

THE VALUE OF THE JOHNSON INC. PRIOR AUTHORIZATION PROGRAM

To help make sure plan members and their eligible dependents receive the most appropriate and cost-effective treatment, Johnson Inc. requires some medications to be pre-approved for coverage through our Prior Authorization program. In this way, we ensure that:

- Plan members will only be prescribed drugs that Health Canada has approved for their medical condition;
- The provincial health plan or a drug manufacturer pays the cost of certain drugs before your benefits plan, where applicable;
- Plan members are prescribed clinically proven, less costly preferred drugs before more expensive treatments; and
- Doctors are given immediate access to the Express Scripts Canada team of pharmacists through our new and improved process, so preferred treatments can be put in place without delay.

Prior Authorization does not prevent plan members from filling prescriptions in advance, however a drug on the Prior Authorization list may not be covered by your benefit plan if pre-approval is not obtained.

WHO APPROVES PRIOR AUTHORIZATION DRUGS?

The Johnson Prior Authorization is powered by Express Scripts Canada, which means they will process all applications for drugs that require prior authorization. Their team of pharmacists reviews plan members' requests. They help us:

- Evaluate new prescription drugs as they become available in Canada
- Decide which drugs need to be covered by the Prior Authorization program
- Ensure approval guidelines are up-to-date and based on clinical evidence, cost, and clinical prescribing guidelines
- Carefully evaluate requests for approval, to assess whether:
 - the drug is approved by Health Canada for the medical condition;
 - the drug may be eligible for coverage under the plan member's provincial health plan or a drug manufacturer program;
 - the plan member has previously been prescribed a clinically proven, less costly preferred drug for their medical condition.

HOW PRIOR AUTHORIZATION WORKS

There are three ways to obtain pre-approval: at the doctor's office, by submitting a paper form, or at the pharmacy. The simplest and fastest method to obtain approval is for the doctor to call Express Scripts Canada.

1/. AT THE DOCTOR'S OFFICE

When the doctor prescribes a new drug, the plan member and doctor should consult the Prior Authorization Drug List to see if the drug is on the list. To get a copy of this document, go to

<http://www.express-scripts.ca/sites/default/files/CA-PA-LIST-EN%202017-08-17.pdf>

- If the drug is listed, the doctor should call Express Scripts Canada to complete the drug request over the phone. This only takes a few minutes.

Prior Authorization Inquiries

Express Scripts Canada Pharmacy Member Contact Centre

Toll-Free: 1 (855) 550-MEDS (6337)

Monday to Saturday: 7:30 a.m. to 9 p.m. ET

- The plan member then proceeds to the pharmacy to have the prescription filled.
- If your claim cannot be approved immediately at the doctor, you can proceed to submit a request in paper form. You can obtain a Prior Authorization form from the Johnson Group Benefit Claims team or online:

http://www.expressscripts.ca/sites/default/files/Request_for_Prior_Authorization_EN_0.pdf

2/. SUBMITTING A REQUEST IN PAPER FORM

You may submit a request to Express Scripts directly. The doctor or plan member should mail or fax the completed form to Express Scripts Canada:

ADDRESS:

5700 Hurontario St. 10th Floor

Mississauga, Ontario

L5R 3G5

Fax: (905) 712-6329 (Express Scripts Canada Clinical Services)

It's important that all information requested be provided. Missing information can result in a delay or a declined request. If all information is provided, the review of a prior authorization request can take up to two business days via mail. The plan member can obtain a Prior Authorization form from the Johnson Group Benefit Claims team or online:

http://www.expressscripts.ca/sites/default/files/Request_for_Prior_Authorization_EN_0.pdf

3/. AT THE PHARMACY

If a plan member is prescribed a medication covered under the Prior Authorization program and goes to the pharmacy before they have received pre-approval, here's what happens:

1. When the pharmacist enters the drug details in the computer system, they will receive a message that this drug must receive prior authorization before it will be eligible.
2. Under certain circumstances, the pharmacist may have all the required information to submit the request for approval.
3. If the pharmacist does not have all the necessary information or if the request is declined, the plan member will have to return to the doctor in order to obtain more information or discuss other eligible treatment alternatives. The plan member obtains a Prior Authorization form from the Johnson Group Benefit Claims team or online:

http://www.expressscripts.ca/sites/default/files/Request_for_Prior_Authorization_EN_0.pdf

Coordinating Coverage with Provincial Health Plans

When a drug on the Prior Authorization list is also covered by the plan member's provincial health plan, we will direct the plan member to the provincial plan. This approach adheres to the provisions in your benefit plan and reflects sound plan management.

Coverage Duration

When a drug is approved under the Prior Authorization program, approval is generally for 12 months from the date of the request. Prior Authorization drugs that have already been approved will continue to be offered until the expiry or renewal date.

Frequently Asked Questions

Q: What is Prior Authorization?

A: Prior Authorization is a program that requires pre-approval of selected drugs before they are eligible for coverage, to help make sure plan members receive the most appropriate and cost-effective treatment.

Q: Why is Prior Authorization important?

A: Some medical conditions can be treated with a variety of drugs. Prior Authorization ensures that:

- Plan members will only be reimbursed for drugs that Health Canada has approved for their medical condition;
- The provincial health plan or a drug manufacturer program pays the cost of certain drugs before your benefits plan, where applicable; or
- Plan members are prescribed clinically proven, less costly preferred drugs before more expensive treatments.

Q: Which drugs require Prior Authorization?

A: Drugs that require pre-approval are those that:

- Are not preferred treatments because less costly treatments are available that are proven to have the same clinical benefit; or
- May be eligible for coverage under the plan member's provincial health plan or a drug manufacturer's program.

Medical conditions treated by Prior Authorization drugs include but are not limited to:

- Rheumatoid arthritis
- Multiple sclerosis
- Cancer
- Plaque Psoriasis
- Hepatitis C

A listing of Prior Authorization drugs is posted on the Express Scripts website:

<http://www.express-scripts.ca/sites/default/files/CA-PA-LIST-EN%202017-08-17.pdf>

Q: Will the list of Prior Authorization drugs change?

A: Yes, we may update the drugs and approval guidelines from time to time, as new drugs become available in Canada and as we receive new clinical, safety and cost information

Q: Who reviews Prior Authorization requests?

A: Johnson has partnered with Express Scripts Canada to process prior authorization applications, and it is their team of pharmacists that reviews requests. Approval guidelines are based on clinical evidence, the drug product monograph from the manufacturer, and clinical practice guidelines from medical associations such as the Canadian Rheumatology Association.

Q: How long does the approval process take?

A: If the review with Express Scripts Canada takes place at the doctor's office and all required information is provided, the process should take only a few minutes. If more time is needed to gather medical information, the process will normally be completed in two business days.

Q: Does Prior Authorization challenge the doctor's decision?

A: No. The Prior Authorization program does not prevent plan members from obtaining the drug, but it may not be eligible under the plan if it is not approved by Health Canada for the plan member's medical condition; if it is not the preferred treatment because there is a less expensive drug to try first that is clinically equivalent or better; or if the drug is covered under the plan member's provincial health plan. Prior Authorization aims to make sure that the right drug is being used for the right patient, and paid for by the right payer.

Q: What happens if a prescription is taken to the pharmacy before pre-approval is obtained?

A: When the pharmacist enters the drug details into the computer system, they will receive a message to call Express Scripts Canada. Express Scripts Canada will review the Prior Authorization request with the pharmacist and gather the necessary information.

Under certain circumstances, the pharmacist may have all the required information. Therefore, the request can be approved and the drug will be dispensed. There may be a short delay, up to 60 minutes, while the approval is updated in the system. If the pharmacist does not have all the necessary information or if the request is declined, the plan member will have to return to the doctor. The plan member obtains a Prior Authorization form from the Johnson Group Benefit Claims team or online:

http://www.expressscripts.ca/sites/default/files/Request_for_Prior_Authorization_EN_0.pdf

Q: Can a prescription be filled while the plan member is waiting for Express Scripts Canada to review the paper form request?

A: Yes. Prior Authorization does not prevent plan members from filling prescriptions, but if a drug is on the list it will not be covered until approval is obtained. Plan members can always pay for the drug out-of-pocket while awaiting approval. If the drug is approved, reimbursement may be applied retroactively to the date the request was submitted. The simplest and fastest method to obtain approval is for the doctor to call Express Scripts and get approval over the phone.

Q: Will the pharmacist/doctor be familiar with this process?

A: While most doctors know that group benefits plans have Prior Authorization programs, they likely will not be familiar with the details of the new Johnson program powered by Express Scripts Canada. For this reason, it's a good idea for plan members to give a copy of the Prior Authorization Drugs and Guidelines and the Prior Authorization Request form to their doctor to put in their file so it's available for review—or at least be aware that their benefits plan has a Prior Authorization program and that information is available on http://www.expressscripts.ca/sites/default/files/Request_for_Prior_Authorization_EN_0.pdf

Q: Where can I get the listing of Prior Authorization drugs and the request form?

A: The Prior Authorization drug list can be found online at <http://www.express-scripts.ca/sites/default/files/CA-PA-LIST-EN%202017-08-17.pdf>. The form can be obtained from the Johnson Group Benefits claims team or online http://www.expressscripts.ca/sites/default/files/Request_for_Prior_Authorization_EN_0.pdf

Q: Does an approval request need to be submitted every time a plan member gets a prescription refilled?

A: No need! Most approvals are valid for one year. Details are included in the approval letter the plan member will receive. Once the approval period ends, the approval needs to be renewed.

Q: What happens to Prior Authorizations that have already been approved?

A: Generally, coverage will continue until the expiry date that was sent to you by Johnson Inc. On the renewal date the plan member will have to seek a new approval using this process.

Q: How does a plan member obtain approval for a Prior Authorization drug?

A: There are three ways: at the doctor's office, by submitting a paper form for approval, or at the pharmacy.

At the doctor's office

- When the doctor prescribes a new drug, the plan member and doctor should consult the Prior Authorization Drug List here: <http://www.express-scripts.ca/sites/default/files/CA-PA-LIST-EN%202017-08-17.pdf>
- If the drug is listed, the doctor should call Express Scripts Canada at 1 855 550 MEDS (6337) to complete the drug request over the phone.
- The plan member then proceeds to the pharmacy to have the prescription filled.

By submitting a request for approval in paper form

Some doctors may choose to complete the Prior Authorization request form instead. The doctor or plan member should mail or fax the completed form to:

Mailing Address:

5770 Hurontario St, 10th floor
Mississauga, Ontario
L5R 3G5

Fax: (905) 712-6329 (Express Scripts Canada Clinical Services)

At the pharmacy

If a plan member is prescribed a medication covered under the Prior Authorization program and goes to the pharmacy before they have received pre-approval, here's what happens:

1. When the pharmacist enters the drug details into the computer system, they will receive a message to call Express Scripts Canada.
2. Express Scripts Canada will review the Prior Authorization request with the pharmacist and gather the necessary information.
3. Under certain circumstances the pharmacist may have all the required information for the drug to be approved, and the drug will be dispensed. There may be a short delay, up to 60 minutes, while the approval is updated in the system.
4. If the pharmacist does not have all the necessary information or if the request is declined, the plan member will have to return to the doctor. The plan member may retrieve the Prior Authorization request form online: http://www.expressscripts.ca/sites/default/files/Request_for_Prior_Authorization_EN_0.pdf

Q: The doctor charges a fee to complete the Prior Authorization Request Form. Will the drug plan reimburse this cost?

A: Not unless the plan includes a Health Care Spending Account or an Incidental Health Expense Benefit.

Q: Will the employer be informed which plan members have been approved for a Prior Authorization drug, and the drug name?

A: No. All information provided to us is strictly confidential and is not shared with anyone other than the plan member, unless they appoint a family member or doctor to receive relevant information.

Need help?

For assistance, please call the Johnson Group Benefit Claims team or email us at GBclaims@johnson.ca.