

Sun Life's Prior Authorization Program at a Glance

Prior authorization (PA) aims to manage costs while providing plan members with coverage for the right treatment for them. In particular, PA monitors high-cost specialty drugs and drugs with high utilization for which less costly alternatives are available, such as some diabetes and anti-cholesterol drugs.

Sun Life's PA program – Highlights

- Prior authorization only applies to some drugs within selected categories, not every prescription your plan members and their dependents may seek reimbursement for is applicable to PA.
- Plan members can still have a choice of drugs for their condition; however, not all drugs are eligible for reimbursement.
- The approval period may vary for each drug, as it allows time to check-in with the plan member to see if the current treatment is effective.

Applying for prior authorization

- If the drug prescribed by the plan member's doctor needs prior authorization, the plan member will need to send Sun Life a prior authorization form completed by their doctor before filling their prescription. Sun Life will review the request and let the plan member know in writing if they are approved and the duration of their approval period.
- For some categories of drugs, there are specific criteria that need to be met for the prescribed drug to be eligible for approval. As an example, a plan member may need to have tried preferred therapies (unless unable to, due to a medical reason or intolerance, as noted by their doctor).
- Provided that we have all necessary plan member information, Sun Life will review each request typically within five business days, and let the plan member know in writing if they are approved. In the case of a few especially high-cost drugs, the review may take longer than the usual five days while additional adjudication processes are followed at Sun Life.

Grandfathering is available

- You may wish to choose the “grandfathering” option. This allows plan members who are taking one of the drugs included in our PA program (up to 120 days before the program starts) to be pre-approved for reimbursement.
- The following outlines some general process notes for new divisions being added who want to grandfather prior authorization drugs that meet the criteria of having been paid for by the previous carrier within the 120 days prior to the effective date with Sun Life.
 - If your previous plan carrier uses TELUS Health Solutions as their drug card provider, Sun Life can ask TELUS to transfer the drug information to Sun Life.
 - If the drug card provider is not TELUS Health Solutions, you will need to request a report from your carrier so any drugs that require PA can be grandfathered. The report should include all prescriptions drugs (including DIN) paid for within the last 120 days prior to the effective date with Sun Life for all plan members and their eligible dependents and should be sent directly to Sun Life. Once the report is received, Sun Life will take the appropriate action based on the information provided within five to ten days. Your previous carrier may charge for this report. These charges are not reimbursed by Sun Life.
 - Ideally, the information should be added to Sun Life systems prior to the plan’s effective date to ensure continuity while the plan is being set up at Sun Life. However, the report can only capture claims paid as of a certain date.
 - For example, using an effective date of January 1, the process could be: A date is chosen (e.g. November 30). The carrier runs the report on December 1 to capture paid DINs up to including November 30. Sun Life reviews the reports and updates systems to grandfather PA drugs. Following the effective date, a second report can be run to capture the period of December 1 – 31 and provided to Sun Life so it can be reviewed to address any additional PA drugs incurred during this period that need to be grandfathered.

Which drugs are included?

The prior authorization program is dynamic and changes as the market evolves. In collaboration with our pharmacy benefits manager, TELUS Health, Sun Life constantly reviews the list of drugs requiring approval and adds, removes or makes other changes as necessary.

The criteria are developed by Sun Life’s internal team of specialists, often in conjunction with TELUS Health. Criteria are based on factors like efficacy, cost, clinical guidelines, and recommendations from health technology assessment organizations.

You can find a current list of the drugs and the forms by going to mysunlife.ca/priorauthorization.

Plan member communication

Sun Life can provide a series of plan member communications to help plan members understand and support this process.

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