

Enhancements to Specified Disease Conditions, Seniors and Metis Health Benefits Programs

Effective August 1, 2021 the Government of Northwest Territories is enhancing its drug adjudication process for Specified Disease Conditions, Seniors and Metis Health Benefits Programs.

Lowest cost equivalent drug

The lowest cost equivalent drug adjudication process will include drugs that are designated as bioequivalent by Health Canada and have also been clinically assessed and validated to ensure they can be substituted for their brand-name equivalent drugs. Where the brand-name drug has a designated generic alternative, the plan will pay up to the cost of the generic.

Where a plan member elects to purchase the brand name, the plan member will be responsible for the difference in cost and the claim will result in a response code of D8 – Reduced to Generic cost. Coverage of the brand-name drug may be considered where a patient has experienced significant allergic reactions or documented untoward therapeutic effects with the generic product. An exception approval drug request form must be submitted to apply for coverage of the brand-name drug.

Long Term Dispensing

Long Term Dispensing is an automated process that promotes the dispensing of a maintenance supply of 90 to 100 days for maintenance medications. Plan members are provided with a stabilization period for new medications by allowing three claims for the same maintenance medication. After the stabilization period, if the maintenance medication is not filled for a 90 to 100 days' supply, the dispensing fee will no longer be covered through their benefit plan and they will have to pay the dispensing fee out of pocket.

Beginning August 1, when submitting a real-time claim submission for a medication that is part of the Long Term Dispensing process, the Alberta Blue Cross Pride RT real-time claim adjudication system will read the plan member's claim history. If a medication qualifies for Long Term Dispensing but the plan member is in the stabilization period, the claim will adjudicate and the following 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 drug product, you will receive the response code of "87 – Exceeds max # of prof fees for this drug" for days' supply less than 90 days and the plan member will be responsible for paying the dispensing fee.

continued next page

PHARMACY BENEFACT

continued from previous page

Long Term Dispensing applies to the following list of medications, to be reviewed on an annual basis:

Antiarthritic DMARDs	Hormone replacement therapy	Cardiac drugs – Antilipidemic agents
Anticoagulants	Thyroid agents	Medications for Osteoporosis
Anticonvulsants	Prescription vitamins	Antiparkinsonian agents
Antidiabetic agents	Medications for Alzheimers Disease	Medications for overactive bladder
Antihypertensive agents	Antiasthmatics	Antidepressants
Contraceptives	Medications for COPD	Antiglaucoma agents
Digitalis and Digitalis Glycosides, also known as Cardiotonic agents	Medications for BPH	Antigout agents
	Cardiac drugs – Antiangina agents	

Our clinical pharmacists have reviewed each drug in these categories to ensure we have not included any drugs that are not generally dispensed in a maintenance supply. Where a product within the class is not considered maintenance, these products are excluded. Some examples of excluded products are tricyclic antidepressants, salbutamol inhalers and emergency contraceptives.

There are some clinical situations where an intervention code may be used as follows:

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. Refills or new prescriptions when prescribed or dispensed in accordance with a court order.	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

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Pharmacy Services Provider Relations contact centre representative at

780-498-8370 (Edmonton and area)
403-294-4041 (Calgary and area)
1-800-361-9632 (toll free)
FAX 780-498-8406 (Edmonton and area)
FAX 1-877-305-9911 (toll free)

Alberta Blue Cross offers online access to current Pharmacy Benefacts and supplemental claiming information to assist with the submission of your direct bill drug claims.

Visit ab.bluecross.ca/providers/pharmacy-home.php



**The Blue Cross symbol and name are registered marks of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross plans. Licensed to ABC Benefits Corporation for use in operating the Alberta Blue Cross Plan. *+ Blue Shield is a registered trade-mark of the Blue Cross Blue Shield Association. ABC 82320.964 2021/06