



PHARMACY UPDATE

SUMMER 2008

Please keep this for your reference

DEFERRED PAYMENT PLANS

A deferred payment program differs from regular pay direct plans in that it provides payment to the insured at a future date based on a predetermined period of time or dollar threshold as determined by the plan sponsor.

The cardholder will present their card to the pharmacy for processing; the pharmacy submits the claim in "real time" to Emergis for adjudication. At this point the cardholder will be required to pay the pharmacy the entire cost of the claim and will be automatically reimbursed for the portion of the claim that their plan sponsor is responsible for (total claim minus co-pay and deductible), either by cheque or by Electronic Funds Transfer (EFT). Payment is generated once the specified period of time has elapsed or the accumulation of claims reaches a specified dollar threshold. By processing claims electronically, this allows electronic drug utilization review (DUR) to take place. The amount paid to the pharmacy directly by Emergis will always be zero. The message sent is "Deferred Payment: Patient to pay Pharmacy".

Cardholders are not required to submit their receipts manually to their insurance company. If the cardholder does not collect the drug within 2 days of the dispense date, please void the claim. This is essential so that a payment is not made to the cardholder for a drug that has not been picked up from the pharmacy.

REMINDERS

Procedure for Submitting Claims

Please submit claims to Emergis using the identification number (e.g. drug identification number or DIN, natural product number or NPN) found on the product packaging. The identification number will be used to determine whether or not the product is eligible under the patient's plan.

However, for products not assigned an identification number by Health Canada, such as diabetic supplies (e.g. diabetic test strips, lancets and syringes), please use the pseudo-DIN (PIN) assigned by Emergis or your provincial formulary, if applicable. For the most up to date list of diabetic PINs, please refer to:

http://www.emergis.com/solutions/health/assure_claims/pharmacists.aspx

REMINDERS (Continued)

Quantities

Please use the unit or package size for submissions that correspond to your provincial formulary. This allows for easier co-ordination of benefits between the provincial plans and Emergis. For example, DIN 02231493 for Xalatan™ is supplied in a 2.5 mL bottle and should be transmitted with a quantity of 1 bottle in Ontario. This same DIN should be transmitted with a quantity of 2.5 mLs in Nova Scotia.

Audit Adjustment to Account and Claim Resubmission Forms

Please be advised that updated Adjustment to Account and Claim Resubmission Forms are available at:

www.emergis.com/solutions/health/assure_claims/pharmacists.aspx

To help expedite your request, please ensure the correct form is used, all sections are completed, and all required documentation is submitted with your request. Prior to submitting your request to Emergis, please ensure that you are familiar with how to backdate a claim using your pharmacy management software. Resubmissions must be submitted with the original dispense date in order for the claim to be reprocessed correctly. If you are unsure about how to submit a claim with a past date, please contact your pharmacy management software provider for assistance.

Multiple Births Under the Same Drug Card

For twins or multiple births under the same drug card, please ensure that you submit your claim with the correct first name and correct date of birth entered in your pharmacy management system. If you have questions or concerns, please contact our Pharmacy Support Centre.

SUGGESTED MONTHLY MAXIMUMS

Emergis has summarized some guidelines on maximum quantities for drugs where the directions do not indicate clear dosing schedules (e.g. "PRN" or "Use as directed"). These maximums may be either suggested drug maximums or limitations in drug plan coverage. The following list comprises the most common requests.

Allergy Therapy - Injectable

Epipen®, Twinject® (epinephrine) injection	4 kits or devices every 30 days
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Anti-Migraine Therapy

Amerge® (naratriptan) tablets Axert® (almotriptan) tablets Frova® (frovatriptan) tablets Maxalt® (rizatriptan) tablets, Maxalt RPD® Relpax® (eletriptan) tablets Zomig® (zolmitriptan) tablets	12 tablets every 30 days
Imitrex® (sumatriptan) tablets Imitrex® (sumatriptan) injection Imitrex® (sumatriptan) nasal spray	12 tablets every 30 days 4 injections every 30 days 6 bottles of nasal spray every 30 days



SUGGESTED MONTHLY MAXIMUMS (Continued)

Diabetic Testing Strips

Any brand of test strip used to test glucose in the blood	600 strips every 100 days
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Narcotic Analgesics

Stadol® (butorphanol) nasal spray	4 bottles of nasal spray every 30 days
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Ophthalmic Anti-Allergic Agent/Antihistamine Drops

Alocril® (nedocromil) Alomide® (lodoxamide) Emadine® (emedastine) Livostin® (levocabastine) Patanol® (olopatadine) Zaditor® (ketotifen)	10 mL per month
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Oral Erectile Dysfunction Therapy

Cialis® (tadalafil) tablets – 10 mg and 20 mg strengths only Levitra® (vardenafil) tablets Viagra™ (sildenafil) tablets	Generally covered by exception; 12 tablets every 30 days if applicable
Cialis® (tadalafil) tablets – 2.5 mg and 5 mg strengths only	Generally covered by exception; 30 tablets every 30 days if applicable

Miscellaneous

Glucagon Injection Pennsaid® (diclofenac)	2 vials per month 540 mL per month
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Note: The suggested maximums also apply to generic versions of the brand drugs listed above, where applicable.



CHARGES THAT CARDHOLDERS ARE RESPONSIBLE FOR

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 dispense fees, which limit the amount paid by the plan for professional services. Other plans limit payment to the cost of alternative drugs, such as generics, or to drugs on a controlled formulary.

Under your agreement with Emergis, 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 Nova Scotia)
- 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-insurances, and other plan limits applied to the claim.

We make every attempt to maintain fair price files, reflecting reasonable purchase prices. If you are concerned about the price adjustment for a claim, please contact our Pharmacy Support Centre.

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, Emergis would only pay up to the maximum amount the first payer would pay, as private insurance is intended to supplement coverage.

MISCELLANEOUS NOTES

- Please submit claims for methadone in Nova Scotia using PIN 00999734.
- For Coordination of Benefits (COB), a reminder for Saskatchewan pharmacies that the correct process is to submit all claims for seniors, and those 14 years and under, to the provincial pharmacare plan as first payer.

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