

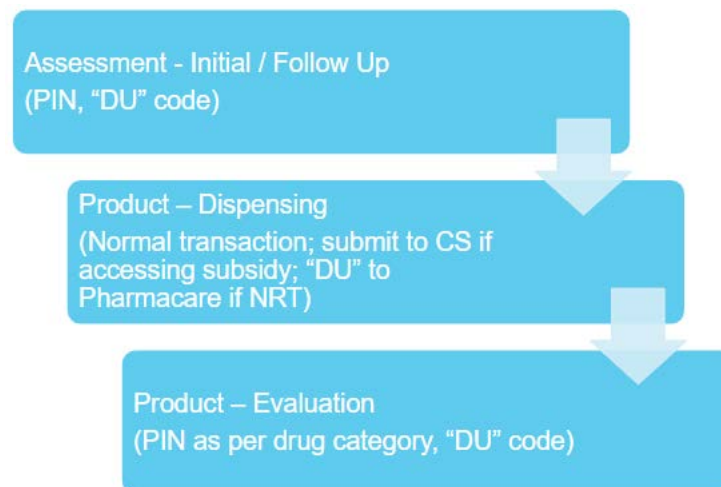


Quit Smoking With Your Manitoba Pharmacist Claims Submission Process Effective April 1, 2022

- This Claims Submission Procedure applies to community pharmacist assessment of patients for tobacco cessation as part of *Quit Smoking With Your Manitoba Pharmacist*, the pharmacist-led program for smoking cessation.
- Benefits under this program are available to all Manitoba residents who are age 18 years or older, with a valid Manitoba Health - Card, who smoke cigarettes, and who are willing to set a “quit date” within the next 30 days following an Initial Assessment
- Clients receiving benefits should not be charged any out-of-pocket costs for pharmacist assessments performed under this program. There is no requirement to meet a deductible or co-pay

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- 1) **Initial Assessment**
 - **PIN (00660001)**

Pharmacies may bill for one (1) Initial Assessment per eligible client per 365-day period. This 365-day period commences as of the date of the Initial Assessment. An Initial Assessment includes a health and medication history, tobacco use history, personalized quit plan, and prescribing of pharmacotherapy (where appropriate) and is expected to last up to 60 minutes in duration.

Pharmacies shall receive \$100 for each Initial Assessment billed under the program in accordance with the parameters described below.

To bill for an Initial Assessment, pharmacies shall submit a claim to DPIN as per below:

- Submit claim to DPIN for Drug Utilization only using Pseudo Identification Number (PIN) 00660001
 - Use Pharmacist 'X' license number in Prescriber ID field;
 - Enter a "DU" (Drug Utilization) intervention code;
 - If the claim is submitted for fiscal adjudication under Carriers 01 through 04, it will be rejected and the pharmacy will not be reimbursed for the service.
 - Indicate the quantity of the assessment as one (1);
 - Indicate the total days' supply as one (1);
 - Enter an ingredient cost of \$0.01; and
 - Enter a Professional Fee of \$100.00

Pharmacy will NOT see \$100.00 paid to them at time of on-line claim submission. Claims for PIN 00660001 will be tracked and reimbursed via cheque quarterly from Pharmacists Manitoba.

2) **Follow-Up Assessment**

- **PIN (00660002)**

Pharmacies may bill for up to nine (9) Follow-Up Assessments per eligible client per 365-day period. This 365-day period commences as of the date of each client's Initial Assessment. A Follow-Up Assessment determines a client's current tobacco use status, whether they have had any "slips" or "relapses" with respect to tobacco use since the previous appointment, assesses the efficacy, tolerability, and adherence to pharmacotherapy, assesses the status of any health-related side effects from tobacco use, and assesses for the presence and severity of nicotine withdrawal symptoms.

Pharmacies shall receive \$20 for each Follow-Up Assessment billed under the program in accordance with the parameters described below.

- Submit claim to DPIN for Drug Utilization only using Pseudo Identification Number (PIN) 00660002
 - Use Pharmacist 'X' license number in Prescriber ID field;
 - Enter a "DU" (Drug Utilization) intervention code;
 - If the claim is submitted for fiscal adjudication under Carriers 01 through 04, it will be rejected and the pharmacy will not be reimbursed for the service.
 - Indicate the quantity of the assessment as one (1);
 - Indicate the total days' supply as one (1);
 - Enter an ingredient cost of \$0.01; and
 - Enter a Professional Fee of \$20.00

Pharmacy will NOT see \$20.00 paid to them at time of on-line claim submission. Claims for PIN 00660001 will be tracked and reimbursed via cheque quarterly from Pharmacists Manitoba.

3) **Accuracy and Reversal of Assessment Claims Submissions**

- Failure to submit claims according to the procedures listed above will result in no reimbursement to the pharmacy for the allowable professional fee.

Assessment - Initial / Follow Up (PIN, “DU” code)

- Pharmacy operators will be reimbursed the amounts listed above regardless of usual & customary fees identified in Schedule A/B of their Pharmacy Agreement.
- If a claim is submitted and the assessment is not completed, the pharmacy must reverse the claim on-line within 28 days of claim date.
- If a claim is submitted, assessment is not completed, and not reversed within 28 days, the pharmacy must submit a reversal/adjustment form to Manitoba.

4) **Dispensing, including Product Subsidy**

All tobacco cessation pharmacotherapy provided to patients participating in this program shall be dispensed as a prescription, including any nicotine replacement therapy. This will ensure that pharmacotherapy used will be recorded for the purposes of program evaluation.

Dispensing claims should be submitted in pharmacy software as per normal practices. Nicotine replacement therapy, when submitted to DPIN, must include a “DU” (Drug Utilization) intervention code.

A \$100 subsidy to help offset out-of-pocket costs of eligible tobacco cessation pharmacotherapy is available for patients participating in *Quit Smoking With Your Manitoba Pharmacist*. Eligible products include “medication as approved by Health Canada or nicotine replacement therapy.” A list of eligible DINs/NPNs is provided as an Appendix below.

The subsidy may be used to cover costs of any Eligible Products, regardless of whether they were prescribed by a participating pharmacist or another authorized health professional.

The product subsidy will be adjudicated through patient assistance certificates provided by *ClaimSecure* and distributed by Pharmacists Manitoba. These certificates must:

- Only be used for patients participating in *Quit Smoking With Your Manitoba Pharmacist*;
- Only be used after all other coverages have been exhausted (“payor of last resort”), and;
- Not be used for products other than those eligible under this program.

Each participating pharmacy will receive an initial allotment of certificates. To receive additional certificates, participating pharmacies may email info@pharmacistsmb.ca and provide the following information:

- Name of pharmacy
- DPIN provider number
- Quantity of certificates requested

Pharmacies requesting additional certifications should allow at least one (1) business day to receive certificates. Pharmacies are asked to only request the quantity of certificates they expect to use within a reasonable period of time, such as the following four (4) weeks.

Product – Dispensing
(Normal transaction;
submit to CS if accessing
subsidy; “DU” to
Pharmacare if NRT)

5) **Administering the Product Subsidy**

ClaimSecure certificates shall be entered on the patient profile in pharmacy software in a similar manner as other third party payors, with specifications as detailed below:

1. Select CLAIMSECURE as the Third Party Payor
2. Enter the Certificate Number provided by Pharmacists Manitoba
3. Enter Group ID number
4. Ensure CARDHOLDER is selected as the Relationship Code
5. If the patient has an electronic primary plan (public or private), enter the Certificate Number as the LAST plan; if they have no coverage, enter it as the PRIMARY plan.
6. Claims for eligible smoking cessation products can now be processed as a normal drug transaction with the above card information.
7. Inactivate the Certificate once the \$100 subsidy has been exhausted.

Adjudication of the product subsidy shall occur in real-time and pharmacies shall be reimbursed according to their standard *ClaimSecure* payment schedule.

6) **Evaluation**

- PIN (00660003) Nicotine Gum
- PIN (00660004) Nicotine Patches
- PIN (00660005) Nicotine Lozenges
- PIN (00660006) Nicotine Inhalers
- PIN (00660007) Nicotine Spray
- PIN (00660008) Non-Drug and/or Off-Label Therapy
- PIN (00660010) Bupropion
- PIN (00660011) Varenicline

In support of Program Evaluation, a separate transaction is required any time eligible pharmacotherapy is dispensed for a patient participating in the program.

- Create a drug file/card titled “SIB Product Evaluation”
- Submit claim to DPIN for Drug Utilization only using Pseudo Identification Number (PIN) corresponding to the type of pharmacotherapy
 - Use Pharmacist ‘X’ license number in Prescriber ID field;

- Enter a “DU” (Drug Utilization) intervention code;
 - If the claim is submitted for fiscal adjudication under Carriers 01 through 04, it will be rejected;
- Indicate the quantity equal to the quantity of pharmacotherapy just dispensed;
 - See note below for scenarios where multiple types or strengths of pharmacotherapy are dispensed
- Indicate the total days’ supply as one (1);
- Enter an ingredient cost of \$0.00 (or \$0.01, if required by pharmacy software); and
- Enter a Professional Fee of \$0.00

Product – Evaluation
 (PIN as per drug
 category, “DU” code)

Multiple types of pharmacotherapy dispensed

If multiple *types* of pharmacotherapy are dispensed at the same time (e.g. nicotine patch + nicotine gum OR nicotine patch + varenicline), multiple SIB Product Evaluation claims must be submitted as per directions above.

Example: Pharmacist dispensed 42 x Nicotine patch 21mg AND 105 x Nicotine gum 4mg. SIB Product Evaluation claim should be submitted using PIN 00660004 and a quantity of 42 to reflect the nicotine patches. A separate SIB Product Evaluation claim should be submitted for the nicotine gum using PIN 00660003 and quantity 105.

Multiple *strengths* of *same type* of pharmacotherapy dispensed

If two separate claims of the *same type* of pharmacotherapy are dispensed at the same time (e.g. Nicotine patch 21mg + Nicotine patch 14mg), only *ONE* SIB Product Evaluation claim should be submitted. Quantity should equal the *SUM* of these claims.

Example: Pharmacist dispenses 14 x Nicotine patch 21mg AND 14 x Nicotine patch 14mg. The sum of these is $14 + 14 = 28$. The SIB Product Evaluation claim should be submitted using PIN 00660004 with a quantity of 28.

Non-Drug and/or Off-Label Therapy

If the patient indicates during either an Initial Assessment, a Follow-Up Assessment, or during any routine counselling that they are using either off-label treatment (e.g. nortriptyline, clonidine, cytisine) or non-drug interventions such as hypnosis or acupuncture, submit a claim as per the directions above using the PIN 00660008 and a quantity equal to one (1).

There is no financial adjudication or reimbursement for SIB Product Evaluation claims and no costs or dispensing fees should be associated.

Appendix A – List of Eligible Products for Product Subsidy

Eligible Products include “smoking cessation medication as approved by Health Canada or nicotine replacement therapy.” A list of all eligible DINs and NPNs is provided below and includes all strengths and brands currently available in Canada. Some NPNs may be distributed under more than one product name.

DIN	Drug	Form
1943057	Habitrol 7mg	Patch
1943065	Habitrol 14mg	Patch
1943073	Habitrol 21mg	Patch
2091933	Nicorette Gum 2mg	Gum
2091941	Nicorette Gum 4mg	Gum
2093111	Nicoderm 7mg	Patch
2093138	Nicoderm 14mg	Patch
2093146	Nicoderm 21mg	Patch
2238441	Zyban 150mg	Tablet
2241742	Nicorette Inhaler 4mg	Inhaler
2247347	Nicorette Mini Lozenge 2mg	Lozenge
2291177	Champix 0.5mg	Tablet
2291185	Champix 1mg	Tablet
2298309	Champix 0.5mg/1mg Starter Kit	Tablet
2419882	Apo Varenicline 0.5mg	Tablet
2419890	Apo-Varenicline 1mg	Tablet
2426226	Teva-Varenicline 0.5mg	Tablet
2426234	Teva-Varenicline 1mg	Tablet
2426781	Teva-Varenicline 0.5mg/1mg Starter Pk	Tablet
2435675	Apo-Varenicline 0.5mg/1mg Starter Pk	Tablet
80000396	Thrive Gum 2mg Mint	Gum
80000402	Thrive Gum 4mg Mint	Gum
80007461	Thrive Lozenge 1mg Mint	Lozenge
80007464	Thrive Lozenge 2mg Mint	Lozenge
80013549	Quit! Transdermal Nicotine Patch	Patch
80014250	Quit! Transdermal Nicotine Patch	Patch
80014321	Quit! Transdermal Nicotine Patch	Patch
80015240	ACT Nicotine Gum 2mg Fresh Fruit	Gum
80015253	Nic-Assist Gum 4mg	Gum
80016367	Nic-Assist Lozenges 4mg	Lozenge
80017666	LB Nicotine Lozenge Mini 2mg	Lozenge
80019267	Nic-Assist Lozenges 2mg	Lozenge

80019550	LB Nicotine Lozenge Mini 4mg	Lozenge
80025654	Nic-Hit Gum 4mg	Gum
80025660	Nic-Hit Gum 2mg	Gum
80038858	Nicorette Quick Mist 1mg	Spray
80044389	ACT Nicotine Patch 21mg	Patch
80044392	ACT Nicotine Patch 14mg	Patch
80044393	ACT Nicotine Patch 7mg	Patch
80051600	NicQuit 14mg Patch	Patch
80051602	NicQuit 7mg Patch	Patch
80051603	NicQuit 21mg Patch	Patch
80054636	Nic-Hit Liquid Nicotine Spray 1mg	Spray
80057879	Thrive Gum 4mg Spearmint	Gum
80057891	Thrive Gum 2mg Spearmint	Gum
80059877	Nic-Hit Mini-Lozenge 2mg	Lozenge
80060452	Nic-Hit Liquid Nicotine Spray 2mg	Spray
80061161	Nic-Hit Mini-Lozenge 1mg	Lozenge
80087764	LB Nicotine Lozenge 2mg	Lozenge
80087765	LB Nicotine Lozenge 4mg	Lozenge
80107752	LB Nicotine Spray 1mg	Spray
80110858	Nicorette Lozenge 2mg	Lozenge
80112095	Nicorette Lozenge 4mg	Lozenge