



Drug Formularies

When good drugs are used appropriately, they can have significant positive impact on the health & productivity of plan members. In many ways, drugs have become a cornerstone in patient health management.

Our rules-based adjudication engine allows the flexibility to create, implement and manage a variety of formularies. Working closely with advisors, consultants and plan sponsors, we help ensure the drug management approach chosen reflects the philosophy and objectives of the organization.

The core of our drug management approach is our **Medication Advisory Panel (MAP)**. This unique panel of GPs, specialists, pharmacists, and pharmacoeconomists ensures all drugs considered for coverage are proven effective, medically necessary and affordable. Based on their review, recommendations are made for how a drug is to be listed on our various formulary models.

Open Formulary

Sometimes referred to as a “non-managed” formulary, our open formulary provides coverage for all prescription with a Health Canada drug identification number (DIN). Life-sustaining over the counter (OTC) medications are also included on this formulary, which can also be extended to include non-life sustaining OTCs. Prior authorization is required for high cost specialty drugs.

Managed Formulary

Our evidence based formulary provides coverage for prescription drugs that have been recommended to list by our MAP. Life-sustaining over the counter (OTC) medications are also included on this formulary.

New plan sponsors also have the option to maintain the current formulary, and follow the decisions of our MAP on a go-forward basis for new treatments that come to market.

Tiered Formulary

Our tiered formulary, Rx Choices™, takes our managed formulary and separates the drugs into two tiers, with the coinsurance (amount the plan covers) varying amongst the tiers, encouraging members to choose effective, lower-cost medications when starting a new prescription.

Drugs included on Tier 1 are recognized as first line therapy for many acute and chronic conditions, and typically are the more cost-effective options within the therapeutic category. While 80% of eligible drugs are on the Tier 1, the majority of the Tier 2 drugs have alternatives available on Tier 1. Members can choose a drug on Tier 2, but will be required to pay a higher copay.

Our tiered formulary is unique in how it adapts to members who have unsuccessfully tried the Tier 1 option for a variety of conditions. Our Conditional Copay technology uses the member's claim history to determine if first line Tier 1 drugs have already been tried. Once the validation has been confirmed, the system will reimburse the Tier 2 drug at the Tier 1 copay, right at the pharmacy counter.

Provincial Formulary Mimic

Provincial governments in Canada also build and maintain drug formularies, and we can administer coverage that mimics the public provincial formulary of a particular province. The formularies vary by province, are not managed by Medavie Blue Cross, and don't follow the recommendations of the MAP.