacist.

The Patient Assistance Program and pharmacies in our Preferred Pharmacy Network (PPN*) will offer enhanced assistance to the member with the process.

**Pacific Blue Cross**
Prior authorization forms are available on our website. The form must be completed by the physician, and then faxed to Pacific Blue Cross.

We will review the forms and communicate our decision in writing to the member or patient assistance programs. If approved, we'll indicate the duration of the approval. Members can also view approvals in CAREnet. Once approved, subsequent fills will be covered up to the plan limits at point of sale for plans with a pay direct drug plan, and by paper claims submission.

**BC PharmaCare Special Authority**
Special authorization forms are available on BC PharmaCare’s website. The physician must complete the form and fax it to BC PharmaCare. BC PharmaCare will notify the prescriber in writing of its decision.

If approved, the member can go to any BC pharmacy with real-time Special Authority confirmation to fill the prescription. To find pharmacies offering this service, visit pharmacycompass.ca.

Alternatively, the member can send a copy of the approval to Pacific Blue Cross to have the authorization added to their drug plan before visiting the pharmacy.

**Physician fee?**
If the physician charges a fee to complete the Pacific Blue Cross or BC PharmaCare form, it can be claimed under a Health Spending Account; otherwise the member must bear this cost.

*Our Preferred Pharmacy Network consists of Costco, London Drugs, Bioscript, Sobeys/Safeway and Save On Foods pharmacies. For more information, go to pac.bluecross.ca/PPN.