Express In-Service Newsletter

EXPRESS SCRIPTS®

Pharmacy Professionals

Fall 2016

NEW INFORMATION

Maintenance Days' Supplies and Fill Limits

Maintenance drugs may be dispensed in quantities corresponding to a maximum of one hundred (100) days' supply if ordered by the physician, unless the drug benefit plan specifically states otherwise.

If the claim is rejected with the following CPhA message **DR DAY'S SUPPLY LOWER THAN MINIMUM ALLOWABLE** please supply the patient with a maintenance days' supply and resubmit the claim accordingly. Alternatively, the intervention code MG can be used to override this rejection and process the claim with the submitted days' supply for situations where a shorter day's supply is indicated.

If you receive the following CPhA message **KX – PATIENT NOW ELIGIBLE FOR MAINTENANCE SUPPLY** please provide the patient with a maintenance day's supply and resubmit the claim accordingly.

Manulife Step Therapy for Diabetes Program

Effective August 2, 2016, Manulife implemented an automated Step Therapy for Diabetes Program nationally (excluding Quebec).

The Step Therapy for Diabetes Program encourages the use of lower-cost, therapeutic alternatives (Step 1 drugs) before stepping up to the more costly Step 2 drugs, when appropriate.

If a plan member/patient is already using the Step 2 drug, the claim will continue to be paid. If a plan member/patient is starting therapy with a Step 2 drug and has not already tried a Step 1 drug, the claim will be rejected. The pharmacist can either contact the physician to see if a Step 1 drug is acceptable or advise the plan member/patient to contact his/her physician directly to determine if the prescription can be changed.

Please refer to the Pharmacy Provider Manual on the Express Scripts Canada Website at express-scripts.ca for more information regarding the correct codes to use for The Step Therapy Program and other programs currently in place.

REMINDERS

Reversals or Adjustments

For any appeals regarding claim reversals or adjustments, please contact the Express Scripts Canada Provider Call Centre within thirty (30) days of the claim statement date.

For more information, please refer to the Pharmacy Provider Manual on the Express Scripts Canada Website.

Completing the Pharmacy Provider Modification Form

It is the responsibility of the pharmacy provider to notify Express Scripts Canada in writing twenty (20) business days in advance of any changes to their required pharmacy provider information. Express Scripts Canada must be notified in writing, by completing the Modification to Pharmacy Provider Information Form, which can be downloaded from express-scripts.ca/health-care-downloads-and-resources for the following requests:

- Change of operating/legal name
- Change of director
- Change of usual and customary (U&C) professional fee
- Pharmacy acquisition
- Pharmacy closure
- New/change of payment information
- Change of address
- Change of email address, fax or phone number

Note: The Modification to Pharmacy Provider Information Form must be signed by the director who signed the agreement. For any changes to signing directors, please advise Express Scripts Canada by fax: 1 855-622-0669.

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

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www.express-scripts.ca

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Coordination of Benefits Guidelines Reminders

The DB Intervention Code *cannot* be used when:

- The first plan is rejecting because of an early refill
- The first plan is terminated
- The claim is a manual submission
- The claim requires prior/special authorization
- The claim is a deferred payment (member/patient to pay pharmacist)

The DB intervention code cannot be used when there are any types of errors on the first plan (i.e., date of birth, group no., no record of recipient, must enrol in a provincial plan).

If Express Scripts Canada is billed as primary payor and a **C6 rejection message - member/patient has other coverage** is received, please **do not** proceed with a DB intervention code. Have the member/patient pay and submit manually in accordance with CPhA standards. **Failure to do so will result in the reversal of the claim.** All claims covered by a provincial workers' compensation plan must not be coordinated with a DB intervention code to Express Scripts Canada as these claims are explicitly excluded from coverage by all private plans. The member/patient is responsible for any remaining balance.

Note: Where the pharmacy software automatically transmits the COB codes, the pharmacist must ensure that adjudication to the primary plan was successful. If this is not the case, the pharmacist must reverse the claim, as per CPhA standards. **Failure to follow this process will result in a reversal of the claim by Express Scripts Canada.**

Canadian Life and Health Insurance Association (CLHIA): Coordination of Benefits Guideline
http://clhia.uberflip.com/i/199338-a-guide-to-the-coordination-of-benefits

MW or MY Rejections

When a drug therapy problem is identified by the DUR Program and the CPhA message - Duplicate Drug (Early Refill) Same Pharmacy (MW) or Multi-Pharmacy (MY) appears, please do not use the following to override the MW/MY rejection:

- Vacation Supplies
  The patient must pay for the prescription and manually submit the claim for adjudication. The patient can also request a prior authorization from their insurance carrier prior to submitting the claim.

- Lost Medication
  The patient must pay for the prescription and manually submit the claim for adjudication. The patient can also request a prior authorization from their insurance carrier prior to submitting the claim.

Extended Supplies (Vacation Supplies)

Extended supplies may be allowed for members traveling out of their province of residence for a greater period of time, than the allowed day's supply under the member's drug benefit plan.

In such instances, for the claim to be adjudicated electronically, members should seek prior authorization from the insurance company (through their Benefits Administrator). Otherwise, depending on the limitations of the drug benefit plan, the member may have to pay for the entire prescription or for the portion of the prescription in excess of the allowable day's supply and submit the claim and receipts manually for reimbursement.

The appropriate quantity must be entered in the day's supply field as per the directions found on the prescription. These are not to be altered to bypass a rejection. The use of any Intervention Code to override a "Quantity exceeds maximum day's supply" message in such instances is **not acceptable** in accordance with CPhA standards.

Reminder
When a deferred payment card is presented at the pharmacy, the CPhA message, **QJ – DEFERRED PAYMENT – PATIENT TO PAY PHARMACIST** appears on the receipt and the following process applies:

- The member/patient or the dependent must pay the entire amount due to the pharmacy.
- The member/patient reimbursement will be made by direct deposit or cheque, as agreed upon with the carrier.
- The member/patient does not need to send their receipt to the insurance company.
- Coordination of benefits (COB) is not allowed.

If the claim is declined, the member/patient must pay for the claim and submit it manually.

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Transmission of Claims for Compounds

To be covered, extemporaneous preparations (compounds) must not duplicate the formulation of a commercially manufactured drug product, and at least one of the active ingredients of the compound must be covered under the member's drug benefit plan. The list of pseudo DINs corresponding to the chemicals used for compounding can be obtained at: express-scripts.ca/health-care-downloads-and-resources or by calling the Express Scripts Canada Provider Contact Centre.

Compound Codes

When submitting a claim for a compound, please use the appropriate compound code in the table below:

Compound Codes			
0	Topical cream	5	Internal powder
1	Topical ointment	6	Injection or infusion
2	External lotion	7	Ear/ eye drop
3	Internal use liquid	8	Suppository
4	External powder	9	Other

Note: Compound codes are **not** applicable for methadone claims.

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Express Scripts Canada Contact Information

EXPRESS SCRIPTS CANADA

Provider Call Centre

Provider Inquiries ONLY

1-800-563-3274

Please have your Provider Number readily 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 to:

Express Scripts Canada
Pharmacy Claims
5770 Hurontario Street, 10th Floor,
Mississauga, ON L5R 3G5

Pharmacy Provider Agreements

Fax Completed
Pharmacy Provider Agreement 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 (www.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	Client (Carrier)	ID
Benecaid	47	Group Medical Services (GMS)	49	Manulife Financial	02
Coughlin & Associates Ltd.	39	GMS Insurance Inc. (GMS)	50	RWAM	40
Cowan Insurance Group	37	Groupe Premier Médical (GPM)	53	STI Technologies Limited (STI)	32
Desjardins Insurance	12	Humania Assurance Inc.	29	Symbility Health Inc.	34
Empire Life	90	Industrial Alliance	11	Syndicat des fonctionnaires municipaux de Montréal (SFMM)	38
Emploi et Solidarité sociale Québec (MESS)	31	Manion Wilkins & Associates Ltd.	07	Teamsters National Benefit Plan	25
Excellence	73	Manulife Affinity Markets	43	U-L Mutual	23

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