



In this issue

Emergis Trial and Maintenance Programs-voluntary programs

page 1

Limited use drugs for Ontario seniors with private drug plan coverage

page 2

Update on hydrocortisone compounds

page 2

Duplicate therapy warnings/rejects

page 3

Deferred drug cards

page 3

Did you remember to inform us if there was a recent change in your pharmacy?

page 3

Relationship code and date of birth

page 4

The Assure™ card

page 4

Examples of Drug Classes Included in Emergis' Trial Program:

Angiotensin-Converting Enzyme (ACE) Inhibitors

Angiotensin II Receptor Blockers

Beta Blockers

Calcium Channel Blockers

Lipid Lowering Agents

Proton Pump Inhibitors



Pharmacy UPDATE

EMERGIS TRIAL AND MAINTENANCE PROGRAMS – VOLUNTARY PROGRAMS



The Emergis Trial and Maintenance Programs are available options for employers to select for their employee drug plans. These programs can be used independently or in combination and they are voluntary.

Trial Program

The Trial Program is a *voluntary* program designed to promote the dispensing of smaller quantities of new prescription drugs that have a high incidence of side effects. This prevents waste if the medication is not tolerated.

Procedure for Trial Program

1. For drugs eligible under the Trial Program, you will receive the message "INVALID DAYS SUPPLY – TRIAL DRUG PROGRAM."
2. Ask the patient if they would like to participate in the Trial Program. **If the patient refuses, use the override code UG.** If the patient accepts, you can resubmit a 7-day supply of the medication.
3. Contact the patient after 5 or 6 days to determine if the drug is effective and tolerated.
4. If the drug is tolerated, the balance of the prescription can be filled and the pharmacy is eligible to receive a second dispensing fee.
5. If the drug is not tolerated, you may choose to contact the prescribing physician to request an alternative therapy.
6. You can submit a claim for the alternative therapy, which may also be subject to the Trial Program.
7. If no alternative therapy is prescribed after consultation with the prescribing physician, you may be eligible to receive an \$8.00 cognitive fee. The cognitive fee can be billed to Emergis using PIN number 19000001.

Maintenance Program

The Maintenance Program is a *voluntary* program designed to encourage the dispensing of a larger days supply to patients who are taking a medication for a long duration.

Procedure for Maintenance Program

For Maintenance Drugs:

For patients on this program, some claims will get the warning message "DRUG ELIGIBLE FOR 100 DAY MAINT QUANTITY." This is to encourage patients to get a larger drug supply for medications intended for treatment of a chronic condition. You may need to contact the physician for authorization to dispense a 100-day supply of the medication.

For Acute Drugs:

1. When you submit a claim, it will be rejected with the message "RESUBMIT ONE MONTH SUPPLY."
2. Ask the patient if they would like to participate in the Maintenance Program.
If the patient refuses, use the override code UG. This will allow the claim to be processed; however, it is still subject to any days supply limitations (e.g., 34 days) set by the employer.
3. If the patient accepts, you must adjust the drug quantity and days supply and resubmit the claim with a 30-day supply.
4. After three consecutive one-month prescriptions, the patient will be eligible to receive a three-month supply. When filling the third one-month supply, you will be prompted with the message "SUBMIT 3 MONTHS NEXT."
5. The rejection message "RESUBMIT 3 MONTH SUPPLY" will appear when you fill the fourth prescription for a 30-day supply.
6. You may need to contact the doctor to increase the days supply. Upon receiving approval from the physician, adjust the drug quantity and days supply and resubmit the claim for three months. The pharmacy may be eligible to receive an \$8.00 cognitive fee. The cognitive fee can be billed to Emergis using PIN number 999072.

Combined Trial and Maintenance Programs

Procedure for Combined Trial and Maintenance Programs

1. The Trial Program takes precedence over the Maintenance Program.
2. Follow the steps as described in the Trial Program.
3. When you submit the balance of the prescription, the days supply cannot exceed 34 days. **Caution:** If a claim with a days supply greater than 34 days is submitted, the drug cost will be cut back to the cost of a 34-day supply, and the system will return a message notifying you of the adjustment.
4. The balance of the original prescription will be included in the Maintenance Program steps.
5. Follow the steps for the Maintenance Program.

The Trial and Maintenance Programs are dynamic programs. Emergis may add or remove drugs from the program or change the clinical protocols when deemed necessary.

If for any reason the patient chooses not to participate in these voluntary programs, or if you feel it is appropriate to override the programs, the following codes may be used:

UG Consulted patient – dispensed as written
MG Override – various reasons
MV Override – vacation supply

For audit purposes, Emergis requires that the pharmacy document all relevant details about the prescription to support the selection of overrides and the submission of claims for cognitive fees.

LIMITED USE DRUGS FOR ONTARIO SENIORS WITH PRIVATE DRUG PLAN COVERAGE



Similar to regular benefits under the Ontario Drug Benefit (ODB) Program, eligible claims for Limited Use (LU) drugs should be submitted to the public plan before they are submitted to private plans. Please ensure that seniors covered under ODB meeting the LU criteria have their claims submitted to the public plan before coordination with the patient's private plan. In cases where the patient does not meet the specific ODB criteria for LU drug coverage, the claim may be submitted to the private plan as first payer.

UPDATE ON HYDROCORTISONE COMPOUNDS

Please note it is Emergis' policy that a compound will not be covered if it mimics a commercially available product. However, if the commercially available product is temporarily out of stock, exceptions may be granted to allow for the compounding of the product until the commercially available product is available.

Due to the discontinuation of Cortate® 1% cream, we have allowed for compounding of 1% hydrocortisone cream to date. As a reminder, the commercial product Emo-Cort® 1% cream is available from wholesalers.

Effective March 1, 2006, the following compounds will no longer be eligible under any Emergis plans:
1% hydrocortisone powder in Glaxal® base or Schering® base or Derma® Base or Technibase®

For the majority of our policies, pharmacies will receive a **warning** message on potential duplicate therapies. For example, this may occur with a patient requiring several strengths of levothyroxine or warfarin, or different dosage forms of corticosteroids (oral, inhaled, etc.). Note that some policies may have selected to **reject** claims that are potential duplicate therapies. If the therapy is appropriate, you may override the reject code with the most appropriate intervention code from the list to the right.

DUPLICATE THERAPY WARNINGS/REJECTS

- UA – Consulted prescriber and filled Rx as written**
- UB – Consulted prescriber and changed dose**
- UC – Consulted prescriber and changed instructions for use**
- UD – Consulted prescriber and changed drug**
- UE – Consulted prescriber and changed quantity**
- UF – Patient gave adequate explanation. Rx filled as written**
- UG – Consulted patient. Rx filled as written**
- UI – Consulted other source. Rx filled as written**
- UJ – Consulted other sources. Altered Rx and filled**
- UN – Assessed patient. Therapy is appropriate**

DEFERRED DRUG CARDS



A pay-direct drug plan and a deferred drug plan work in a similar manner. With a deferred plan, the claim information is transmitted to Emergis for adjudication and the pharmacist receives the real-time adjudication result. The difference between pay-direct and deferred is how the claim is paid. For pay-direct, the patient pays only the deductible and coinsurance amounts (if applicable). For deferred, the patient pays the full amount of the drug claim at the pharmacy. The amount eligible under their plan will be reimbursed directly to the patient and may be less than the actual cost of the prescription because of deductible and coinsurance amounts. Note that for a deferred plan, the adjudication process will indicate the anticipated reimbursement to the patient.

DID YOU REMEMBER TO INFORM US IF THERE WAS A RECENT CHANGE IN YOUR PHARMACY?

Whenever a pharmacy makes a change in any of the categories listed below, the designated pharmacy manager must inform Emergis so we can update your provider profile. Please follow the instructions on how to notify us.

You can now complete a simple **change request form** to notify us. This form must be used for all changes except a change in designated pharmacy manager, a change in legal name, or a change in ownership.

Types of Pharmacy Changes:

- Change in pharmacy contact information such as address, phone number, fax number, or e-mail address (see Instruction A)
- Change in dispensing fee (see Instruction A)
- Change in payment option (see Instruction A)
- Change in bank account (see Instruction A)
- Change in designated pharmacy manager only (see Instruction B)
- Change in legal name (see Instruction C)
- Change in ownership (see Instruction C)

Instruction A: Please complete the Pharmacy Provider Change Request Form and send it to Provider Services. The form can be accessed on-line at www.emergis.com/pharmacysupport. Just click on the Pharmacy Provider Change Request Form link in the Pharmacy Support Tools section. You can also call the Emergis Pharmacy Support Centre at 1 800 668-1608 to request that a form be faxed to you.

Instruction B: For a change in the designated pharmacy manager only and no other changes, please complete pages 1 and 2 of the Pharmacy Provider Agreement and fax it to 1 866 399-4599.

Instruction C: For a change in legal name or a change in pharmacy ownership, please contact the Emergis Pharmacy Support Centre to request a new Pharmacy Provider Agreement. Emergis will issue a new provider number to you upon receipt of the signed new agreement.



COMMENTS AND QUESTIONS

If you have any comments or questions about the content in this issue, please **fax** your feedback to **905 602-7343** or e-mail it to pharmacy.services@emergis.com.

EMERGIS PHARMACY SUPPORT CENTRE
1 800 668-1608

Monday to Friday: 8 a.m. – midnight ET
 Saturday and Sunday: 9 a.m. – 8 p.m. ET
 Public Holidays: noon – 8 p.m. ET
 Eastern Time (ET)

Why is it important to inform us about any changes?

Your pharmacy provider number is directly linked to your provider profile. In order to ensure you are paid properly and according to the payment instruction you have given us, you must provide us with the most current information. A change in any of the above categories may impact you financially.

If the pharmacy profile change includes a change of bank account, please verify that the proper payment has gone into your new account the day after the effective date of your account change. If there are any discrepancies, please contact the Emergis Pharmacy Support Centre immediately.

RELATIONSHIP CODE AND DATE OF BIRTH

The correct date of birth and relationship code are both important to the on-line claim adjudication process. The proper relationship code allows Emergis to validate claims and apply the Health Assure™ Drug Utilization Review.

The name on the Assure™ card may be the name of the employee, their spouse or a dependent child. It is important to determine whether the person named on the card is the employee or a dependent in order to select the correct relationship code when submitting claims.

The ages at which benefits cease for a dependent child (i.e., 18, 19, 21 or 25) vary for cardholders with family coverage. If the dependent is in full-time attendance at an accredited school, college or university and has been approved for coverage, then their coverage would be continued until they reach the maximum age as determined for overage dependents.

THE ASSURE™ CARD

Each Assure™ card has a unique 20-digit cardholder number. This number must be entered correctly to process the claim.

- The first 2 digits (carrier ID) are the numbers assigned to the insurance carrier.
- The next 6 digits represent the group (employer) or policy number.
- The next 10 digits represent the employee's certificate number.
- The last 2 digits are the issue number (usually 01 or 02), which is a security feature in case the card is lost or stolen. **Some** pharmacy software applications require the issue number to be keyed in at the end of the 10-digit certificate number (see example below). Please note the issue number may be entered differently depending on your pharmacy's software.

ABC COMPANY LIMITED

Carrier	Group	Certificate	Issue
12	345678	0123456789	01
Employee Name			

Assure™ is an Emergis Inc. solution

Example

Certificate number:
012345678901

Many employers previously used employees' social insurance numbers (SIN) as the employees' certification number. Since the introduction of the Personal Information Protection and Electronic Documents Act (PIPEDA), many employers have stopped using SIN numbers. If you receive the message "Card terminated" please ask your patient if they have a new card as the certificate number may have changed.