

INTERIM FEDERAL HEALTH PROGRAM

IMPORTANT INFORMATION FOR PRESCRIBING PROFESSIONALS AND PHARMACISTS REGARDING CHANGES IN FORMULARY

This notice is to inform you that effective January 17, 2011, prescription drug coverage for IFHP recipients was adjusted to match the formulary of the respective Provincial/Territorial (P/T) drug benefit program for social assistance recipients, with a few exceptions to address the specific needs of IFHP recipients. The move from a dedicated IFHP formulary to align with P/T coverage was made to ensure the availability of covered drugs in all jurisdictions and to maintain continuity of care for recipients transitioning to P/T health insurance plans.

We recommend you **USE THE FOLLOWING PROCEDURE** when prescribing medication for IFHP clients:

1. Consult the formulary in place for the drug benefit program in your province/territory;
2. Consult the IFHP Drug Benefit List, soon to be published on the Medavie Blue Cross website, which lists the drugs not uniformly available on P/T formularies that treat conditions to which IFHP recipients may have been exposed prior to arrival in Canada, such as malaria and parasites;
3. Ensure the drug you are prescribing is covered under either the P/T drug benefit program, or the IFHP Drug Benefit List;
4. Ensure the drug you are prescribing is a lowest cost generic drug or equivalent cost alternative;
5. If prior approval by Medavie Blue Cross is required, initiate the prior approval or provide the necessary information to obtain the prior-approval with the prescription.

Following this procedure will ensure medications and other pharmacy services you prescribe are eligible benefits. **IFHP recipients cannot claim reimbursement** should the claim be rejected at the pharmacy.

PRIOR APPROVAL IS REQUIRED:

- for drugs listed as Restricted Use, Limited Use, Exceptional Status or Special Authorization drugs in P/T public drug benefit program formularies, using the same criteria as provided in the relevant P/T drug program, unless IFHP has excluded the drug from the prior approval requirement by virtue of its inclusion on the IFHP Drug Benefit List.
- for drugs previously included in the IFHP formulary that are not listed in the P/T drug benefit plan formulary when prescribed to continue a treatment course that started prior to January 17, 2011. **Please note** that, in such instances, IFHP will continue to cover the drug for that client for the full course of treatment to avoid ill effects from interruption or change in the treatment.
- for prescriptions bearing a notification from the prescriber that no substitutions are allowed where the drug prescribed is not a lowest cost generic drug or equivalent cost alternative. The request must include a justification for the “No substitution” stipulation.
- for all medications for which the actual acquisition cost of the pharmacist, i.e. the amount paid for the format dispensed, is higher than the amount reimbursed by the IFHP (excluding fees). The submission must include an invoice corroborating the actual acquisition cost and a justification for the dispensing of that format, based on considerations of available formats, prescribed dosage, shelf life of the medication, etc.

For all other drugs listed as a regular benefit in P/T formularies prior approval is **NOT** required and a reimbursement claim may be submitted immediately after the service has been rendered.



Prior approval requests for pharmaceutical services must be sent directly to Medavie Blue Cross:

- electronically through the secure Provider portal at <https://provider.medavie.bluecross.ca> using the Electronic Claims Submission Service, which is available 24 hours per day, 7 days per week;
- by mail;
- by fax at 506-867-3824; or
- by calling the Medavie Blue Cross Contact Centre at 1-888-614-1880.

Provincial/Territorial formularies can be accessed through the following websites*:

Alberta: http://www.health.alberta.ca/AHCIP/drug-benefit-list.html	British Columbia: http://www.health.gov.bc.ca/pharmacare/benefitslookup/faces/Search.jsp
Manitoba: http://www.gov.mb.ca/health/mdbif/index.html	New Brunswick: http://www.gnb.ca/0212/NBPDPFormulary-e.asp
Newfoundland: http://www.health.gov.nl.ca/health/prescription/covered.html	Northwest Territories: Follows the NIHB formulary http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/pharma-prod/med-list/index-eng.php
Nova Scotia: http://www.gov.ns.ca/health/Pharmacare/formulary.asp	Nunavut: Follows the NIHB formulary http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/pharma-prod/med-list/index-eng.php
Ontario: http://www.health.gov.on.ca/english/providers/program/drugs/edition_41.html	Prince Edward Island: http://healthpei.ca/formulary
Quebec: http://www.ramq.gouv.qc.ca/en/citoyens/assurancesmedicaments/index.shtml	Saskatchewan: http://formulary.drugplan.health.gov.sk.ca/
Yukon: http://www.hss.gov.yk.ca/pharmacare.php	

* as of February 7, 2011

As a reminder, please note **the timeframe for submission of reimbursement claims** to Medavie Blue Cross:

Electronic claims must be submitted:

- Medical claims (with the exception of vision) – **within thirty-five (35) days** of date of service.
- Vision claims – **within ten (10) days** of date of service.
- Dental claims through CDAnet/DACnet – **within thirty (30) days** of date of service.
- Pharmacy claims through POS system – **within three (3) months** of date of service.

Hours of operation for the Electronic Claims Submission Service are between 7 a.m. and 12 a.m. (Atlantic Time), seven (7) days per week.

Paper claims must be submitted **within six (6) months** from the date of service.

If you have any questions regarding this change in how the IFHP prescription drug program is administered, please visit the Medavie Blue Cross website at <https://provider.medavie.bluecross.ca/> or call the Medavie Blue Cross Contact Centre at 1-888-614-1880.