



# Pharmacy Update

Winter 2011-2012

## Prior Authorization Program

Please note the following changes to the TELUS Health Solutions' Prior Authorization program, effective November 29, 2011.

- The addition of three new disease categories: asthma, osteoporosis and rare diseases.
- The removal of the sleeping medication category.
- Losec, Pantoloc and Prevacid and their generics will be removed from the ulcer-heartburn therapy category; however, Dexilant, Nexium and Tecta will continue to be targeted.

The following is an updated list of targeted drugs:

**Anti-depressant therapy** – Wellbutrin (and generic bupropion)

**Anti-inflammatory therapy** – Celebrex

**Anti-obesity therapy** – Ionamin, Sanorex, Tenuate and Xenical

**Asthma** – Xolair

**Benign prostate enlargement therapy** – Avodart and Proscar (and generic finasteride)

**Biologic response modifiers** (rheumatoid arthritis, Crohn's disease and/or chronic plaque psoriasis drugs; may have expanding indications such as but not limited to psoriatic arthritis, ankylosing spondylitis and/or ulcerative colitis. Please refer to the individual Prior Authorization form) – Actemra, Amevive, Cimzia, Enbrel, Humira, Kineret, Orencia, Remicade, Rituxan, Simponi and Stelara

**Erectile dysfunction therapy** – Cialis, Levitra, Staxyn and Viagra

**Migraine headache therapy** – Amerge (and generic naratriptan), Axert, Frova, Imitrex (and generic sumatriptan), Maxalt, Relpax and Zomig

**Multiple sclerosis therapy** – Gilenya and Tysabri

**Muscle or nerve disorders** – Botox and Xeomin

**Osteoporosis** – Forteo

**Pulmonary arterial hypertension therapy** – Adcirca and Revatio

**Rare diseases** – Catena, Kuvan, Revolade and Zavesca

**Ulcer-heartburn therapy** – Dexilant, Nexium and Tecta

## What Can Be Charged to Cardholders

Most plans have various forms of co-payment (deductibles, co-pays, co-insurance), which require the cardholder to pay a portion of the cost of the prescription. Some plans have dispensing fee caps or deductibles equal to the dispensing fee, which limit the amount paid by the plan for your professional services. Other plans limit payment to the cost of alternative drugs, such as generics, or to drugs on a controlled formulary.

Please note that the residual amount is subject to the patient's private plan rules (e.g. deductibles, co-insurance, etc.). For public to private Coordination of Benefits (COB) claims, TELUS Health Solutions would only pay up to the maximum amount the first payer would pay, as private insurance is intended to supplement coverage.

Under your agreement with TELUS Health Solutions, differences in adjudicated prices on claims can only be passed along to the cardholder under the following circumstances:

- Difference between your usual and customary dispensing fee and the maximum dispensing fee paid under the plan (does not apply in New Brunswick, Newfoundland, Nova Scotia and Prince Edward Island);
- Difference in price between a brand name product and a generic, if the cardholder chooses the brand name product, and it has not been ordered as "No Substitution" by the physician;
- Difference in cost for a drug covered by a plan that uses maximum allowable cost (MAC) pricing and/or reference-based pricing (RBP) and/or therapeutic equivalents, e.g. a claim for ranitidine being paid based on the cost of cimetidine;
- Difference in cost for the extra amount dispensed for quantities filled in excess of the maximum supply allowed on the plan, e.g. cardholder requests a 60-day supply, but the plan pays only 34 days at a time;
- Any deductibles, co-insurance, and other plan limits applied to the claim.

We make every attempt to maintain fair price files, reflecting reasonable purchase prices. The adjudication process will indicate to you the maximum amount reimbursed by TELUS Health Solutions for the drug cost, including eligible mark-up. **Other than the above circumstances, if your drug cost submitted exceeds the amount allowed by our adjudication system, you are not allowed to charge the difference in drug cost to your patient.**

## Reminder on Quantities for Claim Submission

In most cases, the unit or package size for claim submission corresponds to your provincial formulary. This allows for easier co-ordination of benefits between the provincial plans and TELUS Health Solutions. Please note that there may be cases where TELUS Health Solutions requires the claim to be submitted differently than the province. For example, birth control should be submitted to the Ontario Drug Benefit program in terms of the number of packages. For three or fewer packages of birth control, the claim may be submitted to TELUS Health Solutions in terms of packages or tablets; however, for quantities over three packages, the claim may only be submitted in terms of tablets.

Please contact your software vendor for questions on appropriately setting up your pharmacy management software.

## Update on Coverage of PCCA Lipoderm Base in Compounds

Compounds are eligible if the primary active ingredient is covered by the cardholder's plan. Even though an eligible prescription requiring DIN/PIN may be accepted online, if it has been added to a compound containing an ineligible ingredient or base or is in an ineligible format, the compound will be deemed ineligible and charge backs will apply. We review our compounding guidelines on an ongoing basis. Effective February 1, 2012, we will start covering the base PCCA Lipoderm base if combined with an eligible medicinal ingredient in a compound. If you have questions about whether a compound is eligible, **we strongly recommend** that you contact the TELUS Health Solutions Pharmacy Support Centre to confirm eligibility.

## TELUS Health Solutions' Drug Plans

TELUS Health Solutions administers many diverse types of drug plans. These plans range from comprehensive, with coverage of many "prescription-by-law" drugs and OTC drugs, to more restricted managed care plans that cover a select listing of drugs. A managed care plan may have coverage based on the following:

- A provincial formulary;
- A frozen benefit list, with new products approved after the "frozen date" evaluated for inclusion to the plan;
- The National Formulary. The TELUS Health Solutions National Formulary Committee manages this formulary conjunction with ReVue, an external, independent group of healthcare experts.

A custom formulary may also be created at the request of an employer and maintained on their behalf.

Most of the plans have general exclusions that include, but are not limited to, the following: natural health products, hospital-use products, and items deemed cosmetic such as topical minoxidil or sunscreens. Please note that there may be some cases where a plan sponsor may allow coverage for these products as covered drug plan benefits.

Cardholder with questions about drug plan coverage should be advised to contact their insurance company or plan administrator at their place of employment.

## Remote Dispensing in Ontario – What Pharmacies Need To Know

Remote dispensing facilities are automated pharmacy systems (e.g. dispensing kiosks) or remote dispensing locations (as defined in the Drug and Pharmacies Regulation Act). As per the Ontario College of Pharmacists, remote dispensing facilities can now be registered with the College and can be operated legally as long as they comply with the Remote Dispensing regulations as set out in the Drug and Pharmacies Regulations Act (Ontario Regulation 58/11). The remote dispensing facility will be issued an accreditation number starting with an “R” designation.

Registering a remote dispensing facility is similar to conducting a standard pharmacy registration. Each remote dispensing facility requires the submission of an application for a brand new pharmacy provider number, filled out in the same way as a regular pharmacy provider number application with some exceptions.

- The applying pharmacy will need to contact the TELUS Health Solutions Pharmacy Support Centre at 1-800-668-1608 to request a new pharmacy agreement at 1-800-668-1608.
- Fill out all the pertinent fields and ensure that the last question in Part A of the registration form is properly checked to indicate that this is a Remote Dispensing Facility.
- Sign all the designated areas.
- Ensure a witness has signed the witness portion (can be a colleague).
- Collect the necessary supporting documents:
  - Void cheque in the form of a printed cheque or bank letter (no hand written cheques)
  - Accreditation certificate (if available)
  - Proof that the provider owns the remote dispensing facility.
- Fax the entire registration package with supporting documentation to 1-866-840-1466.

Please note when we issue the provider numbers to the remote dispensing location or the automated pharmacy system, we will issue two provider numbers for every application – one for the submission of regular TELUS claims and one for the submission of Public Service Health Care Plan (PSHCP) claims. Please ensure these provider numbers are programmed correctly in the pharmacy software associated with the remote dispensing facility. If you require more clarifications from Provider Services, please contact the TELUS Health Solutions Pharmacy Support Centre at 1-800-668-1608.

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### COMMENTS AND QUESTIONS

If you have any comments or questions about the content of this issue, please contact the TELUS Health Solutions Pharmacy Support Centre.

#### Contact information and hours of operation

TELUS Health Solutions Pharmacy Support Centre:  
1 800 668-1608

Monday - Friday 8:00 a.m. to 12:00 midnight (EST)  
Weekends 9:00 a.m. to 8:00 p.m. (EST)  
Public Holidays 12:00 noon to 8:00 p.m. (EST)  
Civic Holidays 9:00 a.m. to 8:00 p.m. (ET)

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