Express Scripts Canada’s Website

Express Scripts Canada is pleased to support pharmacy professionals across Canada. Want to avoid a call? Why not visit our website first?

Express Scripts Canada Website (www.express-scripts.ca)

Our Clients

Please ensure that your files are current with the appropriate Carrier ID and Member/Patient ID information.

The following resources are available to you on the Express Scripts Canada Website (www.express-scripts.ca):

- Client List
- Drug Utilization Review (DUR)
- Frequently Asked Questions (FAQs)
- Modification to Pharmacy Provider Information Form
- Pharmacy Claims
- Pharmacy Provider Information Form
- Pharmacy Provider Manual
- Prior Authorization Request Forms

Provider Call Centre

Provider Inquiries ONLY
1-800-563-3274

Please have your Provider Number readily available.

Pharmacy Claims
Mail manual claims to:
Express Scripts Canada
5770 Hurontario Street, 10th Floor,
Mississauga, ON L5R 3G5

Pharmacy Extended Hours
Tuesday to Friday:
7:00 a.m. to 12:00 a.m. Eastern Time
Saturday, Sunday and Statutory Holidays:
8:00 a.m. to 12:00 a.m. Eastern Time

Pharmacy Provider Agreements
Fax Completed Pharmacy Provider Agreement to:
NEW Toll Free Fax No.: 1-855-622-0669

Other Correspondence
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Express Scripts Canada
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**REMINDEERS**

**Step Therapy Program**

The automated Step Therapy Program was recently rolled out by Manulife Financial for select clients and came into effect on May 1, 2013 across Canada, excluding Quebec.

The automated Step Therapy Program encourages the use of lower-cost, therapeutic alternatives (Step 1 drugs) before stepping up to the more costly Step 2 or Step 3 drugs, when appropriate.

Following adjudication by Express Scripts Canada, if the drug submitted is part of the automated Step Therapy Program, the pharmacy will receive a standard Canadian Pharmacists Association (CPhA) response code (list of response codes are noted in the Pharmacy Provider Manual).

Note: Claims processed using these overrides may be subject to audit to ensure appropriate use of the CPhA Intervention codes.

A Step Therapy cognitive fee may be eligible when the pharmacist has been successful in switching a prescribed drug to a drug in a lower Step. The inclusion of paying cognitive fee is based on the Employers drug plan. To claim the cognitive fee, the pharmacy provider must submit a separate EDI claim with a Product Identification Number (PIN or pseudo-DIN) which is specific to the cognitive fee for a specific Step module. Express Scripts Canada may conduct a post claim review of the cognitive fee payment to verify the validity of the claim.

For further information related to the Step Therapy Program (i.e., pharmacy software responses, relevant PINs, etc.), please visit the Express Scripts Canada Website to access the Pharmacy Provider Manual which is located under the Health Care Providers tab at www.express-scripts.ca/health-care/pharmacy-provider-manual.

**Pharmacy Change of Ownership or New Registration**

When changing ownership or registering a new pharmacy, the pharmacy provider must advise Express Scripts Canada immediately, allowing adequate time (ten (10) business days) to make necessary changes/updates within the adjudication system.

Please submit a request letter including the active coordinates (i.e., phone number, fax number and/or e-mail), the effective date of the pharmacy and the reason for the request for registration (i.e., new pharmacy opening or ownership change, etc.) via fax to 1-855-622-0669.

The name of your insurance carrier (liability coverage for the pharmacy) is required when completing a Pharmacy Provider Agreement.

Note: A pharmacy provider must first register with Express Scripts Canada before submitting claims and use their Express Scripts Canada Provider Number for any Electronic Data Interchange (EDI) claim submissions. One Provider Number is assigned per location.

**Pharmacy Providers Belonging to a Chain/Banner**

If your pharmacy is part of a chain/banner, be sure to indicate the store number on all communications (i.e., agreements, modification forms, etc.) with Express Scripts Canada.

**QUESTIONS & ANSWERS (Q&As)**

**What is the timeframe allowed to reverse a claim?**

Direct Payment Claims

The electronic transaction reversal must be performed within thirty (30) days of the dispensing date. After this time, a reversal request must be made by contacting the Express Scripts Canada Provider Call Centre (see the “Open Window Requests (Claim Resubmissions)” article found on the last page of this newsletter).

Deferred Payment Claims

The allotted delay for electronic claim reversals is different for every carrier. Once a claim is reversed, you can resubmit the claim electronically. Claims reversed after the allotted delay will be rejected.

Prescriptions not picked-up

If a member/patient requested a covered medication be prepared in advance and does not pick it up, the corresponding claim must be reversed.

If there is an ownership change at the pharmacy, claims must be reversed prior to the change in ownership effective date.

Reminder

When a deferred payment card is presented at the pharmacy, the CPhA message, “RC – PRESCRIPTION CANCELLED BY PHYSICIAN, QJ – DEFERRED PAYMENT – PATIENT TO PAY PHARMACIST” appears on the receipt and the following process applies:

- The member/patient or the dependant must pay the entire amount due to the pharmacy.
- The member/patient reimbursement will be made by direct deposit or cheque, as agreed upon with the carrier.
- The member/patient does not need to send their receipt to the insurance company.

If the claim is declined, the member/patient must pay for the claim and submit it manually, as well as:

- The pharmacy provider may contact the Express Scripts Canada Provider Call Centre for support.
- The member/patient may contact their Member Call Centre for support.

**Why must I enter both the Prescriber ID Number and Prescriber Reference Code when submitting claims?**

It is important that pharmacy providers enter a valid Prescriber ID Number with a valid Prescriber ID Reference in the corresponding designated fields. The Prescriber ID field is part of the CPhA Standard for all claims and must contain either the prescriber’s license number or the provincial/territorial billing number.

This field is a critical reference field, which will ultimately lead to optimal member/patient outcomes ensuring member/patient safety and compliance. Please remember that failure to submit the complete and accurate Prescriber ID Number could result in potential audit recovery.

**What should I do when I receive a warning message for potential Level 1 drug interactions?**

Warning messages are only sent to the pharmacy for potential Level 1 drug interactions (severe or life-threatening).
interactions). Express Scripts Canada’s adjudication system reviews the member/patient history and determines whether the first Covered Medication is still “active” based on the quantity dispensed and standard recommended dosage schedules.

Pharmacists have the ability to override Drug Utilization Review (DUR) rejections, but should only do so for a valid medical reason and when an intervention was performed. In such instances, the claim must be re-transmitted with the appropriate CPhA Intervention and Exception Code, as outlined in the table below:

<table>
<thead>
<tr>
<th>CPhA Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>UA</td>
<td>Consulted prescriber and filled Rx as written</td>
</tr>
<tr>
<td>UB</td>
<td>Consulted prescriber and changed dose</td>
</tr>
<tr>
<td>UC</td>
<td>Consulted prescriber and changed instructions for use</td>
</tr>
<tr>
<td>UD</td>
<td>Consulted prescriber and changed drug</td>
</tr>
<tr>
<td>UE</td>
<td>Consulted prescriber and changed quantity</td>
</tr>
<tr>
<td>UF</td>
<td>Patient gave adequate explanation and Rx filled as written</td>
</tr>
<tr>
<td>UG</td>
<td>Cautioned patient and Rx filled as written</td>
</tr>
<tr>
<td>UI</td>
<td>Consulted other source and Rx filled as written</td>
</tr>
<tr>
<td>UJ</td>
<td>Consulted other sources, altered Rx and filled</td>
</tr>
<tr>
<td>UN</td>
<td>Assessed patient, therapy is appropriate</td>
</tr>
</tbody>
</table>

Please document the reason for the intervention performed, the intervening pharmacist’s name along with all other relevant information for audit purposes and use one of the codes listed above when resubmitting the claim.

I entered a DIN number yesterday and it was accepted. I entered the same DIN number today for a different quantity for the same member/patient and it was refused. What should I do?

If a claim with the same DIN or Rx Number was submitted for the member/patient in the last three (3) days of the dispensing date, the claim is rejected because it will be deemed a duplicate payment or duplicate claim.

Please verify that the dispensing date on the claim is not within three (3) days of a previous claim for the same DIN. Please contact the Express Scripts Canada Provider Call Centre if rejection code “A3” has been overridden and the claim must be reversed. If there has been a dosage change within the three-day period, the member/patient will have to submit the claim manually to their insurance carrier for reimbursement.

A member/patient is going on vacation and they need a supply, what are the options?

Extended supplies may be allowed for members/patients traveling outside of their province of residence, for a greater period of time than the allowed day’s supply under the member’s/patient’s drug benefit plan.

In order for this kind of claim to be adjudicated electronically, members/patients must seek prior authorization from the insurance company through their Benefits Administrator. Otherwise, depending on the plan limitations of the drug benefit plan, the member/patient may have to pay for the entire prescription or for the portion of the prescription that exceeds the allowable day’s supply and submit the claim and receipts manually for reimbursement. The appropriate quantity must be entered in the day’s supply field as per the directions found on the prescription. These are not to be altered to bypass a rejection (i.e., Malarone, Mefloquine, Vaccines, etc.).

The use of any Intervention Code to override a “DM – Days supply exceeds plan limit” online message in such instances is not acceptable according to CPhA standards and could result in potential audit recovery.

The use of any Intervention Code to override an “MW – duplicate drug” or “MY – duplicate drug/other pharmacy” is not acceptable according to CPhA standards and could result in potential audit recovery.

What types of generic substitution plans are offered?

Some drug benefit plans encourage generic substitution by offering better coverage for generics. The generic substitution options can be included in a drug benefit plan when the drugs in question are considered multi-source (brand and equivalent generic drugs are available).

Two options are available for generic substitution.

1) **Standard Generic Substitution**

Where a claim for a brand name drug is paid based on the lowest cost interchangeable drug (typically the generic). In this option, the drug benefit plan will pay for the brand drug if the prescription meets the provincial regulation (e.g. in Ontario the prescribing physician has indicated in hand writing “Dispense as Written” or “No Substitution” on the prescription).

2) **Mandatory Generic Substitution**

This option is the same as the Standard Generic Substitution with the exception that, regardless of the prescribing physician’s written indication for “Dispense as Written” or “No Substitution” on the prescription, the drug benefit plan will only cover an amount corresponding to the lowest cost interchangeable drug.

As indicated in the CPhA Standard, the Product Selection Code 1 is used to indicate the reason for “No Substitution” or let you indicate another reason to explain the product being dispensed.

How are temporary generic drug product shortages handled in Express Scripts Canada’s database?

To minimize impact to pharmacy providers and members/patients, Express Scripts Canada has encouraged manufacturers to notify us about generic product shortages so that its pricing database can be updated on a timely basis for the brand name product. To supplement this process, providers can also notify Express Scripts Canada about product shortages if all generic interchangeable products are unavailable. Please contact the Provider Call Centre with the information.

Will my compound be covered?

To be covered, extemporaneous preparations (“compounds”) must not duplicate the formulation of a commercially manufactured drug product. In addition, at least one of the active ingredients of the compound must be covered under the member’s/patient’s drug benefit plan. The list of pseudo DINs corresponding to the chemicals used for compounding can be obtained by contacting the Express Scripts Canada Provider Call Centre.

When submitting a claim for a compound, please use the appropriate compound code. The possible unlisted compound code...
codes as per the CPhA Standard that your system must use are shown in the table below:

<table>
<thead>
<tr>
<th>Compound Codes</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Topical cream</td>
<td>5 = Internal powder</td>
</tr>
<tr>
<td>1 = Topical ointment</td>
<td>6 = Injection or Infusion</td>
</tr>
<tr>
<td>2 = External lotion</td>
<td>7 = Ear/eye drop</td>
</tr>
<tr>
<td>3 = Internal use liquid</td>
<td>8 = Suppository</td>
</tr>
<tr>
<td>4 = External powder</td>
<td>9 = Other</td>
</tr>
</tbody>
</table>

When a member/patient is covered under two drug benefit plans and one is a provincial drug plan, does it matter who I submit the claim to first?

Yes, you must first submit the claim to the Provincial Drug Plan (unless it is the payer of last resort). The remaining amount must be submitted with the CPhA Standard Intervention Code “DA” to Express Scripts Canada for adjudication by the second payer (the member’s/patient’s private drug benefit plan). This ensures that the member/patient benefits from all possible coverage.

**Coordination of Benefits (COB) Reminders**

When entering the claim in your computer system, you must ensure that the right order of payment is indicated as determined by plan design. This is done by entering one of the two Intervention Codes (“DA” or “DB”) in your system when you submit a claim with COB. These codes ensure that the claim is adjudicated as determined by the plan design, in accordance with the CPhA standards. It is extremely important that the claims you enter in your system are submitted in the right order and with the appropriate code.

<table>
<thead>
<tr>
<th>CPhA Intervention Code</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>“DA” (provincial COB)</td>
<td>Must be submitted to the secondary plan when first payer is a Provincial Plan.</td>
</tr>
<tr>
<td>“DB” (coordination between two private plans)</td>
<td>Must be submitted to the secondary plan when first payer is a private plan. The amount paid by the primary plan must be indicated in the Previously Paid field.</td>
</tr>
</tbody>
</table>

**Billing COB Guidelines**

The “DB” Intervention Code **cannot** be used when:

- The first plan is rejecting because of an early refill.
- The first plan is terminated.
- The claim is a manual submission.
- The claim requires Prior/Special Authorization.
- The claim is a deferred payment (member/patient to pay Pharmacist).

The “DB” Intervention Code also **cannot** be used when there are any types of errors on the first plan (i.e. Date of Birth, Group No., no record of recipient, must enroll in a Provincial Plan, etc.).

If Express Scripts Canada is billed as primary payer and a “C6” rejection message (member/patient has other coverage) is received, please do **not** proceed with a “DB” Intervention Code. Have the member/patient pay and submit manually in accordance with CPhA standards. **Failure to do so will result in a reversal of the claim.**

**Note:** All claims covered by a provincial workers compensation plan must not be coordinated with a “DB” Intervention Code to Express Scripts Canada as these claims are explicitly excluded from coverage by all private plans. The member/patient is responsible for any remaining balance.

**WARNING**

Where the pharmacy software automatically transmits the COB codes, the pharmacist must ensure that adjudication to the primary plan was successful. If this is not the case, the pharmacist must reverse the claim, as per CPhA standards. **Failure to follow this process will result in a reversal of the claim by Express Scripts Canada’s Business Integrity department.**

**What is the process for submitting Methadone claims?**

All Methadone claims should be submitted to Express Scripts Canada without a compound code. The claim must indicate the number of day’s supply and the number of milligrams of methadone as the quantity and not the number of millilitres of solution. You must use one of the following four pseudo DINs: 00908835, 09850619, 0907561, or 00002773.

In order to streamline your claim submission process for methadone claims, please note these additional important guidelines:

Express Scripts Canada **does not** reimburse an additional compounding fee above and beyond your Usual and Customary (U&C) Fee (this excludes the province of Newfoundland).

- Express Scripts Canada drug plans do allow a U&C fee for any witnessed dose.
- Carries: One fee is allowed for the witnessed dose and one fee for the group of carries.
- Weekly billings: Please process as provincial legislation allows (i.e., All seven (7) claims billed at once).

**Note:** Pharmacy software should be set up in accordance with Express Scripts Canada’s terms for methadone claim payment to facilitate claim submission.

**Open Window Requests (Claim Resubmissions)**

Pharmacy providers wishing to reverse and/or resubmit claims after 30 days of the original claim submission date must contact the Provider Call Centre for an “open window”. ESC will open the window to allow the pharmacy provider to resubmit the POS claim.