

General information

The purpose of this information sheet is to provide you with details on the programs Canada Life uses to assess and manage prescription drug claims under the Public Service Health Care Plan (PSHCP) for you and your eligible dependants.

PSHCP Prior Authorization Program

The PSHCP Prior Authorization Program is a process where a sub-set of specific prescription drugs require pre-approval before they can be reimbursed under the PSHCP. To receive prior authorization for coverage of certain prescription drugs, you must submit a request and obtain approval from Canada Life. For a claim to be considered under the PSHCP Prior Authorization Program, additional information from you and your physician, nurse practitioner or other medical professional is needed to help determine if:

- the drug represents reasonable treatment for you or your dependant's condition
- there are other medications that may be tried first to treat your or your dependant's condition
- there are lower cost medications available that are reasonable treatment for your or your dependant's medical condition, and
- coverage is available for the prescribed drug under other programs to which you or your dependant have a legal right to access

Some drugs on the PSHCP Prior Authorization Program may not be eligible. There are various reasons a drug may be excluded or have restricted coverage, here are a couple of them:

- We are currently reviewing the drug for efficacy, safety and cost effectiveness.
- The drug has been reviewed and does not meet the requirements for coverage under your drug plan.

Lower cost alternative

The PSHCP may limit the coverage of a prescription drug to the lower cost alternative. This lower cost alternative must also be considered reasonable treatment for you or your dependant's condition.

Biosimilar drugs

The PSHCP may limit coverage of an original biologic drug (originator) to that of a biosimilar drug. A biosimilar drug is a highly similar version of the originator biologic drug that has been approved by Health Canada. The biosimilar drug must also be considered reasonable treatment for you or your dependant's condition.

Generic Substitution

Effective July 1, 2023, prescription drugs under the PSHCP are subject to mandatory generic substitution. Generic drugs are approved by Health Canada and are pharmaceutically equivalent to the brand name drug as they contain identical medicinal ingredients. Should there be a valid medical reason that requires a plan member to take a brand name drug over its generic equivalent, an exception form can be completed and submitted to Canada Life for review.

A temporary legacy period is in effect until the end of the 2023 calendar year. During this time, PSHCP members with existing prescriptions for brand name medication will not be required to switch to a generic equivalent.

Specialty Drug Program

Some prescription drugs are also eligible for coverage through a provincial or territorial drug program. The PSHCP requires that you apply for coverage for yourself or your eligible dependant(s) through a provincial or territorial program when there is one available. If you choose not to participate in an available provincial or territorial program, these drugs will not be reimbursed under the PSHCP. There is no registration cost for these programs, and they can help reduce your out-of-pocket expenses for the prescribed drug(s). Exceptions may apply to some provinces or territories.

To check if the drug you have been prescribed is eligible under your provincial/territorial drug program, visit your province or territory's website.

Pharmacare

Manitoba, Saskatchewan and British Columbia provide provincial programs to help you and your family pay for prescription drugs. Every resident of these provinces is eligible regardless of age or income. The PSHCP requires that you apply for coverage through a provincial health insurance program where one is available.

For information on a provincial or territorial program or to register, visit your provincial or territorial website or speak to your pharmacist.

Dispensing Fee

Dispensing fees are professional fees that a pharmacy charges every time you fill a prescription. The PSHCP will reimburse up to a maximum of \$8, reimbursed at 80%, in dispensing fees. The dispensing fee cap will not apply to specialty or compound drugs. Exceptions may apply to some provinces or territories due to pharmacy regulations.

In addition, the PSHCP will reimburse dispensing fees up to a maximum of five times per year for maintenance drugs. Exceptions will be considered in situations such as:

- safety concerns with the prescribed drug
- storage limitations for the prescribed drug (e.g., requiring deep freeze temperatures), and
- the prescribed drug's 3-month supply co-pay is more than \$100.

Exceptions may apply to some provinces/territories due to pharmacy regulations.