

Reference Guide for Alberta pharmacies

*A resource manual for pharmacies
using direct bill claims adjudication*

Table of contents

Contents

Table of contents	2
Contact information	4
Provider Relations Contact Centre - provider inquiries	4
Compound verification fax number	4
Customer Services department	4
Government Services department	5
Payment to pharmacies	5
Basic plan information	6
Alberta government-sponsored plans	6
Employer-sponsored plans	7
Individual health plans	7
Alberta Blue Cross ID cards	8
Standard card layout - front	8
Standard card layout - back	9
New Alberta Blue Cross ID cards	9
Tips for successful online claim entry	10
Card variations	11
Alberta School Employee Benefit Plan	11
Alberta Adult Health Benefit Plan	11
National Blue Cross groups – new card	13
Product Identification Numbers (PINs)	14
Units of issue for pricing	17
Drug cost pricing	20
Pricing component chart	21
Best Price Policy	21
Quantitative limits	22
Maintenance drug products	26
Maintenance Medication Program (MMP)	27
Over 100 Days' Supply Authorization	29
Direct billing response codes	30
Prescriber ID	31
Compound claim submission tips	32
Compound PINs to be used when submitting claims for compounds prepared and dispensed by a licensed pharmacy	32
Compound eligibility assessment	34
Eligibility guidelines for topical diclofenac compounds	34
How to bill compounds	35
Post-claim verification	35
Compensation Plan for Pharmacy Services	36
Coverage	36

Mandatory transactional data elements	36
Pharmacy Services Price List, PINs, SSCs and Intervention Codes.....	36
Detailed descriptions of “Special Service Codes”	38
Risk Factor Diagnosis Codes	38
Chronic Disease Diagnosis Codes	38
Response Code descriptions and tips	39
Step Therapy	40
Step therapy refresher.....	40
Alberta Blue Cross’ zero-tolerance fraud policy.....	42
How you can help.....	42

Contact information

Address

Alberta Blue Cross
10009 108 Street
Edmonton AB
T5J 3C5

Web sites

Alberta Blue Cross Provider Information:
<https://www.ab.bluecross.ca/providers/pharmacy-home.html>
Alberta's *Interactive Drug Benefit List (iDBL)*:
http://www.ab.bluecross.ca/dbl/idbl_main1.html
Alberta Blue Cross Drug Price List
<https://www.ab.bluecross.ca/providers/pharmacy-home.html>

Provider Relations Contact Centre - provider inquiries

Alberta Blue Cross has a contact centre with Provider Relations representatives dedicated to serving you. Call one of the numbers listed below to reach a Provider Relations representative:

Edmonton and area	780-498-8370
Calgary and area	403-294-4041
Toll free	1-800-361-9632

Hours of operation

Monday to Friday	8 a.m. to 8 p.m. MT
Saturday and Sunday	9 a.m. to 5 p.m. MT
Statutory holidays	9 a.m. to 5 p.m. MT

Our offices are closed on the following dates: Jan. 1, Dec. 25 and Dec. 26.

Compound verification fax number

This fax number may be used to submit invoices for compound verification forms to Alberta Blue Cross:

Edmonton and area	780-498-3542
Toll free	1-877-305-9911

Customer Services department

Alberta Blue Cross plan members who have questions regarding their Alberta Blue Cross coverage may be provided the following phone numbers to contact Alberta Blue Cross directly:

Edmonton and area	780-498-8000
Calgary and area	403-234-9666
Toll free	1-800-661-6995

Hours of operation

Monday to Friday	8:30 a.m. to 5 p.m. MT
Saturday and Sunday	Closed
Statutory holidays	Closed

Government Services department

Alberta Blue Cross plan members who have questions regarding their Non-Group (Group 1) premiums may be provided the following phone numbers to contact Alberta Blue Cross directly:

Edmonton and area	780-498-5970
Calgary and area	403-234-9666
Toll free	1-888-498-5970

Hours of operation

Monday to Friday	8:30 a.m. to 5 p.m. MT
Saturday and Sunday	Closed
Statutory holidays	Closed

Payment to pharmacies

Payments and issuance of payment summaries to pharmacies are completed every two weeks for direct bill claims submitted to Alberta Blue Cross.

Basic plan information

Alberta Blue Cross administers benefits on behalf of many different plan sponsors. These plan sponsors can be classified in three broad categories:

1. **Alberta government-sponsored plans:** Plans that are sponsored by a government program.
2. **Employer-sponsored plans:** Plans that are sponsored by employers providing benefit coverage for employees.
3. **Individual health plans:** Plans purchased by individuals who may be self-employed, without employer benefits or early retirees.

Alberta government-sponsored plans

Alberta Blue Cross administers plans on behalf of the Alberta government. These plans are sponsored by Alberta Health and Alberta Community and Social Services to provide drug coverage for Albertans and their families.

The eligible drug benefits included in these government-sponsored plans are outlined in detail in the *Alberta Drug Benefit List*, the *Alberta Human Services Drug Benefit Supplement* and the *Palliative Drug Benefit Supplement*. Updated copies of these documents may be found online at:

<https://www.ab.bluecross.ca/dbl/publications.html>
or https://www.ab.bluecross.ca/dbl/idbl_main1.html

Ministries | Services | Contact Government
Government of Alberta Home

Alberta.ca > Alberta Health and Wellness > Health Care Insurance Plan

Health Care Insurance | Health Information | Newsroom | Health Services | Health Professionals | Health Initiatives | About Us

Introduction to DBL
Interactive DBL (IDBL)
Printable DBL and Related Publications
Search tips
Drug Manufacturer Information & Forms
DBL FAQ
Forms
DBL Contact and Feedback

PDF Documents

Some documents on this site are in PDF. To open them, use the latest version of Adobe Acrobat PDF software, available FREE from Adobe.

Interactive Drug Benefit List

Welcome to the online, searchable database for the Alberta Government-sponsored drug programs. After clicking the button below, you may use any of the following criteria to search for eligible benefits:

- Generic Name
- Brand Name
- Drug Identification Number (DIN)/Product Identification Number (PIN)
- Product Listing Category
- Pharmacologic-Therapeutic Classification
- Manufacturer

To return to the printable Drug Benefit List and related publications, [click here](#).

NOTICE:
The DBL, DBS and related publications require knowledgeable interpretation and are intended primarily for professional health care practitioners, pharmacies, hospitals and organizations associated with the manufacture, distribution and use of pharmaceutical preparations.

Electronic versions of all DBL and DBS related publications are unofficial versions and are provided for convenience and private use only. Official paper versions can be obtained from Alberta Blue Cross who publishes them on behalf of Alberta Health and Wellness, Alberta Human Services, Children's Services and Alberta Seniors (AISH).

home | Contact Us | Site Map | Using This Site | Accessibility | Search
International Travel Expenses | Minister's Office Expenses

© 1995-2012 Government of Alberta. Copyright and Disclaimer | Privacy

These government-sponsored programs include the following:

- Non-Group Coverage
- Coverage for Seniors
- Alberta Widows' Pension Plan
- Palliative Drug Coverage
- Child and Youth Support
- Alberta Child Health Benefit
- Children and Youth Services
- Adult Health Benefit
- Income Support
- Learners Program
- Compensation Plan for Pharmacy Services
- Insulin Pump Therapy Program.

Employer-sponsored plans

Alberta Blue Cross works with employers to identify and build the best coverage for their employees. In order to offer comprehensive, cost-effective coverage, employer-sponsored plans may incorporate a variety of plan components. You may encounter employer-sponsored plans with one or more of the following plan-management features:

- Deductibles
- Plan maximums
- Least Cost Alternative (LCA) pricing
- Dispensing fee caps
- Co-pay
- Special authorization
- Step therapy

Each employer-sponsored plan selects a benefit package containing the eligible drug benefits most suitable to the demographic mix of their employees. These plans cover most drugs on the iDBL as well as on the ABC Drug Price List.

Individual health plans

Alberta Blue Cross offers a number of individual health plans designed to provide supplementary health coverage to individuals who are self-employed, not supported by an employer plan or early retirees.

These plans are designed to provide supplementary benefits at an affordable cost to plan members. As a pharmacy service provider, you should be aware of the following:

- Persons applying for an individual health plan are required to undergo a medical review. As a result of this process, medications for pre-existing conditions may be excluded as an eligible drug benefit for a period of time.
- All individuals applying for an individual health plan are notified, in writing, of any drugs excluded from eligibility prior to the start of their coverage.

Individual health plans can include one or more of the following elements:

- Least Cost Alternative (LCA) pricing
- Special authorization (for select drugs)
- Co-pay
- Plan maximums
- Step therapy

Alberta Blue Cross ID cards

A sample of a standard Alberta Blue Cross ID card is shown below:

Group number Plan identifier Identifies whether you have single or family coverage

Member's name

ID number

The last two digits identify each individual

A listing of benefits

Effective date key of coverage

Alberta Blue Cross issues an ID card to every adult covered by an Alberta Blue Cross plan. Plan members must present this card each time a prescription is dispensed. This card contains important information that is required to submit claims to Alberta Blue Cross.

Standard card layout - front

You will be able to identify an Alberta Blue Cross card by our logo printed in the top left-hand corner.

Under the logo is the name of the member for the Alberta Blue Cross plan. The **"MEMBER"** is the CARDHOLDER - the individual that holds the Alberta Blue Cross policy on behalf of themselves and their family members. *The cardholder's last name must be indicated when submitting claims to Alberta Blue Cross.*

Listed on the card are the benefits for which the plan member has coverage and the date each line of benefit is effective. The first line indicates drug coverage and includes the following:

- **Percentage:** the amount the plan sponsor will pay toward eligible prescription drugs for this plan member.
- **Method:** The method of claim submission that must be used by the plan member. You will see either the term **"DIRECT BILL"** or **"REIMBURSEMENT."** *Direct bill plans require claims to be submitted electronically; reimbursement plans require the plan member to pay and submit a paper claim.*
- **LCA:** The acronym for Least Cost Alternative Pricing will be found next to the method of payment if the plan follows Least Cost Alternative pricing.

Standard card layout - back

Across the top, you will find the **GROUP** and **SECTION** of the group providing coverage for the plan member.

Beside the section, you will see the **CLASS** of coverage, such as "FAMILY", "COUPLE" or "SINGLE."

Listed on the back of the card are all the family members covered by the plan. Beside each family member's name, you will see their **ID NUMBER**. The cardholder is always listed first, followed by any dependents.

GROUP 35	SECTION E1	CLASS	FAMILY
ID NUMBER	NAME		
8123456 - 01	MARK ROBINSON		
8123456 - 02	SARAH ROBINSON		
8123456 - 03	DENNIS ROBINSON		
8123456 - 04	HEATHER ROBINSON		

SAMPLE

By presenting this card as Alberta Blue Cross identification number, I acknowledge that I consent to the use of my personal information for the administration of my benefit plan as described in the Alberta Blue Cross Privacy Policy posted at www.ab.bluecross.ca or call 1-800-667-6986.

New Alberta Blue Cross ID cards

Alberta Blue Cross ID cards created after February, 2015 will look slightly different than the ID cards shown above.

The following changes will be reflected on all ID cards created after February, 2015:

- Benefits listed on an ID card will be displayed in the order they were added to a particular plan member's coverage instead of a set order. For example, if an individual had dental coverage effective January 1 with drug coverage added March 1, dental would be listed first on the card, with drugs listed below it.
- Drug coverage that is presently listed on ID cards indicating the amount of coverage, such as 80% or 100%, will simply show 'Drugs Direct Bill' or 'Drugs Reimbursement'.
- All wording on new ID cards (name, benefits and class) will be in mixed case, as opposed to all uppercase as it appears today. For example, instead of JOHN SMITH, a name will appear as John Smith.
- 'Extended Health Benefits' will be listed as simply 'Health'
- Hospital coverage will no longer be listed on ID cards

Alberta Blue Cross ID cards created after September 2018 will look slightly different than the ID cards shown above.

ALBERTA BLUE CROSS		
MEMBER	John Abe Doe	
GROUP NAME	Company XYZ	
GROUP/POLICY NUMBER	123	
ID NUMBER	NAME	SECTION 123
123456 - 78	John Abe Doe	
123456 - 78	Jane Barbara Doe	
123456 - 78	Sam Charles Doe	
123456 - 78	Mary Ellen Doe	
123456 - 78	Stephen David Doe	
123456 - 78	Roxanne Ellen Doe	
123456 - 78	Joe Franklin Doe	
123456 - 78	Sally Heather Doe	

ALBERTA BLUE CROSS

TRAVEL EMERGENCY CONTACTS

1-888-772-2583 Canada and U.S.A. (toll free)
1-403-225-4289 in all other countries (call collect)
For more information, visit abcrosstravel.ca

GENERAL INQUIRIES

Contact Alberta Blue Cross at **1-800-661-6995**

INFORMATION FOR PROVIDERS

For provider support with direct billing claims, please call 1-877-272-7778.

Pharmacists, add leading zeros to group/policy number and use **carrier code 11**.

Dental providers, use **carrier code 00090**.

By presenting this card or Alberta Blue Cross ID number, I consent to the collection, use and disclosure of my personal information as described in the Alberta Blue Cross Privacy Policy posted at ab.bluecross.ca or call 1-800-661-6995.

TRAVEL ASSISTANCE

In the event of a **MEDICAL EMERGENCY**, please call our travel assistance phone number (located on the left-hand side) as soon as possible.

Be prepared to quote your group/policy and ID numbers as they appear on the front of the card.

The following changes will be reflected on all ID cards created after September 2018:

- Benefits are no longer listed on an ID card

Tips for successful online claim entry

Through Alberta Blue Cross's real-time claim adjudication network, you will immediately know of any portion your Alberta Blue Cross member is required to pay or any prescription that may be ineligible under their drug benefit plan. Their card contains the following coverage and eligibility information required to submit pay-direct prescription claims:

- **GROUP:** enter as a 7-digit number (fill with leading zeros if necessary) followed by **section** (up to 3 digits, no zero filling). If your software does not utilize a separate field for the section, the group and section are to be entered as one string.
- **IDENTIFICATION NUMBER:** (for example, 1234567-45) "1234567" enter as a 10 digit number (fill with leading zeros if necessary) followed by the two digit patient code ('45" in this case). If your software does not utilize a separate field for the patient code, the ID number should be directly followed by a / or – symbol, then the two digit patient code as show above.
- **CARDHOLDER (member/subscriber) LAST NAME:** must be indicated on all claims.

You must indicate one of the following carrier codes for each claim:

- **CARRIER CODE 12:** To be used for all Alberta Community Social Services claims.
- **CARRIER CODE 16:** To be used for Compensation Plan for Pharmacy Services and Alberta Public Health Activities Programs claims.
- **CARRIER CODE 11** is to be used when submitting for all other direct bill drug claims.

In addition, you must submit the following:

- The correct **BIRTH DATE** of the member the claim is being submitted for.
- The **RELATIONSHIP CODE** for the member the claim is being submitted for. For example, the **cardholder**, **spouse**, or **dependant**.

Card variations

Some plans administered by Alberta Blue Cross have a unique card design. These cards may look different, but they still contain all the elements you require to submit claims.

These plans and their unique cards are shown below:

Alberta School Employee Benefit Plan

Covered member's ID number **Member's name**

CLASS	BENEFITS	ID NO.	COVERED MEMBER
Single	Life - Plan #	1234567	Joe Sample
Single	AD & D - Plan #		City School Board
Single	Extended Disability Benefit - Plan #		
Family	Extended Health Care - Plan #		
Family	Dental Care - Plan #		
Family	Vision Care - Plan #		
	Health Spending Account		

Issue date **Dependants' ID number** **Group Section number** **Dependants' number** **Dependants' names**

Issued 2011/05/18 For coverage information, visit www.asebp.ab.ca

Alberta Adult Health Benefit Plan

Health Benefits Card

KRISTINE-KAREN VAN CAUWENBERGHE
 Birthdate: 1970/01/01
 ID: 123456789
 Group: 23609
 Section: 000

Dependant(s): **Birth Date:** **ID:**

JENNIFER SMITH	1995/01/01	234567891
KIMBERLEY VAN CAUWENBERGHE	1996/01/01	345678912

Alberta Child Health Benefit Plan

Health Benefits Card

JOHN SMITH
 Group: 20401
 Section: 000

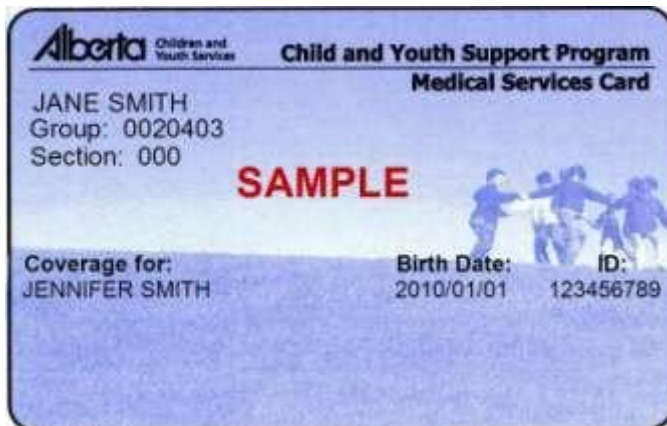
Dependant(s): **Birth Date:** **ID:**

JENNIFER SMITH	2001/01/01	123456789
----------------	------------	-----------

Learner's Program



Child and Youth Support Program



National Blue Cross groups –card samples



The **group number** is reflected in the first seven digits of the Policy Number while the section number is included as the last three digits.

“**P**” indicates direct-bill prescription drug benefits. Refer to the back of card for more information.

SAMPLE

BLUE CROSS

Serving Canadians coast to coast

Identification Number
12345678900
Mary Smith

Policy Number
0012345678

Omit the leading two zeros when submitting electronic dental claims.

BLUE ADVANTAGE www.blueadvantage.ca

<p>Identification Number</p> <p>12345678901 John Smith 12345678902 Lisa Smith 12345678903 Monica Smith 12345678904 Mark Smith 12345678905 Simon Smith 12345678906 Nicole Smith 12345678907 Jack Smith</p> <p style="font-size: x-small;">Cleaning benefits require consent to Blue Cross Privacy Protection Practices.</p>	<p>Customer Service</p> <p>1-888-873-9200</p> <p>Worldwide Travel Assistance Canada and U.S.A. 1-888-772-2663 Elsewhere in the world 1-403-225-4289 (Call collect)</p> <p>www.bluecross.ca/MemberWeb</p>
---	---

Government of Northwest Territories

<p>GROUP 19866 SECTION</p> <hr/> <p>ID NUMBER NAME</p> <p>1234567-89 NAME OF MEMBER</p>	<p style="text-align: center;">CLASS SINGLE</p>	<div style="text-align: center;"> <p>ALBERTA BLUE CROSS</p> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> </div> <p>MEMBER (SUBSCRIBER) NAME OF MEMBER GOVERNMENT OF THE NORTHWEST TERRITORIES</p>										
SAMPLE		<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">BENEFITS</th> <th style="text-align: right; font-weight: normal;">EFFECTIVE YY / MM / DD</th> </tr> </thead> <tbody> <tr> <td>DRUGS DIRECT BILL</td> <td style="text-align: right;">09 / 10 / 02</td> </tr> <tr> <td>EXTENDED HEALTH BENEFITS</td> <td style="text-align: right;">09 / 10 / 02</td> </tr> <tr> <td>VISION</td> <td style="text-align: right;">09 / 10 / 02</td> </tr> <tr> <td>DENTAL</td> <td style="text-align: right;">09 / 10 / 02</td> </tr> </tbody> </table>	BENEFITS	EFFECTIVE YY / MM / DD	DRUGS DIRECT BILL	09 / 10 / 02	EXTENDED HEALTH BENEFITS	09 / 10 / 02	VISION	09 / 10 / 02	DENTAL	09 / 10 / 02
BENEFITS	EFFECTIVE YY / MM / DD											
DRUGS DIRECT BILL	09 / 10 / 02											
EXTENDED HEALTH BENEFITS	09 / 10 / 02											
VISION	09 / 10 / 02											
DENTAL	09 / 10 / 02											

Product Identification Numbers (PINs)

For your reference, here is a list of pseudo Product Identification Numbers (PINs). When billing these products to Alberta Blue Cross, please use the appropriate PIN.

Note: These products may not be eligible for coverage through all of your customers' benefit plans. Please contact the Alberta Blue Cross Provider Relations Contact Centre if you are uncertain whether a customer is eligible for coverage of such products. The following lists are accurate as of the date on the cover of this document and are subject to change without notice. The most updated lists can be found at https://www.ab.bluecross.ca/dbl/idbl_main1.html

AEROSOL HOLDING CHAMBER/MASK DEVICE			
PRODUCT DESCRIPTION	PIN	PRODUCT DESCRIPTION	PIN
AEROCHAMBER AC BOYZ CHAMBER	00990100	OPTICHAMBER DIAMOND (WITH SMALL MASK)	00999398
AEROCHAMBER AC GIRLZ CHAMBER	00990099	OPTICHAMBER LARGE FACE MASK DEVICE	00990061
AEROCHAMBER PLUS FLOW-VU W/ LARGE MASK	00990094	OPTICHAMBER MEDIUM FACE MASK DEVICE	00990062
AEROCHAMBER PLUS FLOW-VU W/ MEDIUM MASK	00990093	OPTICHAMBER SMALL FACE MASK DEVICE	00990063
AEROCHAMBER PLUS FLOW-VU W/ SMALL MASK	00990092	POCKET CHAMBER PEDIATRIC MEDIUM MASK DEVICE	00990069
OPTICHAMBER ADVANTAGE II (CHAMBER ONLY)	00990095	SEREVENT DISKHALER DEVICE	00999949
OPTICHAMBER ADVANTAGE II (WITH LARGE MASK)	00990098	SPACE CHAMBER ADULT MASK DEVICE	00990017
OPTICHAMBER ADVANTAGE II (WITH MEDIUM MASK)	00990097	SPACE CHAMBER DEVICE	00990014
OPTICHAMBER ADVANTAGE II (WITH SMALL MASK)	00990096	SPACE CHAMBER INFANT MASK DEVICE	00990015
OPTICHAMBER DEVICE	00990059	SPACE CHAMBER PEDIATRIC MASK DEVICE	00990016
OPTICHAMBER DIAMOND (CHAMBER ONLY)	00999399	VORTEX BABY WHIRL INFANT MASK DEVICE	00990081
OPTICHAMBER DIAMOND (WITH LARGE MASK)	00999396	VORTEX DEVICE	00990080
OPTICHAMBER DIAMOND (WITH MEDIUM MASK)	00999397	VORTEX SPINNER PEDIATRIC MASK DEVICE	00990082

DIABETES SUPPLIES			
PRODUCT DESCRIPTION	PIN	PRODUCT DESCRIPTION	PIN
ALCOHOL SWABS-DIABETES	0999984	INSULIN INJECTORS	0990030
BLOOD GLUCOSE METER	0990024	INSULIN PEN NEEDLES	0999985
BLOOD GLUCOSE TEST STRIPS	0999955	INSULIN PUMPS	0999988
BLOOD KETONE TEST METER	0999601	INSULIN SYRINGES	0999952
BLOOD KETONE TEST STRIPS	0990072	LANCING DEVICE	0999942
BLOOD LETTING LANCET	0999941	NEEDLELESS SYRINGE FOR INSULIN INJECTOR	0999017
COTTON SWABS-DIABETES	0990064	RUBBING ALCOHOL-DIABETES	0990065
GLUCOSE CALIBRATION SOLUTION	0990058	SERTER	0999603

DIABETES SUPPLIES			
PRODUCT DESCRIPTION	PIN	PRODUCT DESCRIPTION	PIN
GLUCOSE MONITORING TRANSMITTER	0999471	SKIN PREPARATION	0999602
GLUCOSE MONITORING TRANSMITTER SENSORS	0999472	SYRINGE/VIAL ADAPTER KIT FOR INSULIN INJECTOR	0999018
INFUSION SETS (TUBING & NEEDLE)	0990045	URINE TEST STRIPS	0999957
INSULIN CARTRIDGES / RESERVOIRS	0990057	VIAL ADAPTER/ADAPTER CAP FOR INSULIN INJECTOR	0999016

IV SUPPLIES			
PRODUCT DESCRIPTION	PIN	PRODUCT DESCRIPTION	PIN
ALCOHOL SWABS	0990025	0.9% SODIUM CHLORIDE INJECTION	0990040
CARTRIDGES	0990026	3.3% DEXT/ 0.3% NA CL (2/3-1/3) INJECTION	0990034
HEP-LOCKS	0990023	3.3% DEXT/ 0.3% NA CL/ 20 MEQ KCL INJECTION	0990037
IV SOLUTIONS	0990022	3.3% DEXT/ 0.3% NA CL/ 40 MEQ KCL INJECTION	0990038
IV TUBING	0990021	5% DEXTROSE (D5W) INJECTION	0990033
LACTATED RINGER'S INJECTION	0990039	5% DEXTROSE/ 0.15% KCL 20 MEQ INJECTION	0990035
NEEDLES	0990019	5% DEXTROSE/ 0.3% KCL 40 MEQ INJECTION	0990036
SYRINGES	0990020		

MISCELLANEOUS			
PRODUCT DESCRIPTION	PIN	PRODUCT DESCRIPTION	PIN
ALLERGY SERUM INJECTION	00999981		

NUTRITIONAL PRODUCTS			
PRODUCT DESCRIPTION	PIN	PRODUCT DESCRIPTION	PIN
ALIMENTUM	00999449	NEOCATE WITH DHA & ARA ORAL INFANT FORMULA	00999568
BENEPROTEIN ORAL POWDER	00999415	NEPRO	00999545
BOOST 1.5 PLUS CALORIES ORAL LIQUID	00999932	NOVASOURCE RENAL LIQUID	00990056
BOOST DIABETIC ORAL LIQUID	00999483	NUTRAMIGEN A+ HYPOALLERGENIC INFANT FORMULA LIQUID	00999521
BOOST FRUIT FLAVOURED BEVERAGE ORAL LIQUID	00999402	NUTRAMIGEN A+ HYPOALLERGENIC INFANT FORMULA POWDER	00999520
BOOST HIGH PROTEIN ORAL LIQUID	00999427	NUTREN 1.5 ORAL LIQUID	00999936
BOOST ORAL LIQUID	00999920	NUTREN 2.0 ORAL LIQUID	00999964
BOOST ORAL PUDDING	00999440	NUTREN JUNIOR FIBRE WITH PREBIO 1 ORAL LIQUID	00999419
BOOST PLUS CALORIES ORAL LIQUID	00999921	NUTREN JUNIOR ORAL LIQUID	00999418
COMPLEAT ORAL LIQUID	00999966	NUTRIHEP ORAL LIQUID	00999347

NUTRITIONAL PRODUCTS			
PRODUCT DESCRIPTION	PIN	PRODUCT DESCRIPTION	PIN
COMPLEAT PEDIATRIC ORAL LIQUID	00999426	OSMOLITE 1 CAL	00999937
CONSIST-RITE ORAL POWDER	00999455	PEDIASURE FIBRE	00990029
DUOCAL ORAL POWDER	00999444	PEDIASURE ORAL LIQUID	00999933
E028 SPLASH ORAL LIQUID	00999524	PEDIASURE PLUS WITH FIBRE ORAL LIQUID	00999434
ENFAMIL ENFACARE A+ INFANT FORMULA POWDER	00999564	PEPTAMEN 1.5 ORAL LIQUID	00999421
ENSURE FIBRE	00999918	PEPTAMEN AF 1.2 ORAL LIQUID	00999467
ENSURE HIGH-PROTEIN ORAL LIQUID	00999934	PEPTAMEN JUNIOR 1.5 ORAL LIQUID	00999553
ENSURE ORAL PUDDING	00999404	PEPTAMEN JUNIOR ORAL LIQUID	00999408
ENSURE PLUS	00999902	PEPTAMEN ORAL LIQUID	00999944
ENSURE REGULAR	00999901	PEPTAMEN WITH PREBIO 1 ORAL LIQUID	00999435
ENSURE SCFOS FIBRE	00999525	PURAMINO A+ INFANT FORMULA POWDER	00999543
GLUCERNA ORAL LIQUID	00999940	RESOURCE 2.0 ORAL LIQUID	00999409
ISOSOURCE 1.5 CAL ORAL LIQUID	00999425	RESOURCE DAIRY THICK ORAL LIQUID	00999469
ISOSOURCE HN ORAL LIQUID	00999410	RESOURCE DIABETIC ORAL LIQUID	00999413
ISOSOURCE HN WITH FIBRE ORAL LIQUID	00999424	RESOURCE KID ESSENTIALS 1.5 CAL	00999458
ISOSOURCE VHN ORAL LIQUID	00999428	RESOURCE THICKENED JUICE ORAL LIQUID	00999429
ISOSOURCE VHP FIBRE-FREE ORAL LIQUID	00999550	RESOURCE THICKENUP CLEAR ORAL POWDER	00999561
JEVITY 1 CAL ORAL LIQUID	00999938	RESOURCE THICKENUP ORAL POWDER	00999453
JEVITY 1.2 CAL ORAL LIQUID	00999416	SCANDISHAKE ORAL FOOD SUPPLEMENT POWDER	00999935
JEVITY 1.5 CAL ORAL LIQUID	00999475	SIMILAC NEOSURE	00999465
KETOCAL ORAL LIQUID	00999565	SUPLENA ORAL LIQUID	00999414
KETOCAL ORAL POWDER	00999445	TOLEREX ORAL POWDER	00999929
MCT OIL ORAL LIQUID	00999927	TWOCAL HN ORAL LIQUID	00999430
MODULEN IBD ORAL POWDER	00999559	VITAL HN ORAL POWDER	00999965
NEOCATE JUNIOR ORAL POWDER	00999447	VIVONEX PEDIATRIC ORAL POWDER	00999422
NEOCATE JUNIOR WITH PREBIOTIC FIBRE ORAL POWDER	00999560	VIVONEX PLUS ORAL POWDER	00999405
NEOCATE SPLASH ORAL LIQUID	00999391	VIVONEX T.E.N. ORAL POWDER	00999983

Units of issue for pricing

Products should be billed with the correct unit of issue when submitting a claim to Alberta Blue Cross. The following units of issue are applicable to private/employer-sponsored plans as well as government-sponsored plans maintained by Alberta Blue Cross.

Nutritional supplements, birth control products and inhalation products are subject to a minimum unit of issue. The minimum quantity required at the time of claim is based on the unit of issue defined for these products in the list below.

Examples of some of the minimum quantity limits applied are:

Product	Unit of Issue	Minimum Quantity	Incorrect Quantity
Ensure/Boost	ml	235 mls	1 can
Advair 100 Diskus Powder for Inhalation	Dose	60 doses	1 diskus
Alesse (21 Day) Tablet	Tablet	21 tablets	1 packet

The quantity field allows for a maximum of four characters to be entered, resulting in a direct bill claim quantity maximum of 9999 units when entering product quantity for claim submission. Providers are required to submit any claims with a quantity in excess of 9999 units through the use of a manual claim form to be processed at Alberta Blue Cross. The following list is accurate as of the date on the cover of this document and is subject to change without notice. The most updated lists can be found at https://www.ab.bluecross.ca/dbl/idbl_main1.html

Dosage Form	Unit of Issue
Bladder Irrigation Powder for Solution	Vial
Bladder Irrigation Solutions	Millilitre
Block or Infiltration Cream	Gram
Buccal Spray	Dose or Millilitre
Dental Paste/Gel	Gram
Devices	Millilitre
Infant /Pediatric/Adult Device	Device
Inhalation Aerosol	Millilitre
Inhalation Capsules	Capsule
Inhalation Cartridges	Cartridge
Inhalation Disks	Disk
Inhalation Liquid	Millilitre
Inhalation Powder for Solution	Vial
Inhalation Solutions or Suspensions	Millilitre
Injection	Gram
Injection	Millilitre (where no reconstitution required)
Injection	Syringe (prefilled syringe)
Injection	Vial (where reconstitution required)
Injection	Unit
Injection – Cartridges	Millilitre
Injection – Emulsion	Millilitre
Injection – Implant	System
Injection – Liquid	Millilitre
Injection – Lock Flush	Millilitre
Injection – Syringe	Syringe (or Millilitre where indicated)

Dosage Form	Unit of Issue
Injection Syringe/Capsule	Kit
Injection Syringe/Tablet	Kit
Injection Syrup Syringe	Vial or Syringe
Injection Vial/ Capsule	Kit
Intraintestinal Gel	Cassette
Intrauterine Insert	System
Irrigating Solutions	Millilitre
Metered Dose Aerosols	Dose
Metered Inhalation Powder	Dose
Nasal Gel	Gram
Nasal Metered Dose Aerosols	Dose
Nasal Metered or Unit Dose Sprays	Dose
Nasal Solution	Millilitre
Nasal Sprays	Millilitre
Ophthalmic Implant	System
Ophthalmic Insert/Device	Device
Ophthalmic Gels or Ointment	Gram
Ophthalmic Solution/Drops/Liquid/ Suspension/Emulsion	Millilitre
Oral Bar	Piece
Oral Capsules – all formulations	Capsule
Oral Disintegrating Tablet	Wafer
Oral Disintegrating Tablet/Film	Film
Oral Emulsion	Millilitre
Oral Enteric Coated Tablet/Powder	Kit
Oral Gel	Gram
Oral Granules	Bulk size – Gram Individual Packet – Packet
Oral Gum	Piece
Oral Liquids – all formulations	Ampoule/Dose/Package/Millilitre
Oral Powder – all forma	Gram/Package/Millilitre
Oral Pudding	Gram
Oral Rinses/Mouthwash	Millilitre
Oral Solution	Gram
Oral Spray	Millilitre
Oral Tablets – all formulations	Tablet
Oral Tablet/Capsule	Kit
Oral/Vaginal/Topical Capsule/Cream	Kit
Otic Ointments or Gels	Gram
Otic Solutions/Suspensions/Drop/Liquid	Millilitre
Rectal Enemas	Enema
Rectal Foams	Gram
Rectal Gel	System
Rectal Ointments	Gram
Rectal Solution	Millilitre
Rectal Suppositories - all formulations	Suppository
Scalp Lotions/ Solutions	Millilitre
Strip	Strip
Sublingual Metered Dose Spray	Dose

Dosage Form	Unit of Issue
Sublingual Tablet	Tablet
Topical Aerosol	Gram
Topical Bars	Gram
Topical Cleansers	Millilitre
Topical Creams/Ointments - all formulations	Gram
Topical Foam	Gram
Topical Gauzes	Dressing
Topical Gels - all formulations	Gram
Topical Jellies	Millilitre
Topical Liquid	Millilitre
Topical Lotions	Millilitre or Gram
Topical Oil	Millilitre
Topical Pad	Pad
Topical Patch	Patch
Topical Powders	Gram/ Millilitre
Topical Rinse	Millilitre
Topical Shampoo	Millilitre
Topical Solutions	Millilitre or Gram
Topical Spray	Millilitre
Topical Washes	Millilitre or Gram
Transdermal Gel	Gram/Package
Transdermal Patches	Patch
Urethral Jelly	Millilitre
Urethral Suppository	Suppository
Vaginal Creams	Gram
Vaginal Gel	Dose or Gram
Vaginal Insert	System
Vaginal Slow Release Rings	Ring
Vaginal Tablet or Ovule	Tablet or Ovule
Vaginal/Topical Ovule or Tablet/Cream	Kit

For the most current information, please refer to https://www.ab.bluecross.ca/dbl/idbl_main1.html

Drug cost pricing

Manufacturer's List Price - Manufacturer's List Price is the price for drug benefits listed in the *Alberta Drug Benefit List (ADBL)* as determined through pricing confirmations between Alberta Health and the drug manufacturers. Manufacturers agree to sell the drug in the Alberta marketplace at this price. It is the maximum price for these drugs that can be charged to an Alberta Blue Cross plan member.

The *Alberta Drug Benefit List* can be found at <https://www.ab.bluecross.ca/dbl/publications.html>.

Base Price - Base Price is a price established by Alberta Blue Cross for drug benefits not listed in the *Alberta Drug Benefit List* but covered under the Alberta Blue Cross Price List. It is the maximum price for these drugs that can be charged to an Alberta Blue Cross plan member.

Alberta Blue Cross uses multiple Alberta pricing references to determine a reasonable Base Price for drugs not listed on the Alberta Drug Benefit List. Alberta Blue Cross makes every effort to maintain reasonable and fair pricing.

The Alberta Blue Cross Price List is made available to pharmacies through the Alberta Blue Cross website at <https://www.ab.bluecross.ca/providers/pharmacy-home.html>. Alberta Blue Cross works directly with pharmacy software vendors to ensure pricing is available electronically as required. The Alberta Blue Cross Price List will be updated on a quarterly basis.

Diabetic supplies and medical supplies are to be submitted at the usual and customary retail price in the drug cost field. Allowable Upcharge #1 & Allowable Upcharge #2 and dispensing fees cannot be charged for these products.

Pricing component chart

	Drug Listed in ADBL Brand or Generic	Drug listed on Alberta Blue Cross Drug Price List (ABCDPL)	Compound (Purchased)	Compound (Made in store)
What do I use for the drug cost	Manufacturer List Price (MLP) – as published in the <i>Alberta Drug Benefit List</i> (ADBL)	Base Price – as published in the Alberta Blue Cross Drug Price List (ABCDPL)	Purchased compound price (invoice price)	Manufacturer List Price (MLP) or Base Price
Allowable Upcharge #1	3% of MLP	7.5% of Base Price	NA	7.5% of MLP & or Base Price
Calculated drug cost* (Aggregate of the drug cost and the Allowable Upcharge#1)	MLP + Allowable Upcharge 3% May 17, 2018 to March 31, 2022	Base Price + Allowable Upcharge 7.5% May 17, 2018 to March 31, 2022	Purchased compound price (invoice price)	Manufacturer List Price (MLP) or Base Price + 7.5% of MLP & or Base Price
Software field	Drug Cost field			
Allowable Upcharge #2	May 17, 2018 to March 31, 2022 7.0% of Drug Cost* All to a maximum of \$100			
Software field	Upcharge field (previously the Additional Inventory Allowance Field)			
Dispensing Fee	\$12.15			\$18.45
Software field	Dispensing Fee field			
Total Price	Calculated Drug Cost* + Allowable Upcharge #2 + Dispensing Fee			

* With the exception of purchased compounds, the price on your invoice is no longer the price submitted.

Best Price Policy

The Best Price Policy ensures Alberta Blue Cross plan members are entitled to receive the lowest price for a drug that you charge to anyone else. If you are giving discounts to other third party plan members or cash paying customers, you must give the same discount to Alberta Blue Cross plan members.

Quantitative limits

Quantitative limits are applicable to all coverage for all Alberta Blue Cross Plans.

When submitting a claim for a pharmacy service, it is imperative that an accurate days supply be entered as part of the claims submission. Should it be determined through Claims Verification processes that the days supply was entered incorrectly, then the claim will be subject to reversal.

A. Dispensing of 90 – 100 Days Supply

It is expected that a supply of 90 – 100 days will be dispensed for drugs that are used on a chronic or long term basis for a Plan Member.

Drugs that fall into the chronic or long-term use category will only be paid for one dispensing fee every 90 – 100 day supply once the Plan Member is stabilized on the therapy. In certain circumstances, these drugs may be dispensed in lesser quantities.

B. Dispensing of 28 – 89 Days Supply

If the Plan Member requires dispensing of chronic or long term therapy with a quantity of 28 - 89 days supply, there must be documentation (electronic or written) to support the more frequent dispensing.

- More than one dispensing fee for the same drug will be paid in any 28 – 89 day period only when:
 - There is a request from the Plan Member that the drug be dispensed for a 28 – 89 day period, or
 - The healthcare provider determines the drug should be dispensed for a 28 – 89 day period for the following reasons:
 - Increased compliance,
 - Abuse control,
 - Determination of therapeutic effectiveness, and/or
 - Potential drug sensitivities
 - Need to manage a product that is in short supply
- The rationale to support dispensing for a 28-89 day period must also be documented (electronic or written).

C. Dispensing of 1 – 27 Days Supply

The Frequent Dispensing Policy (FDP), as detailed in Appendix C of the Alberta Blue Cross Pharmaceutical Services Provider Agreement, applies to drug benefits that are being dispensed with a days' supply of less than 28 days.

The FDP is applied to all Alberta Blue Cross Plans, including public and private plans, when a prescriber or patient requests dispensing of a 1 – 27 days supply.

- For each drug being dispensed for chronic or long-term use on a continuous basis, Special Service codes must be included with each claim. The FDP covers a maximum number of dispensing fees for prescriptions filled daily or for a 2 – 27 day supply. The policy is effective May 17, 2018.

The policies for daily dispensing and 2 – 27 day dispensing are mutually exclusive.

- For daily dispensing – the maximum number of dispensing fees per Plan Member that are eligible is 3 per day regardless of the provider that is dispensing.
- For 2 – 27 day supply – the maximum number of dispensing fees per Plan Member that are eligible is 2 per drug grouping in a 28 day period.

A Drug Grouping is based on the Drug Product Database (DPD) Active Ingredient Group (AIG). An AIG is a product that has the same active ingredient(s) and ingredient strength(s). Therefore, two different strengths of the same drug are considered as two separate drug groupings. However, two different brands of the same drug at the same strength are considered the same drug grouping.

Claims beyond the set limit, submitted with a fee greater than \$0 will be rejected with the following response codes:

- **RA (exceeds max # of Rx per day)** for daily dispensing or
- **87 (exceeds max # of prof fees for this drug)** for 2 – 27 days dispensing

A \$0.00 dispensing fee must be submitted for the claim to be accepted. The drug cost and the Allowable Upcharge #1 and Allowable Upcharge #2 will adjudicate in the usual manner and pharmacies will be reimbursed to the eligible drug cost and allowable upcharges. **The Pharmacy is not permitted to charge a dispensing fee to the Plan Member for FDP claims that are submitted with a \$0.00 dispensing fee.**

Eligibility Criteria:

1. Physical or Sensory Impairment: a medical condition that limits a person’s physical or sensory function to an extent where the patient requires frequent dispensing of medications;
2. Mental or Cognitive Impairment: a medical condition that may impair the mental or cognitive functioning of a patient, necessitating more frequent dispensing of medications;
3. Medication Safety: a broad category that includes complex medication regimens that require more frequent dispensing but also includes safety issues such as a patient history or risk of abuse, poor compliance, dependence, misuse or loss of belongings;
4. Facility Living: Patients who reside in a continuing care facility.

Eligibility	Special Service Code
Physical Impairment/Sensory Impairment	W – EC consultation level 1
Mental/Cognitive Impairment	X – EC consultation level 2
Medication Safety	Y – EC consultation level 3
Facility Living	5 – Approved for home care service

- For daily dispensing claims use special service code **8**
- For 2 – 27 day claims use special service code of letter **O**

The pharmacist is required to enter two special services codes; one to discern between daily or 2 – 27 day dispense for the Plan Member (8 or O); and one to indicate which Eligibility Criteria qualifies the Plan Member (W, X, Y or 5) for the determined frequency of dispense. These are not considered override codes, and are not required to be submitted in any specific order. Alberta Blue Cross will rely on the pharmacist to ensure the appropriate codes are submitted to support the claim.

Exemptions under the FDP include only three categories:

1. Opioid dependence treatment drugs such as Methadone and Suboxone
2. Acute / Short Term Dispensing
3. Drugs covered under the all Albertans programs, including Mifegymiso under the Women’s Choice Program, Take-Home Naloxone Kits under the Naloxone program and oseltamivir for influenza outbreak prophylaxis under the Alberta Public Health Activities Program.

Acute / Short Term Dispensing

Acute/Short Term dispensing is not based on the type of drug, but rather the need for dispensing a drug or drug product within a 28 day period that would not be considered chronic or long-term therapy. If the claim rejects because the dispensing fee limits have been reached for that period the pharmacist may enter the intervention code **UT (treatment of acute condition)**. This code is required **only if the claim rejects**. This code may only be used 4 times per drug grouping per Plan Member per floating year, and all other claims submitted with this code thereafter will be rejected. The claim will need to be resubmitted with a dispensing fee of \$0.

Other Exemptions

There are no exemptions for any other groups of Plan Members, drugs or activities. This includes but is not limited to blister or compliance packaging, liquid preparations, and physician or other prescriber requests.

Documentation

The pharmacy must retain supplementary prescription documentation to support the dispensing frequency where Chronic or Long-Term medications are dispensed for less than a 90 – 100 day supply. The documentation (electronic or paper) must contain the following information:

- the patient and/or healthcare provider request for the drug to be dispensed for less than 28 days or other documentation reduced to writing
- the patient identification information including name, PHN, date of birth,
- the date of request for frequent dispensing,
- the name of each drug being frequently dispensed as written on the prescription or added to the patient documentation,
- the duration expected for frequent dispensing and the required frequency (i.e. weekly dispensing for six months), and
- the rationale for why less frequent dispensing is not appropriate. For example, daily dispensing rationale must indicate why weekly dispensing is not appropriate.

All documentation must be retained at the pharmacy and provided upon request to Alberta Blue Cross for the purposes of compliance verification and/or audit purposes.

In the event that documentation does not meet the requirements of a compliance verification review, claims will be subject to reversal.

More information on the FDP can be found at the Alberta Blue Cross pharmacy provider web site at www.ab.bluecross.ca/providers/pharmacy-resources.php.

D. Dispensing for the Medication Maintenance Program

Some Alberta Blue Cross Plan Sponsors require their Members to abide by the Maintenance Medication Program (MMP). MMP applies to select employer-sponsored group and individual plans. For more information, you can find a list of maintenance categories and active ingredients available on the Alberta Blue Cross pharmacy provider web site at www.ab.bluecross.ca/providers/pharmacy-resources.php.

On Plans where the MMP exists, response code **KX (patient eligible for maintenance supply)** will be received as part of the claim response. In these cases, the Maintenance Medication Program takes precedence over the FDP.

Please note: the response code **87 (exceeds max # of prof fees for this drug)** is used for both the FDP and the MMP. When this code is received:

- Under the **Frequent Dispensing Policy**, the claim will reject. The pharmacy cannot charge the dispensing fee to the Plan Member for these claims.
- Under the **Maintenance Medication Program**, the claim will be accepted but will reduce the dispensing fee to \$0.00. In this case, the pharmacy must charge the dispensing fee to the Plan Member for these claims.

Maintenance drug products

For Alberta Blue Cross employer-sponsored and individual product plans

Maintenance drug products are those drugs that are prescribed to patients with chronic conditions that, once stabilized, can be managed on an ongoing basis. These drugs have a low probability for dosage change and are usually administered continuously over the course of treatment. Alberta Blue Cross understands it may take time before patients are stabilized on their medication and acknowledges there may be clinical reasons where providing less than a 90-100 days' supply may be required as part of ongoing therapy.

Promoting dispensing of a longer days' supply of maintenance drug products is cost effective and promotes plan viability.

Drug products within the following drug classes may be considered maintenance drugs:

Alzheimer disease agents	Antidepressants	Chronic Obstructive Pulmonary Disease agents
Antiarthritics - DMARDs	Antiglaucoma agents	Contraceptives
Antiasthmatics	Antigout agents	Cardiotonic agents
Anticoagulants	Antihypertensive agents	Hormone replacement therapy
Anticonvulsants	Antiparkinsonian agents	Osteoporosis agents
Antidiabetic agents	Benign Prostatic Hypertrophy agents	Overactive bladder agents
	Cardiac drugs <ul style="list-style-type: none"> • Antiangina agents • Antilipemic agents 	Thyroid agent drugs Vitamins/prescription vitamins

Some drug products may not be included – for example tricyclic antidepressants, salbutamol inhalers and emergency contraceptives. For maintenance and long-term therapy drugs, the quantity of drug dispensed must be the amount sufficient for a 90-100 day period.

Coverage for these drugs has not changed; therefore, more than one prescription charge in any 100 day period for the same maintenance or long-term therapy drug will be paid only in those cases where the prescriber orders a drug for less than a 90-100 day period for a specific reason including, but not limited to, increased compliance, abuse control, determination of therapeutic effectiveness, potential drug sensitivities or at the written request of the plan member.

Prior approval has to be received from Alberta Blue Cross to provide a quantity greater than the amount sufficient for a 100 day period. Please refer to the next section for details about how to obtain a prior approval.

Maintenance Medication Program (MMP)

The Maintenance Medication Program (MMP) is an automated process that promotes the dispensing of a maintenance supply of 90 to 100 days for maintenance medications. MMP applies to select employer-sponsored group and individual plans. The MMP does not apply to government-sponsored programs. The MMP features are unique to the group plan as noted in the summary below.

Summary of Maintenance Medication Programs for Alberta Blue Cross employer-sponsored group and individual plans and ASEBP

Maintenance Medication Program	Maximum # of claims where dispensing fee component will be paid by the plan*	Intervention codes to be used in specific scenarios	References available on the Alberta Blue Cross website**
Alberta Blue Cross employer-sponsored group and individual plans	A maximum of three claims for the same drug product with a days' supply of less than 90 to 100 days. The dispensing fee is paid on subsequent claims when submitted with a days' supply of 90 to 100 days.	<ul style="list-style-type: none"> • NI = dosage change • NF = override quantity appropriate • CO = potential overuse/abuse 	Benefact number 585 February 2016 Benefact number 633 August 2016 Maintenance Medication Program drug listing
ASEBP ARTA Group 19930	A maximum of five claims for the same drug product in a calendar year.	<ul style="list-style-type: none"> • NF = override quantity appropriate • MY = long term care Rx split for compliance 	Benefact number 630 August 2016 Benefact number 651 December 2016

*Claims will not be rejected; however, the dispensing fee component may or may not be paid by the plan

**Alberta Blue Cross web site at www.ab.bluecross.ca/providers/pharmacy-resources

Maintenance Medication Response Codes – Alberta Blue Cross Employer Sponsored Group and Individual Plans

For these medications, the patient's claim history will be considered at time of claim submission in Pride-RT® Direct Bill Adjudication System (POS). The MMP does not reject claims, as the drug costs for maintenance medications will continue to be paid. The below response codes pertain to the coverage of the dispensing fee:

- During the stabilization period (which allows for the member to incur three claims for the same maintenance drug product with a smaller days supply) the claim will be adjudicated with coverage provided for the dispensing fee, and the response code of **“KX – patient eligible for maintenance supply”** will be returned.
- Once the plan member's claim history identifies three claims for the same maintenance drug product, if the claim is submitted with less than a 90 day supply, the response code of **“87 - Exceeds max # of prof fees for this drug”** will be returned. If less than a 90 day supply is dispensed, the plan member will be responsible for paying the dispensing fee.
- If a 90 to 100 days' supply is dispensed, the member's plan will continue to pay the dispensing fee as per the plan design.

Dependent upon the plan design, some plans will allow for intervention codes to be used in specific scenarios: however, some major employer-sponsored group plans have chosen not to allow for the use of intervention codes. At the time of adjudication, when an intervention code is submitted but not accepted by our system, you will receive the appropriate messaging as noted above. Alberta Blue Cross may request documentation to substantiate the use of intervention codes through compliance verification.

Maintenance Medication Response Codes – Alberta School Employee Benefit Plan (ASEBP)

- When submitting a claim for a maintenance drug product that is eligible for a maintenance days’ supply of 90-100 days, a response code of “**KX – patient eligible for maintenance supply**” will be returned.
- Once the plan member’s claim history identifies five dispensed claims for the maintenance drug product, the response code “**87 - Exceeds max # of prof fees for this drug**” will be returned. After the fifth dispense, the eligible dispensing fee will no longer be covered by the plan and the plan member will be responsible for paying the difference.

Intervention codes and applicable Scenarios for Alberta Blue Cross MMP

Scenario	CPhA code allowed
Temporarily required to accommodate a dosage change	NI = dosage change
Temporarily required in select cases where there is less than 90 days remaining on the balance of a prescription and <ul style="list-style-type: none"> ▪ The prescription was previously filled for 90 to 100 days’ supply; ▪ A new prescription cannot be obtained; and ▪ The prescription is not appropriate for pharmacist adaptation to a 90-day supply 	NF = override - quantity appropriate
Concerns due to overdose or abuse risk with the specific patient having a maintenance days’ supply on hand.	CO = potential overuse/abuse

Intervention codes and applicable Scenarios for ASEBP MMP

Scenario	CPhA code allowed
Temporarily required in select cases where there is less than 90 days remaining on the balance of a prescription and <ul style="list-style-type: none"> ▪ The prescription was previously filled for 90 to 100 days’ supply; ▪ A new prescription cannot be obtained; and ▪ The prescription is not appropriate for pharmacist adaptation to a 90-day supply 	NF = override - quantity appropriate
Long Term Care compliance packaging required	MY = long term care Rx split for compliance

Over 100 Days' Supply Authorization

Alberta Health Coverage for seniors members (Group 66) may receive an authorization for a medication supply of greater than 100 days on an exception basis.

Alberta Blue Cross has real-time authorization processing for Alberta Health Coverage for Seniors Drug Program (Group 66) Over 100 Days' Supply Authorizations.

This process offers you the greater convenience of submitting claims for Group 66 with the Over 100 Days' Supply Authorization and significantly reduces the number of times you will be required to contact Alberta Blue Cross for prior approval.

To take advantage of the real-time authorization processing for the Group 66 Over 100 Days' Supply Authorization, simply make a real-time claim submission (as you normally would) for required medications and days' supply requested by the member, including those in excess of a 100 days' supply.

The claim will be adjudicated and accepted if the member is eligible for a supply of greater than 100 days.

Over 100 days' supply criteria for approval:

- Available only for members leaving the province for more than 100 days.
- One authorization per benefit period (July 1 to June 30).
- Up to a maximum of 200 days' supply, considering quantities on hand.
- Plan members must be stabilized on their medication.
- Consecutive authorizations will not be approved.
- Available to Alberta pharmacies only.

It is not necessary for the members to contact Alberta Health Registration Services unless the member will be absent from the province for more than 183 days. Registration Services can be reached at 780-427-1432 or toll free at 310-0000 then 780-427-1432.

In most situations, you do not need to call in to confirm the member/product is eligible, **just submit a direct bill claim.**

Alberta Blue Cross offers the following three options for obtaining an Over 100 days' Supply Authorization:

Option 1 - Direct billing

The claim will be adjudicated and accepted if the member is eligible for a supply of greater than 100 days. With some claims, it will be necessary to contact Alberta Blue Cross for prior authorization.

We recommend that you first submit all claims then contact us about claims that were not accepted.

If you receive the response code "D9 - Call Adjudicator", please use one of the following options:

Option 2 - Phone

Contact the Alberta Blue Cross Pharmaceutical Services Provider Relations Contact Centre at 780-498-8370 or toll free at 1-800-361-9632 at least five business days prior to the member's departure date.

Option 3 - Fax

Fax the Alberta Health Over 100 Days' Supply Authorization request form to Alberta Blue Cross at least seven business days prior to the member's departure date.

Direct billing response codes

Response Code	Response Message	Reason for Response Code (adjudication outcome)	Steps to manage claim rejection
SD	<ul style="list-style-type: none"> • “Days’ supply exceeds quantity authorized” • Second line messaging – “max days supply allowed is X.” 	Days’ supply submitted exceeds maximum days supply allowed.	Claim can be resubmitted with a maximum X-day supply allowed as indicated in the second line of the response message. (Note: quantity to be adjusted to the day supply allowed.)
D9	“Call Adjudicator”	<ul style="list-style-type: none"> • The member has a coordination of benefits. • Narcotic/controlled medications. • Packaging of medications cannot be dispensed in a days’ supply = to the days supply requested (i.e. Didrocal kits, Insulins or Inhalers). • Final days’ supply submitted exceeds the term date of the member’s coverage. • No prior history of medication. • No prior history of the medication within three months prior to date of service on claim submitted. 	<ul style="list-style-type: none"> • Authorization may be eligible but requires the pharmacy provider to contact Alberta Blue Cross for consideration of approval. • Member must be stabilized on his or her medication. If patient records indicate member is stabilized on medication, contact Alberta Blue Cross for consideration of approval.

Prescriber ID

To ensure the integrity of claim data, appropriate “Prescriber Reference Codes” and “Prescriber IDs” must be used. The integrity of data submitted by pharmacies not only affects the adjudication of claims but also assists with determining benefit status where restricted benefits are limited by designated prescribers.

For the Alberta prescribers listed below, the actual “Prescriber ID” must be used.

Prescriber Type	Reference Description	Reference Code	Prescriber ID
Physicians	College of Physicians and Surgeons of Alberta	81	Actual ID
Dietitians	College of Dietitians of Alberta	83	Actual ID
Optometrists	Alberta College of Optometrists	87	Actual ID
Pharmacists	Alberta College of Pharmacists (ACP)	86	Actual ID
Registered Nurse Practitioners	College & Association of Registered Nurses of Alberta	82	Actual ID

For the Alberta prescribers listed below, the following “Pseudo IDs” must be used.

Prescriber Type	Reference Description	Reference Code	Pseudo ID*
Dental Hygienists	College of Registered Dental Hygienists of Alberta	84	88112DH
Dentists	Alberta Dental Association & College	85	88111DT
Midwives	Alberta Association of Midwives	88	55111MW
Podiatrists	Alberta Podiatry Association	89	33111PD

***The “Pseudo ID” must include the alpha characters as listed above.**

Only in circumstances when the “Prescriber ID” is unknown, the following “Pseudo IDs” may be used in conjunction with the appropriate “Prescriber Reference Code”.

Prescriber Type	Reference Description	Reference Code	Pseudo ID*
Physicians	College of Physicians and Surgeons of Alberta	81	99111PH
Dietitians	College of Dietitians of Alberta	83	77111DI
Optometrists	Alberta College of Optometrists	87	44111OP

***The “Pseudo ID” must include the alpha characters as listed above.**

For out-of-province prescribers, the appropriate “Prescriber Reference Code” should be used along with the actual “Prescriber ID.”

Compound claim submission tips

Alberta Blue Cross uses two sets of compound pseudo Product Identification Numbers which accommodate the following at the time of direct bill claim submission:

- Categorization of compound products based on therapeutic drug classification.
- Identification of compound products prepared and dispensed by a community pharmacy, in accordance with the *Alberta Blue Cross Pharmaceutical Services Provider Agreement Section 2.4*
- Identification of compound products procured from a compounding and repackaging pharmacy and dispensed by a community pharmacy.

Note: These compounds may not be eligible for coverage through all of your customers' benefit plans. Please contact the Alberta Blue Cross Provider Relations Contact Centre if you are uncertain whether a customer is eligible for coverage of such products.

Compound claims for Government of Northwest Territories members should be submitted using the PINs on the GNWT formulary. The GNWT follows the list of pseudo Product Identifications Numbers (PINs) used by the Non-Insured Health Benefits (NIHB) Program and can be found on the following web site:

<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/pharma-prod/med-list/index-eng.php>

Compound PINs to be used when submitting claims for compounds prepared and dispensed by a licensed pharmacy

Pseudo PIN	Compound description	Compound example
00999102	Compound - Diclofenac (topical)	Diclofenac 2% in PLO Gel
00999103	Compound - Anti-infective (topical)	Fusidic Acid 2% and Terbinafine 2% cream - equal parts
00999104	Compound- Salicylic Acid (topical)	Salicylic acid 10% in Petroleum Jelly
00999105	Compound - Non-steroidal anti-inflammatories, and/or analgesics, and/or muscle relaxants (other than Diclofenac-Topical)	Ketoprofen 10% in PLO Gel
00999107	Compound - Corticosteroids (topical)	Fluocinonide 0.05% topical ointment in coal tar
00999108	Compound Narcotic mixtures (oral and injection)	Meperidine 10 mg/ml oral solution
00999109	Compound - Chlorhexidine mouth rinse (in any concentration other than 0.12%) (oral)	Chlorhexidene 0.75% in glycerin and distilled water
00999110	Combination anti-infective/ corticosteroid (topical)	Hydrocortisone 1% cream and Mupirocin cream - equal parts
00999111	Compound - Hormones (i.e. estrogen, progesterone, testosterone) (all routes)	Progesterone in Van Pen Cream
00999112	Compound - Miscellaneous Topical	2% Diltiazem in Petroleum Jelly

00999113	Compound - Miscellaneous Oral	Propranolol HCL 1 mg/ml oral suspension
00999114	Compound - Miscellaneous Injectable	Ergocalciferol 500,000 IU/ml Injection
00999119	Compound - Retinoic Acid (tretinoin topical)	Retinoic Acid 0.05%, Hydrocortisone 1% in Glaxal Base
00999999	Miscellaneous compound	Dimenhydrinate, Metoclopramide, Prochlorperizine Suppositories

Compound PINs to be used when submitting claims for compounds procured from a licensed compounding and repackaging pharmacy and dispensed by a community pharmacy

Pseudo PIN	Compound description	Compound example
00999202	Compound - Diclofenac (topical)	Diclofenac 2% in PLO Gel
00999203	Compound - Anti-infective (topical)	Fusidic Acid 2% and Terbinafine 2% cream - equal parts
00999204	Compound - Salicylic Acid (topical)	Salicylic acid 10% in Petroleum Jelly
00999205	Compound - Non-steroidal anti-inflammatories, and/or analgesics, and/or muscle relaxants (other than Diclofenac-Topical)	Ketoprofen 10% in PLO Gel
00999207	Compound - Corticosteroids (topical)	Fluocinonide 0.05% topical ointment in coal tar
00999208	Compound Narcotic mixtures (oral and injection)	Meperidine 10 mg/ml oral solution
00999209	Compound - Chlorhexidine mouth rinse (in any concentration other than 0.12%) (oral)	Chlorhexidene 0.75% in glycerin and distilled water
00999211	Combination anti-infective / corticosteroid (topical)	Hydrocortisone 1% cream and Mupirocin cream - equal parts
00999212	Compound - Hormones (i.e. estrogen, progesterone, testosterone) (all routes)	Progesterone in Van Pen Cream
00999213	Compound - Miscellaneous Topical	2% Diltiazem in Petroleum Jelly
00999214	Compound - Miscellaneous Oral	Propranolol HCL 1 mg/ml oral suspension
00999215	Compound - Miscellaneous Injectable	Ergocalciferol 500,000 IU/ml Injection
00999219	Compound - Retinoic Acid (tretinoin topical)	Retinoic Acid 0.05%, Hydrocortisone 1% in Glaxal Base
00999216	Miscellaneous Compound	Dimenhydrinate, Metoclopramide, Prochlorperizine Suppositories

Compound eligibility assessment

Alberta Blue Cross offers pharmacy providers direct-bill plan pre-adjudication compound eligibility assessment through our Provider Relations Contact Centre. In order to facilitate your call, have the following information ready:

- Member's name
- Coverage number
- Member's date of birth
- Final quantity and/or strength of the compound
- Final form (for example, cream, lotion, capsule, etc.)
- Name, strength and quantity of each ingredient
- DIN for ingredient(s) where applicable
- Prescription directions for use

Eligibility guidelines for topical diclofenac compounds

Pharmacy providers do not need to contact Alberta Blue Cross prior to claims submission to verify the eligibility of a topical compound when the main active ingredient is diclofenac powder mixed either on its own or with another eligible active ingredient in an eligible base as listed below. These topical diclofenac compounds are deemed eligible benefits on all Alberta Blue Cross group, individual and government plans unless the following circumstances occur:

1. A client has exclusions for anti-inflammatory, analgesic or pain management medications. When members have these exclusions, claims submitted for diclofenac compounds will reject at time of adjudication (CD – Drug not a benefit) when billed with the correct pseudo PIN.
2. The compound duplicates a commercially available product.
3. A base or ingredient is used that is not an eligible benefit for the client.

Please note: If a base or ingredient is not listed below, please contact Alberta Blue Cross to determine whether the base or ingredient is eligible for coverage prior to claim submission.

Eligible bases for topical diclofenac compounds listed but not limited to	* Eligible active ingredients for topical diclofenac compounds listed but not limited to (*When added to compounds with diclofenac powder as the main active ingredient)
PLO GEL/CREAM	CAMPHOR CRYSTALS
TRANSDERMAL PAIN BASE / TRANSDERMAL CREAM	CAPSAICIN POWDER
MEDIFLO	MENTHOL CRYSTALS
DIFFUSIMAX	PHENOL
ULTRAMAX	PIROXICAM POWDER
VERSAPRO	IBUPROFEN POWDER
GLAXAL BASE	CYCLOBENZAPRINE POWDER
LIPODERM	Eligible compound example: diclofenac powder 5%, menthol 3% in plo gel
VANPEN BASE	

How to bill compounds

	Compound (Purchased)	Compound (Made in store)
What do I use for the drug cost?	Purchased compound price (invoice price)	Manufacturer List Price (MLP) or Base Price
Allowable Upcharge #1	NA	7.5% of MLP & or Base Price
Calculated drug cost* (Aggregate of the drug cost and the Allowable Upcharge #1)	Purchased compound price (invoice price)	Manufacturer List Price (MLP) or Base Price + 7.5% of MLP & or Base Price
Software field	Drug Cost field	
Allowable Upcharge #2	7.0% of Drug Cost* All to a maximum of \$100	
Software field	Upcharge field (previously the Additional Inventory Allowance Field)	
Dispensing Fee	\$12.15	\$18.45
Software field	Dispensing Fee field	
Total Price	Calculated Drug Cost* + Allowable Upcharge #2 + Dispensing Fee	

Post-claim verification

Alberta Blue Cross reserves the right to require submission of claim details before or after payment of the claim. Upon reasonable notification, Alberta Blue Cross will make arrangements to inspect a prescription, purchased compound invoice or supplementary prescription documentation. Verification will include the accuracy of the compound charges for a prescription for which a claim has been adjudicated by Alberta Blue Cross.

Common areas for post-claim verification include, but are not limited to, Insulin Pump Therapy Program verification and compound claims.

If Alberta Blue Cross identifies that an overpayment to the pharmacy has resulted from an error in claims submitted, Alberta Blue Cross will advise the pharmacy of the amount that is owed to Alberta Blue Cross.

Compensation Plan for Pharmacy Services

The *Compensation Plan for Pharmacy Services* allows pharmacies the ability to claim compensation for providing certain clinical pharmacy services to Albertans.

Claims are to be submitted using Group number 23464, section 000. The ID number is the Personal Health Number (PHN) as listed on the patient’s Alberta Personal Health Card.

Coverage

The program provides 100 per cent direct bill coverage for eligible services. Reimbursement is not available for these services.

Mandatory transactional data elements

- Use carrier code 16.
- The pharmacist who provides the service must enter his/her ID in the “Pharmacist ID code” field (for example, 1234, no zero filling required).
- The pharmacist who writes the prescription must enter his/her ID in the “Prescriber ID code” field (for example, 1234, no zero filling required).
 - The “Prescriber ID reference” field must be 86
- Use the Personal Health Number (PHN) as the “Client ID number.”
- Use the specific “Pseudo Identification Numbers” (PINs) and “Special Service Codes” (SSC) as outlined below.
- Enter the corresponding fee into the special service fee input field.

Pharmacy Services Price List, PINs, SSCs and Intervention Codes

Pharmacy Service	Eligible Amount	Product Identification Number (PIN)	Special Service Code (SSC)	Intervention Code
Assessment for a Prescription Renewal	\$20	71111 81111 (with APA)	F	
Assessment for an Adaptation of a Prescription means: (a) altering the dosage or regimen for a Schedule 1 drug that has been prescribed for a Resident; (b) substitution of another Drug for a prescribed Schedule 1 drug for a Resident if the substituted Drug is expected to deliver a therapeutic effect that is similar to the therapeutic effect of the prescribed Drug; or (c) discontinuation of a	\$20	71111 81111 (with APA)	H	

prescribed Schedule 1 drug for a Resident if the prescribed Drug confers little or no benefit and/or excessive risk of harm.				
Assessment for the Administration of a Product by Injection	\$20	71111 81111 (with APA)	J	
Assessment for Prescribing at Initial Access or to Manage Ongoing Therapy	\$25	81116 (with APA)	K	
Assessment for Prescribing in an Emergency for a resident	\$20	71111 81111 (with APA)	I (alphabet)	
Assessment for Refusal to Fill a Prescription	\$20	71111 81111 (with APA)	1 (number)	
Assessment for ensuring Continuity of care in the event of a declaration of a State of Emergency or Declaration of a State of Local Emergency	\$20	71119 81119 (with APA)	I (alphabet)	
Assessment for a Trial Prescription	\$0	DIN of new prescription for newly prescribed drug that is eligible for a trial		MT – Trial Rx Program
	\$20	71111 81111 (with APA)	H	MT – Trial Rx Program
			OR	
			M	VN – Trial not tolerated, patient advised MD VQ – Trial OK, no side effects/concerns
Assessment for the Administration of a Publicly Funded Vaccine	\$13	Immunization Reason Codes		
CACP Initial Assessment	\$100	71114 81114 (with APA)	L	

CACP Follow-up Assessment	\$20	71115 81115 (with APA)	M	
SMMA Initial Assessment	\$60	71112 81112 (with APA)	L	
SMMA Follow-up Assessment	\$20	71113 81113 (with	M	

		APA)		
SMMA Diabetes Initial Assessment	\$60	71117 81117 (with APA)	L	
SMMA Diabetes Follow-up Assessment	\$20	71117 81117 (with APA)	M	
SMMA Tobacco Cessation Initial Assessment	\$60	71118 81118 (with APA)	L	
SMMA Tobacco Cessation Follow-up Assessment	\$20	71118 81118 (with APA)	M	

Detailed descriptions of “Special Service Codes”

SSC	Code value - clinical activity
1	Refusal to fill a prescription
F	Renew previous prescription
H	Adapt prescription to current need or; Trial prescription, use intervention code MT
I	Prescribed emergency supply of medication
J	Medication administered by injection
K	Prescribe ‘initial supply’ of medication
L	Initial assessment of patient’s need
M	Followup assessment of patient’s needs: or Followup assessment of a trial prescription, use intervention code VN (not tolerated) or VQ (trial OK)

Risk Factor Diagnosis Codes

Risk Factor	Diagnosis Code
Obesity	278 (BMI of 30 or More)
Tobacco	305.1
Addictions – Alcohol	303
Addictions – Drugs other than Alcohol	304

Chronic Disease Diagnosis Codes

Risk Factor	Diagnosis Code
Hypertensive Disease	401
Diabetes Mellitus	250
Chronic Obstructive Pulmonary Disease	496
Asthma	493
Heart Failure	428
Heart Disease – Angina Pectoris	413
Heart Disease – Other	414
Mental Disorders (Personal History of)	290 – 319, excluding 303, 304, and 305.1

Response Code descriptions and tips

Response Code	Tip
30 - Carrier ID Error	Must be Carrier Code 16.
34 - Patient DOB Error	yyyymmdd
35 - Cardholder Identity error	The members name and coverage number do not match. If field is left blank, claim will reject.
37 - Patient First Name Error	Confirm the first three letters with their card.
38 - Patient Last Name Error	Confirm the first five letters with their card.
40 - Patient Gender Error	Male, Female, verify on card.
57 - SSC error	Verify that the Special Service Code was entered.
76 - Pharmacist ID code error or missing	Pharmacist ID must be a valid Pharmacist registration number.
C5 - Plan maximum exceeded	All PINs are limited to 1/patient/day. Initial assessments (SSC=L) are limited to one per patient service year (July–June).
C8 - No record of this beneficiary	Verify the PHN get entered correctly.
CD - Patient not entitled to drug claimed	Verify Group 23464 was used for the claim. Verify the correct PIN was entered.
D1 - DIN/PIN/GP #SSC not a benefit	Claiming an invalid SSC, PIN or combination.
D3 - Prescriber not authorized	APA PIN used by non APA pharmacist.
DP - Quantity Exceeds Maximum per Claim	The Quantity must be 1.
FH - Exceeds maximum special service fee allowed.	Verify the correct fee for the corresponding PIN was entered.
FQ - Medical Reason Reference is not eligible	Must be A.
FR - Condition or Risk factor is not eligible	Verify the code entered for the initial assessment.
NJ - Request inconsistent with other services	Claiming a followup for a SMMA when the patient has a CACP on file.
OL - Maximum allowable dispensing fee exceeded	Dispensing fee is 0.00 for this program.
QL - Patient Consultation Suggested	Submission for billing for a follow-up without an initial assessment.

Step Therapy

The Step Therapy program encourages the safe and cost-effective use of medication. Under this program, a step approach is required to receive coverage for certain second-line or step 2 higher cost medications. In order to receive coverage, the member may first need to try a proven, cost-effective medication (first-line or step 1 drug) included in their plan benefits before the member “steps up” to a more costly product.

Step therapy refresher

A claim for a step therapy drug will be approved if

1. the member has used the step therapy drug in the last 12 months, or
2. the member has used the first-line drug(s) in the last 12 months.

If neither of the above applies, you will receive the following rejection codes: **QO**-*preference or step drug available* and **CP**-*eligible for special authorization*. There are two options:

1. If there is documented prescription history of the member receiving the first-line drug, up to two of the applicable intervention codes may be used:

Step Therapy intervention codes	Explanation
UP - First line ineffective	The first-line therapy drug did not produce the desired therapeutic effect.
UQ - First line therapy not tolerated by patient	The first-line therapy drug caused an adverse reaction (for example, lactic acidosis with metformin).
CA - (gov't program only) – Prior adverse reaction	Insulin product(s) caused an adverse reaction such as injection site reactions.
CB - (gov't program only) – Previous treatment failure	Insulin product(s) did not produce the desired therapeutic effect.
CJ - (gov't program only) – Product is not effective	Contraindications to use of insulin product(s) or where insulin is not an option (for example, insulin cannot be used because of blindness or cognitive impairment).

The use of intervention codes may be an option if, in your professional opinion, they are appropriate for that member.

2. Advise the member to go back to their prescriber to discuss whether it is appropriate to pursue first-line therapy or special authorization for the step therapy drug.

Eligible step therapy and first-line drugs for select Alberta Blue Cross employer-sponsored group plans and individual health plans include, but are not limited to, the following:

Step Therapy drug(s)	First-line drug(s) required before member is eligible for Step Therapy drug
Pimecrolimus Tacrolimus	Topical corticosteroids
Exenatide Linagliptin Linagliptin/Metformin Liraglutide Pioglitazone Rosiglitazone Rosiglitazone/Glimepiride Rosiglitazone/Metformin Saxagliptin Saxagliptin/Metformin Sitagliptin Sitagliptin/Metformin	Metformin, or Meglitinides, or Sulfonylureas, or Insulins
Montelukast	Inhaled corticosteroids, or inhaled beta agonist, or antihistamines, or nasal steroids
Zafirlukast	Inhaled corticosteroids, or inhaled beta agonist
Risedronate Extended Release	Regular release risedronate
Darifenacin Fesoterodine Mirabegron Oxybutynin Controlled Release Oxybutynin Extended Release Oxybutynin Topical Gel Oxybutynin Transdermal patch Solifenacin Tolterodine Trospium	Immediate release oxybutynin
Cabergoline Quinagolide	Bromocriptine
Fidaxomicin	Metronidazole, or Vancomycin
Colesevelam	HMG-COA Reductase Inhibitors
Diclofenac oral powder packet	NSAIDS And Ergotamines
Doxycycline modified release	Rosacea topical products

To verify Alberta Government Plan Step Therapy products, please visit the *iDBL* at <https://idbl.ab.bluecross.ca/idbl/search.do>

Alberta Blue Cross' zero-tolerance fraud policy

Alberta Blue Cross actively investigates and pursues all suspected fraudulent activities and has extensive measures in place to detect and combat fraud. These measures include monitoring claim patterns, auditing to ensure compliance with plan contracts/agreements and pursuing civil and criminal prosecution where evidence indicates fraudulent activity has occurred and restitution is warranted.

Alberta Blue Cross recognizes that health care service providers, including pharmacy staff, play an important role in the detection and prevention of health care fraud and plan abuse. Health care service providers, along with consumers and plan sponsors, are often the first line of defense in battling health care fraud and plan abuse.

How you can help

If you suspect any suspicious activity from plan members or providers, please report it immediately by calling the Alberta Blue Cross Fraud hotline toll free at 1-866-441-8477 or emailing fraudtips@ab.bluecross.ca. All information will be kept strictly confidential. Suspicions of fraudulent activity may also be reported anonymously to Fraud Tips, c/o Provider Audit and Investigative Services, Alberta Blue Cross, 10009-108 Street, Edmonton, AB T5J 3C5.