Express In-Service Newsletter

PHARMACY PROFESSIONALS

Fall 2017

New Information

Revised Information on Pharmacist Prescribing

In order to be eligible for reimbursement for the benefit item, the following conditions must be satisfied by all pharmacists who intend to prescribe:

- Licensed by, and in good standing with the respective governing body or province/territory of practice.
- The pharmacist can prescribe within their scope of practice, where allowed by the relevant federal, provincial or territorial legislation.
- The claim must be submitted with the prescribing pharmacist's license number as provided and approved by their licensing body in the pharmacist code field. The applicable CPhA prescriber reference ID number must also be submitted.

Reminders

No Substitution for Medications

A prescriber may indicate that a patient should not receive a substitution for a prescribed brand medication. In order to comply with Express Scripts Canada's audit requirements, this authorization must be noted by the prescriber on the prescription. If the prescriber verbally orders this instruction with the pharmacist, please document the instructions on the prescription and within the patient's file.

Maintenance Drugs Update

A reminder that claims submitted for certain drugs (i.e., narcotics, control drugs, non-benzodiazepine sedatives) for a supply of 90 to 100 days or more, will be rejected at the time of adjudication. The days' supply for these drugs is limited to 34 days and therefore the patient will be required to refill their prescription monthly.

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Coordination of Benefits

Express Scripts Canada (ESC) is noticing an increase with the number of coordination of benefit (COB) claims submitted where providers are using an incorrect COB intervention code. A COB claim must be accepted or rejected by the primary payor before the claim is submitted to ESC.

The first claim submission cannot be transmitted with the DA/DB intervention code. Alternatively, the following codes are to be transmitted with the second claim submission:

- DA - provincial coordination (first payor - Pharmacare, AB Blue Cross group 66, Saskatchewan Health, ODB, RAMQ)
- DB - private to private coordination

For audit purposes, ESC will request from the provider, a copy of the denial letter and/or supporting information from the first payor drug plan to determine if all options of the primary plan coverage have been exhausted prior to accepting the claim electronically using the DA/DB intervention code. Failure to provide a copy of this information could result in a claim reversal.

As a reminder, any additional information required by the primary plan must be obtained prior to submitting the claim, including, but not limited to:

- A prior/special authorization
- A limited use exception drug status code
- Provincial plan enrolment
- Proof of student eligibility

Patients are not aware of the response message from your claim submissions. It is the provider's responsibility to acknowledge the claim submission results and communicate this to their patients if further action is required.

If any client information changes (i.e. first plan terminated, group number error, date of birth error,) please refer the patient to their plan administrator to update the information prior to submitting to a secondary plan. ESC is not responsible for such changes and cannot update any patient information.

Another observation is that providers are coordinating claims when the primary plan is a **deferred payment plan**. If the primary plan is a deferred payment plan, as a best practice, it is strongly recommended to remove the secondary plan from the patient record in your system. The secondary plan portion must be manually submitted by the patient for reimbursement.

Please note this newsletter is not applicable to the Non-Insured Health Benefits (NIHB) Program.

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EXPRESS SCRIPTS CANADA

Provider Call Centre

Provider Inquiries ONLY
1 (800) 563-3274
Please have your provider number available.

Monday to Friday:
6:30 a.m. to midnight Eastern Time
Saturday, Sunday and Statutory Holidays:
8 a.m. to midnight Eastern Time

Pharmacy Claims

Mail manual claims over $9,999.99 to**:**
Express Scripts Canada
Pharmacy Claims
5770 Hurontario Street, 10th Floor,
Mississauga, ON L5R 3G5

Pharmacy Provider Agreements

Fax completed agreements to**:**
Toll Free Fax No.: 1 (855) 622-0669

Other Correspondence

Mail to:
Express Scripts Canada
5770 Hurontario Street, 10th Floor,
Mississauga, ON L5R 3G5

Note: Express Scripts Canada cannot change any eligibility information (including, without limitation, coverage, date of birth, etc.). Therefore, in such instances where the eligibility of a member/patient is in question, please refer the cardholder (beneficiary of the insurance) to the benefits administrator at their place of employment.

Express Scripts Canada's Website

Express Scripts Canada is pleased to support pharmacy professionals across Canada.

Want to avoid a call? Why not visit our website first?

The following resources are available to you on the Express Scripts Canada Website (express-scripts.ca):

- Client List
- Frequently Asked Questions (FAQs)
- In-Service Pharmacy Newsletters
- Modification to Pharmacy Provider Information Form
- Pharmacy Provider Manual
- Prior Authorization Request Form

Our Clients

Please ensure that your files are current with the appropriate carrier ID and member/patient ID information.

Client (Carrier)	ID	Client (Carrier)	ID
Benecaid	47	Humania Assurance Inc.	29
Coughlin & Associates Ltd.	39	Industrial Alliance	11
Cowan Insurance Group	37	Manion Wilkins & Associates Ltd.	07
Desjardins Insurance	12	Manulife Affinity Markets	43
Empire Life	90	Manulife Financial	02
Ministère de l'Emploi et de la Solidarité sociale (MESS)	31	RWAM	40
Excellence	73	STI Technologies Limited	32
Group Medical Services (GMS)	49	Symbility Health Inc.	34
GMS Insurance Inc.	50	Syndicat des fonctionnaires municipaux de Montréal (SFMM)	38
Groupe Premier Médical (GPM)	53	Teamsters National Benefit Plan	25

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