

TELUS Health Solutions Pharmacy Reference Guide

TELUS Health Solutions Web Site

For the most up-to-date pharmacy support information, please check online at: www.telushealth.com/pharmacysupport.

Look for many useful tools on the website:

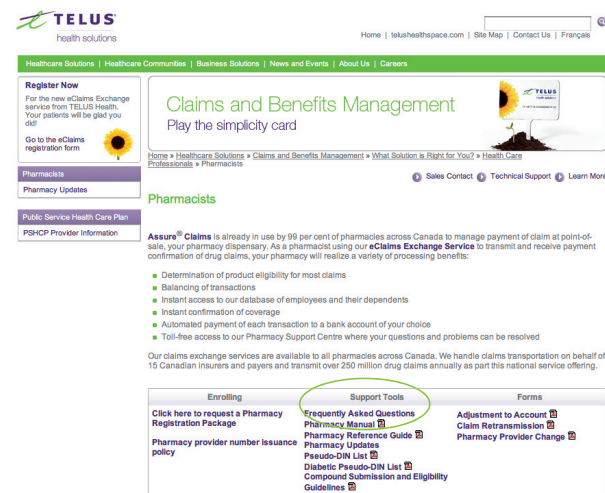
- Pharmacy Manual
- Pharmacy Updates
- Pseudo-DIN List
- Diabetic Pseudo-DIN List
- Compound Submission and Eligibility Guidelines

Some frequently used forms available on this Web Site include:

Pharmacy Provider Change Request – to make a change to your store contact information, dispensing fee, payment option or banking information.

Adjustment to Account Request – to reverse a prescription claim that is older than 90 days.

Request for Claim Re-transmission – to request that TELUS Health Solutions “open a window” for re-transmitting a claim online; these requests are reviewed on a case by case basis. To help expedite your request, please ensure the correct form is used, all sections are completed, and all required documentation is submitted with your request.



Note: The TELUS Health Solutions Pharmacy Manual and Pharmacy Updates form part of the Provider Agreement. The most current versions are available on our Web Site.

Carrier Number (Updated September 2010)

On the patient’s TELUS Health Solutions card, the first two digits of the Cardholder Identification Number identify the Carrier Number.

11 Great West Life	35 AGA
12 PSHCP	36 CCQ (Medic Constructions)
16 Sun Life Financial	37 Worksafe BC
17 BCE Group of Companies	40 Global
20 Standard Life	44 Johnston Group
22 Desjardins	49 WSIB
(Chamber of Commerce)	57 PBAS
29 Equitable Life	62 La Capitale
32 DA Townley	80 eSampling

Relationship Code And Date Of Birth

If you get a message “Invalid date of Birth”, please confirm the date of birth (DOB) with your patient and the relationship of the patient to the main cardholder.

The name on the TELUS Health Solutions card may be the name of the employee, a spouse or 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.

Relationship Codes*

Employee (primary cardholder)	01
Spouse	02
Dependent child	03
Overage dependent child	04
Overage disabled dependent child	05

* Relationship codes may vary depending on pharmacy software.

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 coverage would be continued until he/she reaches the maximum age as determined for overage dependents.

(Detailed procedures on processing claims for Incorrect DOB are explained in the TELUS Health Solutions Pharmacy Manual.)

What Causes A DUR (Drug Utilization Review) Warning/Reject?

For the majority of our policies, pharmacies will receive a warning message on potential duplicate therapies/drug Interaction. Please note that some policies may have selected to reject claims that require a drug utilization review.

Duplicate Therapy

This DUR indicates that 2 or more of the same classification of drug have been historically prescribed and may still be active in the patient’s body. This could result in a drug concentration higher or lower than the prescriber had intended.

Drug Interaction

This DUR cautions against possible adverse effects of 2 or more medications when taken together.

Only potentially harmful drug interactions (significance level 1) will reject payment of the claim and require the pharmacists to use their professional judgment based on patient specific factors. All other check results are sent to the pharmacist as text warning messages only.

If the therapy is appropriate, you may override the reject code with the most appropriate intervention code from the following list.

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	Cautioned 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.

Refill Too Soon

As per TELUS Health Solutions policy, at least two thirds of the previously dispensed medication must be depleted prior to a second supply being dispensed. Should there be a documented change in dosage on the second claim, the two thirds rule would no longer apply. If you obtain a "Refill Too Soon" message and your records indicate that the patient is eligible for their next refill, please contact the TELUS Health Solutions Pharmacy Support Centre prior to dispensing the second claim. It is possible that an identical prescription was dispensed at another pharmacy and should therefore not be dispensed again.

Compounds

Compounds are generally eligible if the primary active ingredient is covered under the patient's plan. Common reasons compounds are deemed ineligible include, but are not limited to, the following:

- A commercial product of the same strength is available for sale
- The primary ingredient is not covered under the patient's plan, such as
 - a) OTCs
 - b) Natural/Homeopathic products
 - c) Investigational
- The product is for cosmetic use
- The product contains an ineligible base/ingredient

If you have any questions about how to transmit a compound claim, or to determine compound eligibility, contact the TELUS Health Solutions Pharmacy Support Centre. For compound verification for a patient, you will be asked to provide ALL compound ingredients with their strength (if applicable). The agent may then provide you with a compound PIN for submission of your claim.

A copy of the up-to-date compound guidelines is available at the following link: http://telushealth.com/en/solutions/assure_claims/docs/Compound_Guidelines.pdf

DA, DB, DE Intervention Codes

"DA" and "DB" intervention codes are used for coordinating a claim between 2 payers (or drug plans). This is called coordination of benefits (COB).

- DA** = Secondary claim, first payer was a provincially sponsored plan.
- DB** = Secondary claim, first payer was a private plan.
- DE** = First payer was the Workers' Compensation Board of B.C., (Worksafe BC), but was adjudicated through Pharmacare for DUR.

Trial Program

The Trial Program is a voluntary program designed to promote dispensing smaller quantities of new prescription drugs that have a high incidence of side effects. This discourages 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 he/she would like to participate in the Trial Program. If the patient refuses, use the appropriate override code. If the patient accepts, you may resubmit a 7-day supply of the medication.
- 3.** Please 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 may 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 a cognitive fee. The cognitive fee can be billed to TELUS Health Solutions using PIN number 19000001.

Maintenance Program

The Maintenance Program is a voluntary program designed to encourage the dispensing of a larger day supply to patients who are taking a medication for a long duration. 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. Alternatively, some claims for acute drugs may be rejected with the message "RESUBMIT ONE MONTH SUPPLY." After three consecutive one-month prescriptions, the patient will be eligible to receive a three-month supply.

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 override code may be used.
MG Override – various reasons

For audit purposes, TELUS Health Solutions requires that the pharmacy document all relevant details about the prescription to support the selection of overrides.



TELUS Health Solutions Pharmacy Support Centre

Telephone: **1 800 668-1608**

Monday to Friday 8 a.m. – midnight (EST)
Saturday and Sunday 9 a.m. – 8 p.m. (EST)
Public Holidays Noon – 8 p.m. (EST)
Civic Holiday 9:00 a.m. to 8:00 p.m. (EST)
Eastern Time (EST)