

Memo: FAQs regarding the prescription drug plan change effective July 1, 2018

Q1: When does the new drug plan come into effect?

A1: The new drug plan comes into effect for drugs that are purchased on or after July 1, 2018. Therefore, the purchase date of the prescription drug is used to determine whether the old or new plan applies. The old plan will continue to apply for prescription drugs purchased prior to July 1, 2018.

Please note: Current/old drug plan consists of:

- Tier 1 drugs – Pharmacare Formulary
- Tier 2 drugs – Drugs paid at 50%

New drug plan effective July 1, 2018 consists of:

- Replaces the current two-tiered plan with a one-tiered plan which is essentially an updated version of the prescription drug plan that was in place prior to 2013 for support staff at most institutions (current faculty prescription drug plan, except for differences in deductibles and/or reimbursement levels¹).

Q2: How does an employee find out what drugs are covered under the new plan?

A2: Once the new plan has taken effect (July 1, 2018), eligibility of a specific drug can be confirmed through the 'My Drug Plan' option on the Manulife website (including the mobile app) and/or by contacting Manulife's Customer Service Centre.

Q3: Can an employee find out before July 1, 2018 what drugs will be covered under the new drug plan?

A3: As noted above, after July 1, 2018, specific drug eligibility will be available through 'My Drug Plan' or Manulife's Customer Service Centre. Prior to that date, Manulife will be able to answer high level questions, but not confirm specific drug eligibility as Manulife's system coding can only access an employee's current plan and not an upcoming plan at the same time. Manulife would be able to confirm points such as, but not necessarily limited to, the following:

- The current two-tiered plan is replaced with a one-tiered plan which is essentially an updated version of the prescription drug plan that was in place prior to 2013 for support staff at most institutions (current faculty prescription drug plan, except for differences in deductibles and/or reimbursement levels²).
- The vast majority of drugs currently covered under Tier 1 will continue to be eligible for coverage at the current coinsurance reimbursement level. However, there may be exclusions for some drugs such as smoking cessation. For a fuller description, please see question 4 below.
- If a drug is currently eligible under the 50% Tier 2, then it will continue to be eligible for coverage, but now at the higher coinsurance reimbursement level as of July 1, 2018.

¹ At NLC this includes generic substitution.

² At NLC this includes generic substitution.

- Currently under the new plan, any drug requiring that a special approval be coded on Manulife's system before being considered eligible (i.e., Special Authority and/or Prior Authorization drugs) will continue to be allowed, and if currently reimbursed under the 50% Tier 2, the reimbursement will increase to the higher reimbursement level when dispensed at the pharmacy on or after July 1, 2018.
- The standard Manulife list of Prior Authorization drugs will apply to all new drug claims after July 1, 2018. The listing is available to members under the Forms heading on the Manulife Plan Member site.

Q4: If an employee was covered for a prescription drug under Tier 1 (BC PharmaCare plan), will it still be covered under this new drug plan?

A4: For most drugs coverage will continue.

- Drugs which are contractually ineligible will not be covered as of July 1, 2018. For example, plans that exclude oral contraceptives or smoking cessation drugs may have covered these under the BC PharmaCare Formulary plan. As of July 1, 2018, these exclusions will apply, regardless of whether a drug was previously paid while the Tier 1 BC PharmaCare Formulary plan was in effect.
- Special Authority Drugs for which an employee has previously provided proof of approval by BC PharmaCare under Tier 1 will be carried forward without the requirement for re-application.
- For plans with generic substitution, reimbursement for brand name drugs which have a generic alternative will be limited to the cost of the generic alternative after July 1, 2018, unless the physician has indicated 'no substitutions' on the prescription. If the pay direct drug card is used, the drug will still be allowed, but the amount payable will be reduced to the cost of the generic substitution.

Q5: How do I know if a prescription drug requires Prior Authorization?

A5: A list of drugs requiring Prior Authorization can be obtained at any time through the Manulife website, under the "Forms" tab. On and after July 1, 2018, the eligibility of specific drugs can be confirmed through the Manulife website or mobile app using 'My Drug Plan', or by contacting the Customer Service Centre at 1-800-575-2200.

Q6: If the employee's doctor filled out the Prior Authorization form before July 1, 2018 and the employee received approval by Manulife before July 1, 2018, but it was dispensed by a pharmacist on or after July 1, 2018, will this Prior Authorization still be valid under the new drug plan?

A6: Yes, existing approvals for Prior Authorization drugs will be carried forward without the requirement to re-apply. However, any pre-existing requirements to re-apply at a later date do remain in effect. If there is an expiry date, it will be indicated on the approval explanation. The new plan provisions will apply (i.e., coinsurance percentage, deductibles, mark-up limits etc.) as of July 1, 2018.

Q7: Who can an employee contact if they have questions regarding the change?

A7: Manulife Group Benefits Customer Service (i.e., 1-800-575-2200) will be able to answer general questions prior to July 1, 2018, and questions about the eligibility of specific DINs after July 1, 2018.