

Reference Guide for Northwest Territories, Yukon and Nunavut pharmacies

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

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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.

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 |

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 four broad categories:

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

Government of Northwest Territories plans

Alberta Blue Cross administers prescription drug benefits on behalf of the Government of Northwest Territories (GNWT) for participants in the GNWT's *Métis*, *Seniors* and *Specified Disease Conditions* programs. The *Métis* Health Benefits program is Group 19866, section 000. The *Seniors Pharmacare* program is identified as Group 60, Sections F and M and the *Specified Disease Conditions* program is identified as Group 21992, Section 000.

Alberta government-sponsored plans

Alberta Blue Cross administers plans on behalf of the Alberta government. These plans are sponsored by Alberta Health and Alberta Human 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

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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, DIBS 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 DIBS 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).

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 International Travel Expenses | Minister's Office Expenses

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These government-sponsored programs include the following:

- Non-Group Coverage
- Coverage for Seniors
- Alberta Widows' Pension Plan
- Palliative Drug Coverage

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 pharmacist, you should be aware of the following:

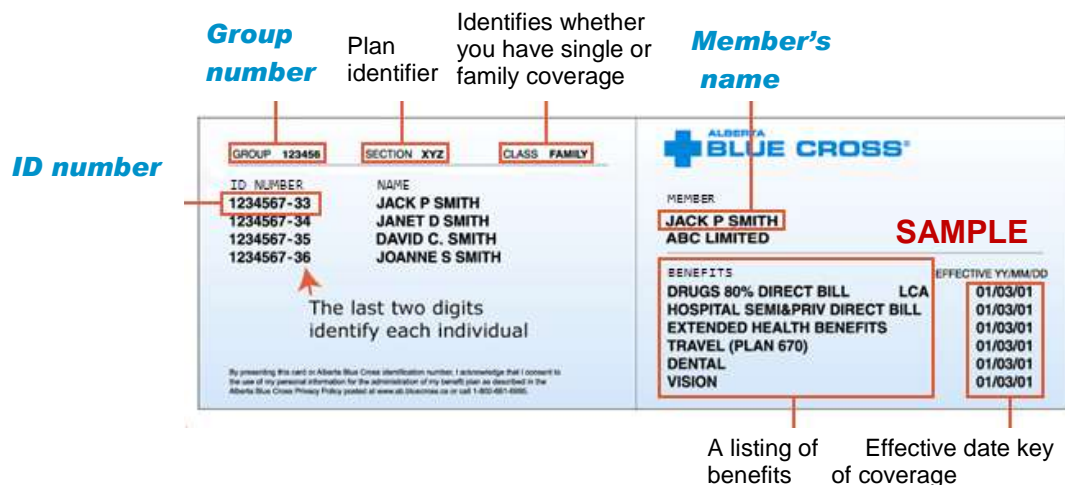
- Persons applying for an individual health plan are required to undergo a medical review. As a result of this process, medications for pre-existing conditions may be excluded as an eligible drug benefit for a period of time.
- All individuals applying for an individual health plan are notified, in writing,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



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 | SECTION | CLASS | FAMILY |
|--------------|------------------|-------|--------|
| 35 | E1 | | |
| 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 1-800-661-6985.

New Alberta Blue Cross ID cards

Alberta Blue Cross ID cards created after February 5, 2015 will look slightly different than the ID cards shown above.

The following changes will be reflected on all ID cards created after February 5, 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

| GROUP | SECTION | CLASS | FAMILY |
|--------------|---------------|-------|--------|
| 35000 | 990 | | |
| ID NUMBER | NAME | | |
| 8123456 - 01 | John Smith | | |
| 8123456 - 02 | Sarah Smith | | |
| 8123456 - 03 | Dennis Smith | | |
| 8123456 - 04 | Heather Smith | | |

| ALBERTA BLUE CROSS | |
|--------------------|-------------------|
| MEMBER | |
| John Smith | |
| ABC Limited | |
| BENEFITS | EFFECTIVE YEAR/01 |
| Drugs Direct Bill | 15/02/21 |
| Health | 15/09/01 |
| Travel | 15/09/01 |
| Dental | 15/09/01 |

Specific coverage amount **NOT** listed

Benefits listed in the order they were added to plan

Listed as simply "Health" instead of "Extended Health Benefits".

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 customer 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 Government of Alberta Human 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 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:

Government of Northwest Territories



National Blue Cross groups – old card



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.

National Blue Cross groups – new card



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 # | ID NO. | DEPENDENTS |
| Family | Dental Care - Plan # | 2468101 | Jane Sample |
| Family | Vision Care - Plan # | 3579112 | Joan Sample |
| Family | Health Spending Account | 1628752 | Jess Sample |
| | | 5843592 | Joe Jr. Sample |
| | | 1598734 | James Sample |
| | | GROUP 19930 | SECTION 123 |

Issued 2011/05/18

For coverage information, visit www.asebp.ab.ca

SAMPLE

asebp

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

Midwives prescribing authority

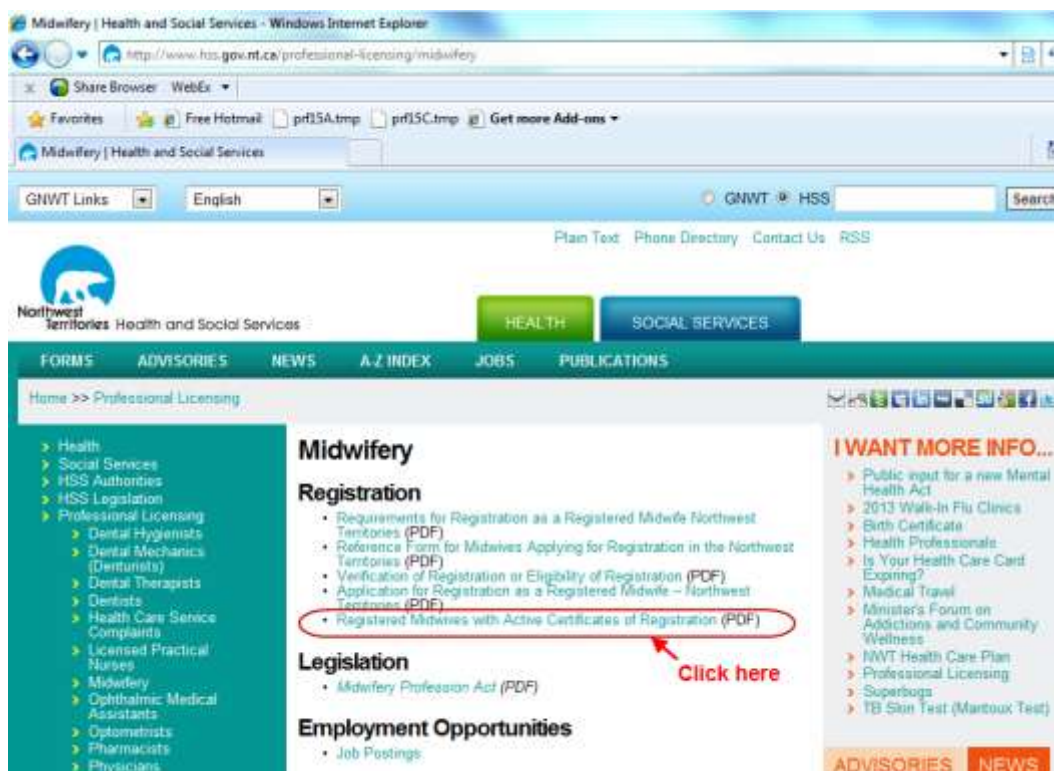
Midwives are permitted to prescribe and administer a range of substances in accordance with established guidelines for plan members covered under all of the Government of the Northwest Territories programs administered by Alberta Blue Cross.

When submitting claims prescribed by a registered midwife, please ensure you use the corresponding reference code and unique prescriber number. Enter the two-digit reference code of 88 for midwives in the “Prescriber Reference Code” field. The 10-digit license number should be entered in the “Prescriber ID” field.

For updated information on a particular midwife’s registration status, please visit the Government of the Northwest Territories Health and Social Services web site at:

<http://www.hss.gov.nt.ca/professional-licensing/midwifery>

and click on the link as shown below.



The names of registered midwives, license numbers and expiry dates are posted on this public web site.

Product Identification Numbers (PINs)

Government of the Northwest Territories plans

A list of pseudo Product Identifications Numbers (PINs) and DINs for drug benefits for Government of Northwest Territories plans 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>

A list of pseudo Product Identifications Numbers (PINs) for eligible medical supplies and devices can be found at:

http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/med-equip/criter/a-z_index-eng.php

When billing these products to Alberta Blue Cross, please use the correct PIN.



The screenshot shows the Health Canada website interface. At the top, there are logos for Health Canada and Canada. The main header features the Health Canada logo and the URL www.hc-sc.gc.ca. Below the header is a navigation bar with links for Français, Home, Contact Us, Help, Search, and canada.gc.ca. The breadcrumb trail reads: Home > First Nations & Inuit Health > Non-Insured Health Benefits > Health Provider Information > Drug/Pharmacy Information. The main content area is titled "First Nations & Inuit Health" and "Drug Benefit List 2013". It includes a PDF icon and the text "(PDF Version - 1,150 K)". The text explains that the Drug Benefit List is a listing of drugs provided as a benefit by the Non-Insured Health Benefits (NIHB) Program, primarily used in a home or ambulatory setting. It lists the purpose of the Drug Benefit List and provides a bulleted list of drug product lists: C6.1. Pharmacologic-Therapeutic Classification of Drugs, C6.2. Limited Use Benefits and Criteria, C6.3. Special Formulary for Chronic Renal Failure Patients, C6.4. Palliative Care Formulary, and C6.5. Excluded Drug Products. A sidebar on the left contains links for Back to Drug/Pharmacy Information, Explore... (Main Menu, Healthy Canadians, Media Room, Site Map), and Transparency (Completed Access to Information Requests, Proactive Disclosure).

Alberta Blue Cross plans

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 |
| GLUCOSE MONITORING TRANSMITTER | 0999471 | SKIN PREPARATION | 0999602 |

| DIABETES SUPPLIES | | | |
|--|------------|---|------------|
| PRODUCT DESCRIPTION | PIN | PRODUCT DESCRIPTION | PIN |
| 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% NAACL (2/3-1/3) INJECTION | 0990034 |
| HEP-LOCKS | 0990023 | 3.3% DEXT/ 0.3% NAACL/ 20 MEQ KCL INJECTION | 0990037 |
| IV SOLUTIONS | 0990022 | 3.3% DEXT/ 0.3% NAACL/ 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 |
| COMPLEAT PEDIATRIC ORAL LIQUID | 00999426 | OSMOLITE 1 CAL | 00999937 |
| CONSIST-RITE ORAL POWDER | 00999455 | PEDIASURE FIBRE | 00990029 |

| NUTRITIONAL PRODUCTS | | | |
|---|------------|---|------------|
| PRODUCT DESCRIPTION | PIN | PRODUCT DESCRIPTION | PIN |
| 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

Compound claim submission tips

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

- Compound claims for GNWT members should be submitted using the PINs on the GNWT formulary.
- 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 Pharmacy Agreement Appendix “A” Schedule of Prices.
- 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 Alberta Blue Cross Provider Relations Contact Centre if you are uncertain whether a customer is eligible for coverage of such products.

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-fourrir/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 | |

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.