

3 **Claims Submission**

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3.2. Patients—Identification

[June 1, 2015: Updated to reflect the Information Management Regulation][October 1, 2017: Updated to reflect changes to ministry names]

General Policy Description

- New patients must be properly identified before a claim can be submitted.

Policy Details

- CPBC: Before creating a patient record, the pharmacist must take all reasonable steps to positively identify the patient, or the patient’s personal representative, in compliance with the College of Pharmacists of British Columbia (CPBC) guidelines and, for the management of patient protective words, the provincial government’s Office of the Chief Information Officer “[Evidence of Identity Standard](#).”

Please see Section 9.1, [Positive Identification of Patients](#) for full information on requirements.

- Before a pharmacist can fill a prescription for a new patient of the pharmacy, the pharmacist must enter the patient’s PHN and create a patient record on the local pharmacy system.

Procedures

For Pharmacists

Processing a Prescription for a New Patient

1. If the patient has a BC Services Card, or knows their PHN, go to step 4. Otherwise, go to Step 2.
2. Determine whether the patient has a Confirmation of Application for Medical Benefits form or other confirmation of assistance document from the Ministry of Social Development and Poverty Reduction.
3. If the patient has the necessary documentation, go [Section 7.4](#), Processing New Plan C Patients for detailed procedures. Otherwise, go to Step 4.
4. Search PharmaNet for the patient’s Personal Health Number (PHN) as described in [Searching for a PHN](#).
PharmaNet returns a list of potential matches.
5. If the search is unsuccessful but the patient states they do have a PHN, or if you cannot distinguish the correct PHN from multiple matches, go to [Searching for a PHN](#) for advanced search techniques.
6. If the search verifies that the patient does not have a PHN, assign a PHN according to the steps in [Assigning a PHN](#).
7. Complete the transaction as a normal claim.

3.3. Patients—Personal Health Numbers

[October 1, 2017: Updated to reflect changes to ministry names]

General Policy Description

In British Columbia, each patient needs a Personal Health Number (PHN) in order to access medical care, including prescription drugs.

Policy Details

PHN Requirements for Processing Prescriptions

- To process a prescription on PharmaNet, the patient's Personal Health Number (PHN) is required.

Pharmacist-assigned PHNs

- Every reasonable effort must be taken to obtain a patient's PHN. This includes asking the patient (or patient's relatives), searching local files, performing a name search on PharmaNet, and, if necessary, calling the prescribing physician and/or the PharmaNet Help Desk.
- If a pharmacist is certain that a patient does not have a PHN, they can assign one through PharmaNet.
- PHNs must be assigned only for the following types of patients:
 - newborns
 - non-residents of British Columbia
 - British Columbia residents who have never had BC Medical Services Plan (MSP) coverage.

Be cautious in assigning PHNs. Perform a thorough search on PharmaNet before concluding that a PHN does not exist.

- The creation of duplicate PHNs is a serious data integrity problem that may deprive patients of benefits and endanger their health (refer to [Multiple PHNs Assigned to One Patient](#)).
- If PharmaNet is offline, preventing you from performing a search or assigning a PHN, refer to Section 2.6, [Dealing with PharmaNet Network Outages, Dispensing Offline](#).

PHNs versus MSP coverage/PharmaCare eligibility

- To receive medical care (including prescription drugs) in British Columbia, every patient must have a PHN whether or not they are B.C. residents.
- However, having a PHN does not mean the patient is eligible for MSP or PharmaCare assistance. In particular, PHNs created by pharmacies do not entitle the patient to British Columbia medical coverage or PharmaCare assistance, and are treated in the same way as PHNs for out-of-province patients. Such prescriptions adjudicate to \$0.00.
- Any PHN assigned becomes the patient's permanent health identifier and is used by MSP and PharmaCare if the patient obtains assistance in the future.

- Prescriptions for a patient without MSP coverage adjudicate to \$0.00. That is, the patient's expenditures do not count toward the annual Fair PharmaCare deductible, even if they later register for Fair PharmaCare.
- Prescriptions for a patient who has MSP coverage but who has not registered for Fair PharmaCare also adjudicate to \$0.00. If, however, the patient registers for Fair PharmaCare before the end of the calendar year and submits a consent form within the requested timelines, the patient's expenditures for that year will count toward their Fair PharmaCare deductible.

Cancellation of residency status

- If a patient's MSP coverage is cancelled because they have taken up permanent residence outside of BC, they are ineligible for PharmaCare assistance, even if they have a PHN and still possess a BC Services Card. In all such cases, the patient's PharmaCare claims adjudicate to \$0.00 and they will have to pay in full.

Non-residents

- A patient does not have to be a British Columbia resident to receive a PHN. Visitors from another province or country who need to fill a prescription in BC must be assigned a PHN before the prescription can be dispensed.
- Before assigning a PHN for a non-resident, perform a name search to ensure that the patient has not been assigned a PHN at another pharmacy, during an earlier visit to British Columbia, or during a previous period of residency in the province.

Veterinary prescriptions

- PHNs must not be assigned to animals.
- When dispensing a prescription for an animal, use the PHN of the animal owner and the veterinarian's Veterinary Association ID number. This will not affect the pet owner's patient record or Drug Utilization Evaluation (DUE) results.

Non-patient supplies

- PHNs must not be assigned for stock transfers, office-use supplies or emergency supplies.
- PHNs must not be assigned to pharmacies, practitioners' offices, clinics or facilities.

Procedures

For Pharmacists

Searching for a PHN

- To process a prescription on PharmaNet, the patient must have a PHN.
- Every reasonable effort must be taken to obtain a patient's PHN. This includes asking the patient (or patient's relatives), searching local files, performing a name search on PharmaNet, and, if necessary, calling the prescribing physician and/or the PharmaNet Help Desk.

- Perform a patient name search on your local pharmacy system. If no matches are found, perform a search on PharmaNet to determine if a PHN exists.
- Refer to the procedure below or to the PHN Quick Reference Card (available from the PharmaNet Help Desk) when searching for a PHN on PharmaNet. Full size copies of the Reference Card can be obtained from the College of Pharmacists or the PharmaNet Help Desk.
- Any patient who is a resident of British Columbia and has enrolled in the Medical Services Plan (MSP) has a PHN. This means that a PHN exists on PharmaNet, and can be accessed by performing a search.
- A PHN may also exist for patients visiting from outside the province, either as a result of an earlier visit to the province, previous residency, or having had a prescription dispensed in British Columbia earlier in their current visit.
- Pharmacists should always attempt a PHN search themselves, before calling the PharmaNet Help Desk for assistance. The Help Desk cannot serve as the routine source of PHNs.

Performing a name search

1. Ask the patient for their BC Services Card, or if a relative, ask if they have the patient's card and/or know the PHN.

Proceed with the search only if they do not have a BC Services Card with them.

2. Confirm the patient's identity in accordance with the requirements set forth in [Section 9.1, Positive Identification of Patients](#).
3. Access PharmaNet and perform a Patient Name search (TPN transaction) using all of the patient information below:
 - full surname
 - full first name or first initial

Using only the first initial may return a list of potential matches.

- date of birth, and
 - gender.
4. If only one PHN is returned, verify it by cross-checking the patient's full name and address.
 5. Process the prescription as usual.
 - If the name search does not find the PHN, perform an advanced name search:
 - Check that the patient identification belongs to the patient for whom the prescription was written.
 - Ask if the patient has changed their last name, married or divorced.
 - Ask if the patient has a hyphenated name (e.g., with spouse's name).
 - Check for embedded spaces in the last name (e.g., van der Ham vs. Vanderham).
 - Search under the patient's first or second initial and surname.

Many patients appear under their initials only.

- Search under the patient’s full middle name.

Some patients use their middle name as their common name.

- Check whether the patient uses a nickname, which might begin with a different letter, and try variant spellings on the given name.

For example, Robert may be entered as Bob, Robbie, Bobby etc.; Chris may be Christopher, Christophe or even Krystof.

- Try closely related names (e.g., Mac vs. Mc).
- Switch the patient’s first or second name with their surname.

Changing the order of names is a common data-entry error, especially for patients from cultural backgrounds in which the family name traditionally comes first.

- For people with only one legal name, search with that name in both the Last Name and Given Name fields or, if that does not work, with the one name in the Last Name field and a title (e.g., Mr) in the Given Name field.
- Confirm the birth date and, if the software allows, try using only the year of birth, which expands the search to \pm five years.
- For newborns, put in the first name of the newborn as “Baby Girl” or “Baby Girl A” or “Baby Boy” or “Baby Boy A.”
- If you still cannot find the PHN:
 - Contact the physician, if possible, to get the PHN.
 - Call the PharmaNet Help Desk. A Customer Service Representative will assist in finding the patient’s PHN.

If the PharmaNet Help Desk cannot find a PHN, you can assign one. See [Assigning a PHN](#).

- If you find multiple PHNs for the same patient:
 - Follow the procedure [Multiple PHNs Assigned to One Patient](#).
- If the patient information appears to be wrong:
 - If the search returns information that does not match the information provided by the patient, check that you really do have the correct PHN.
 - If the mailing address is incorrect or outdated, update PharmaNet with the new information using the Patient Address Update (TPA) function.
 - If any information other than the above needs to be corrected, refer the patient to the:
 - [Medical Services Plan](#) of British Columbia, or
 - [BC Vital Statistics Agency](#).

Assigning a PHN

- A PHN is required to process prescriptions on PharmaNet.
- Only pharmacists and the Ministry of Social Development and Poverty Reduction can assign Personal Health Numbers (PHN). The PharmaNet Help Desk cannot assign a PHN.

- CPBC: To reduce the creation of multiple records the pharmacist must accurately identify the patient before assigning a new PHN.

>> Refer to *Patients—Identification*.

- Before assigning a new PHN, pharmacists must perform a thorough PHN search.
- If a patient cannot provide a BC Services Card, and you are sure a PHN does not already exist, a PHN may be assigned.

Patient Name for Adults and Children

- The only name recorded when requesting a new PHN must be the patient’s legal name.
- Full names must be used instead of initials. Nicknames and abbreviated names should not be used.
- **Important:** The creation of new PHNs with a first initial only instead of a full first name is the major cause of duplicate PHNs in the health system. Duplicate PHNs pose a serious data integrity problem because a patient’s medication history can be split across two or more records, each of which is incomplete. A fragmentary record can:
 - deprive patients of government and private benefits, and
 - compromise their health care when they are being treated in an acute or long term care hospital, emergency room, doctor’s office or walk-in clinic (e.g., the drug interaction check fails to catch potentially harmful combinations because the medication history is incomplete).
- When a patient has only one legal name, a new PHN must be assigned using the one name in both the Last Name and Given Name fields.
- The address recorded must be the mailing address of the patient.

Patient Name for Newborns

- PHNs for newborn babies must conform to the rules below.

Newborn Surname

- If known, the baby’s legal surname must be entered.
- If not known, use the mother’s legal surname.

Newborn Given Name

- If known, the baby’s legal given name must be entered.
- If not known, the baby’s legal given name must be entered as:
 - For single births: BABY BOY A or BABY GIRL A
 - For multiple births: The appended letter must indicate the sequence of birth. For example, triplets where the first and third birth are boys and the second is a girl would be: BABY BOY A, BABY GIRL B, BABY BOY C

Note: The baby’s legal given name will appear on PharmaNet files once the parents have completed formal application to the B.C. Vital Statistics Agency.

Patient Addresses

- The patient address should be the patient's mailing address.
- For out-of-province or out-of-country patients, record their permanent home mailing address and not their temporary visiting address in B.C.

Assigning a New PHN

1. Collect positive patient identification.

For a list of acceptable identification, refer to Section 9.1, Positive Identification of Patients.

2. Create a new PHN on PharmaNet.

- Note: The minimum information required to generate a PHN is:
 - surname
 - full first name (not a nickname) OR a first initial only when the person does not have or know the first name. Initials should be used only as a last resort.
 - mailing address
 - municipality, city or town
 - province
 - country
 - postal code
 - date of birth
 - gender

3. Add the new PHN to the local system and process the prescription as usual.
4. If the patient is a British Columbia resident who has never been enrolled in MSP, refer him/her to MSP to enroll (otherwise, PharmaNet will list the patient as a non-resident).

Tips

- When entering patient name information into PharmaNet:
 - check the spelling of both the first and last name with the spelling on the patient's identification
 - check for spaces between parts of a name (e.g., van der Kamp vs. Vanderkamp)
 - confirm the spelling of abbreviations (e.g., Mac vs. Mc; Saint vs. St or Ste)
 - type carefully and verify that the name you have entered is accurate
 - do not add punctuation to a name field
 - do not add a title (e.g., Mr., Rev., Sr., Col.) in either name field
- Prescription costs claimed for individuals who are not enrolled in MSP adjudicate to \$0.00 and do not count toward the Fair PharmaCare deductible.
- For information regarding the adjudication of claims for individuals who are enrolled in MSP but who are not registered for Fair PharmaCare, please refer to Section 7.2, Fair PharmaCare, Coverage Start Date.

Multiple PHNs Assigned to One Patient

- Pharmacists are expected to ensure a PHN does not already exist by performing a name search before assigning one. However, on occasion more than one PHN is assigned to the same person.
- Multiple PHNs for the same person create a split in the patient record, affecting Drug Use Evaluation (DUE) checks. Also, the patient's accumulated expenditures become divided between the two or more PHNs, leading to inaccurate information about deductibles. Multiple PHNs may also affect emergency department treatment.
- The two (or more) PHNs may differ in various ways, including:
 - address
 - spelling of a name
 - the patient's use of a middle name as a first name
 - incorrect birth date

Note: By default, an unknown day of birth is recorded as 01.

 - use of initial only for the first name
 - first name of newborn as "Baby Girl" or "Baby Boy."

Correcting Multiple PHNs Found for One Patient

1. Ensure you have used the full name and address information to select an exact match.

Note: Records of the PHNs previously assigned to a patient are displayed, so there may be multiple matches with the same PHN.
2. If there is no exact match, ask the patient if they have lived at any of the addresses.
3. Ensure that any apparent multiple PHNs really refer to the same patient by verifying other patient details, such as address, telephone number and date of birth.
4. If there is more than one exact match under different PHNs and you are satisfied that they are the same person, call the PharmaNet Help Desk for instructions on which one to use.

Note: The PharmaNet Help Desk applies specific, complex criteria to determine which PHN to retain when two records are merged. The Help Desk forwards information about the duplication to the Ministry of Health's Client Registry and to MSP Registration and Premium Billing for further action.
5. Enter the PHN indicated by the Help Desk on the local system.

3.4. *Patients—Other Payers*

[August 8, 2016: New section added regarding coverage of provincially and federally incarcerated individuals.] [January 3, 2017: New sub-section added regarding patients who receive or will receive payments under an award for damages or settlement.] [October 1, 2017: Updated to reflect the addition of Plan W]

General Policy Description

Patients may be covered by extended health insurance. Private insurers are companies, such as Pacific Blue Cross and Great West Life, that provide private, extended health insurance benefits that supplement the health care benefits of provincial programs (such as the Medical Services Plan and PharmaCare).

PharmaCare is a provincial government reimbursement program and is not affiliated with any extended health insurance provider.

Community pharmacies have online access to some third-party insurers, such as Pacific Blue Cross and Assure. PharmaCare is not responsible for resolving any connection or adjudication problems, etc., that pharmacies may have with a third-party insurer.

Patients may also have coverage through:

- a federal or other government insurer such as Veterans Affairs Canada or ICBC.
- an award for damages or settlement.

Policy details

General policies

- PharmaCare does not provide claim adjudication results to other third-party payers.
- Some third-party insurers (who provide private, extended health benefits) follow PharmaCare Special Authority requirements. Some third-party insurers provide coverage only if:
 - PharmaCare has granted a Special Authority for the prescription
 - PharmaCare Special Authority was granted **before** the prescription was filled (i.e., they do not provide retroactive coverage)
- All enquiries regarding retroactive coverage by a third-party insurer should be directed to the specific insurers, not PharmaCare.

WorkSafeBC/Insurance Corporation of BC (ICBC)

- Eligible medication costs for WorkSafeBC clients must be claimed from WorkSafeBC, not PharmaCare.
- Eligible medication costs for ICBC clients must be claimed from ICBC, not PharmaCare.

Federal coverage

- PharmaCare is not the first payer for BC residents covered by the following federal plans:
 - Veterans Affairs Canada (VAC)
 - Canadian Forces
 - Non-Insured Health Benefits (NIHB) Program
- **Note that many First Nations clients are covered by PharmaCare Plan W and that those individuals may remain eligible for NIHB coverage for specific benefits. They may also be eligible for federal coverage from Veterans Affairs Canada or the Canadian Forces.**
- **First Nations individuals who are not eligible for Plan W continue to receive coverage through the NIHB.**
- The Patient Coordination of Benefits Table, a “behind-the-scenes” table on PharmaNet, is loaded with PHNs for all B.C. residents covered by the above federal government agencies/programs.
- PharmaCare does not cover drug costs for BC residents when they are full benefits under a federal plan. Only costs not reimbursed through federal coverage may be eligible for PharmaCare coverage.
- Exceptions may be made to this policy under the Smoking Cessation Program.

Coverage for federal and provincial inmates and offenders

[Section added August 15, 2016]

Federal Offenders

- PharmaCare does *not* cover persons in custody in a federal institution as their drug costs are covered as part of the cost of their incarceration.
- PharmaCare *does* cover federal offenders who have been released on day parole and approved to reside in a community-based residential facility.

Provincial Offenders

- PharmaCare does *not* cover persons in custody in a provincial institution as their drug costs are covered as part of the cost of their incarceration.
- PharmaCare does *not* cover provincial offenders who have been released on day parole but who must return to a correctional centre each night.
- PharmaCare *does* cover provincial offenders who have been approved to reside in a community-based residential facility.
- Please note that, **as of October 1, 2017**, when an individual is released from a provincial corrections facility, the **Provincial Health Services Authority** is responsible for providing a short supply of medication to that individual, subject to some limitations.

>> For more information, see Section 7.16, *Medications Upon Release*, [Health Care Services Manual of the Adult Custody Division, Corrections Branch, Ministry of Public Safety and Solicitor General.](#)

Awards for damages or settlements

[Section added January 3, 2017]

- If an individual has been, or will be, compensated for an injury, illness or other condition through an award for damages or settlement, PharmaCare does not cover the cost of any benefit used to treat that injury, illness, or other condition.
- This policy does not apply to claims for clinical services or under the BC Smoking Cessation Program.

Ineligible costs

- PharmaCare does not reimburse the cost of an eligible benefit if:
 - the need for the benefit arose from an injury, illness or other condition alleged to have been caused by an act or omission of another person, and as a result of the allegations:
 - a court has awarded damages to the beneficiary,
 - the beneficiary is entitled to compensation under a settlement agreement, or
 - the beneficiary is entitled to compensation under a plan of private insurance or another legal instrument.
- Specifically, unless all damages or compensation payable have been fully exhausted, PharmaCare does **not** cover benefits when:
 - a court has awarded damages to an individual for future care costs for drugs, devices, substances or related services; or
 - a court has awarded damages to an individual for future care costs and the award does not distinguish between future care costs for drugs, devices, substances or related services and future care costs payable for other future care; or
 - a court has awarded damages to an individual but the award does not specify the types of damages; or
 - an individual is entitled to compensation under a settlement agreement for future care costs for drugs, devices, substances or related services; or
 - an individual is entitled to compensation under a settlement agreement for future care costs that does not distinguish between future care costs for drugs, devices, substances or related services and future care costs payable for other future care; or
 - an individual is entitled to compensation under a settlement agreement that does not specify the types of damages.

Eligible costs

- PharmaCare covers benefits required by an injury, illness or other condition when:
 - a court has determined that no damages should be awarded to the individual.
 - the individual is not entitled to any compensation under a settlement agreement.
 - the individual has a potential claim for damages for the injury or illness, but liability has not yet been determined and no court has made an award for damages, nor has any settlement agreement for compensation been made.

- All damages or compensation payable for future care costs for drugs, devices, substances or related services or damages or compensation payable when the award or settlement does not specify the types of damages, have been fully exhausted.
- NOTE: Damage awards or compensation payable for types of damage other than future care and, where future care has been distinguished, other than future care for drugs, devices, substances or related services, does not affect a beneficiary's entitlement to benefits for the injury or illness giving rise to the need for the benefit.

Proof of Eligibility

- PharmaCare may require an individual to provide details of a damages award or compensation or to provide a copy of the court judgment or relevant sections of the settlement agreement.
- The individual may also be required to provide proof (through a notarized affidavit or other acceptable form) that the relevant portion of the damages award or compensation has been fully exhausted in order to be eligible for PharmaCare coverage for benefits for the treatment of the injury or illness in question.

Procedures

Procedures for Pharmacies

Processing a WorkSafeBC or ICBC-Covered Prescription

1. Identify the patient as a WorkSafeBC /ICBC client.

A WorkSafeBC /ICBC client should instruct the pharmacist that a prescription will be covered under a WorkSafeBC /ICBC claim.

2. Submit the intervention code **DE** on PharmaNet, which causes the claim to "Adjudicate to \$0.00 as requested."

Although a WorkSafeBC /ICBC claim adjudicates to \$0.00, the medication information is recorded on the patient medication history.

3. Follow the relevant WorkSafeBC /ICBC claim procedures **or** collect payment from the patient.

To Process a Federally-Covered Patient's Prescription

1. Enter the prescription as usual.

PharmaNet returns an error message. The PharmaCare-paid amount is zero, but the patient's medication history is updated.

2. Follow the relevant federal claim procedures **or** collect payment from the patient.

Permanently Changing Federal Coverage on PharmaNet

- PharmaNet Help Desk staff can add or remove a PHN from the Patient Coordination of Benefits Table when necessary. For example, if a person has retired recently from the Canadian Forces, the PHN can be removed from the Patient Coordination of Benefits Table.

To Process Patients with Federal Coverage Changes

1. Call the PharmaNet Help Desk.

The Help Desk will change the patient's federal-coverage status in the Patient Coordination of Benefits Table.

2. Send the transaction to PharmaNet.

Medications Not Included in Federal Coverage

- Sometimes federal coverage does not include a prescribed DIN/PIN, but PharmaCare does cover it. (For example, a veteran may have certain pensionable injuries and VAC will pay only for drugs related to those injuries.) In such situations, the PharmaNet Help Desk can **temporarily** change the patient status.
- If federal coverage may be available on special authority, that process must be exhausted before contacting the Help Desk.
- [Effective January 1, 2002] PharmaCare does not cover methadone for Non-Insured Health Benefits (NIHB) clients. For more information, refer to Section 8.8, "Methadone Maintenance Payment Program."

To Obtain Temporary Coverage for Federal Patients

1. Call the PharmaNet Help Desk.

The Help Desk will change the patient status in the Patient Coordination of Benefits Table from "federally covered" to "not federally covered."

2. Send the transaction to PharmaNet (including any applicable dispensing fee).

After the transaction has been processed, the HelpDesk will change the patient status back to "federally covered."

To Process Federally Covered Non-Residents

1. Enter the prescription on PharmaNet as usual (after assigning a PHN, if necessary).

The prescription information will be included in the patient medication history and the claim will adjudicate with the PharmaCare portion as \$0.00, as it would for any other non-B.C. resident.

For more information on assigning a PHN for an out-of-province visitor, refer to Pharmacist-assigned PHNs.

2. Follow the relevant federal claim procedures **or** collect payment from the patient.

3.5. Patients—Restricted Claimant Program

General Policy Description

Prescription medications are sometimes misused. Misused medications may include, but are not limited to, analgesics containing codeine, other narcotics, asthma medications and sleeping pills. The Restricted Claimant Program assists in reducing misuse by limiting coverage for certain patients to medications prescribed by a single prescriber and/or medications dispensed by a single pharmacy.

PharmaCare Audit oversees the program but day-to-day administration is handled by Health Insurance BC.

Policy Details

About patient restrictions

- Pharmacists, physicians and other health-care professionals may contact PharmaCare to request restrictions for particular patients.

Requests can be processed by the PharmaCare Restricted Claimant Clerk via the PharmaNet HelpDesk only during the Restricted Claimant's normal business hours: from 9:00 to 4:00, Monday through Friday except for statutory holidays.

- PharmaCare is responsible for determining whether to restrict patient access to prescription medications that may be misused, by assigning one (or more) specific physician(s) and/or a single pharmacy on PharmaNet.
- Potential restrictions are identified from routine monthly reports. The evaluation and decision process involves a review of the patient's claims history by a designated pharmacist. Such evaluations may also result from pharmacist/physician requests.
- For each patient to be restricted, the PharmaCare Restricted Claimant Clerk takes one or both of the following two actions:
- Immediately adds a "Restricted Access" against the patient PHN on PharmaNet.

This invalidates the PHN for all PharmaCare benefits (that is, PharmaCare will not contribute towards the cost of any prescription for the PHN) until information about the patient's physician and pharmacy are added.

- Places a call to the patient's physician, when the physician can be ascertained, to confirm that he/she is indeed that patient's physician.

If confirmed, the physician is recorded on the patient's PharmaNet file as the "physician of restriction." (If the patient's pharmacy is known, it is also recorded on PharmaNet.) The physician may provide an explanation that avoids a restriction.

- A letter is sent to the "restricted claimant" advising of the restricted status and asking for the name of one physician and/or pharmacy, if this information has not already been obtained.

Additional physicians, particularly specialists, will occasionally be added.

Lifting Restrictions

- Once a patient has been classified as a “restricted claimant,” PharmaCare will consider lifting the restriction only:
 - after the patient has been restricted to that physician for at least six months, and
 - upon written request from the patient’s physician.
- The physician makes the request to lift the restriction in writing (by fax or letter) to the PharmaCare Restricted Claimant Clerk. A designated pharmacist evaluates the request to lift a restriction by reviewing the patient’s claims history. The physician is then notified of the decision by letter.
- The lifting of a restriction takes effect immediately.

Emergency situations

- In emergency circumstances, PharmaNet HelpDesk staff may make **one-day** changes in the doctor or pharmacy.
- Exceptions are made only if the patient is unable to see their own doctor or get to their own pharmacy and if not filling the prescription could result in serious harm to the patient.
- When a pharmacist calls to request a special exception, they will be asked a series of questions which PharmaNet HelpDesk staff use to determine if financial coverage should be provided.
- PharmaNet HelpDesk staff will assess if there is a sufficiently good reason why:
 - the patient is unable to see their own doctor or go to their own pharmacy (i.e., doctor on vacation, pharmacy is closed), **and**
 - this prescription must be filled at this time (i.e., there is a serious health consideration rather than simply a request for an early refill).
- The Restricted Claimant Clerk is available Monday through Friday, 9:00 a.m. to 4:00 p.m. After hours requests are subject to a more rigorous approval process because of the difficulty in following up with doctors.
- Replacement of lost or stolen medications is not covered for patients on this program.
- All special exceptions must be obtained **before** dispensing as there is no retroactive coverage.

Daytime Calls to the PharmaNet Help Desk

- During normal business hours (9:00 a.m. to 4:00 p.m., Monday through Friday), calls to the PharmaNet Help Desk from patients, pharmacists or physicians regarding restrictions are transferred to the PharmaCare Restricted Claimant Clerk. Or, pharmacists can call the PharmaCare Information Line and choose Option 3 on the main menu to bypass the Help Desk and leave a message with the Restricted Claimant Clerk.
- The Restricted Claimant Clerk may not disclose details of a patient’s previous prescriptions. Pharmacists can check the medication history returned by PharmaNet.
- When PharmaNet returns a “Pharmacy not authorized” or “Physician not authorized” message, pharmacists may contact the PharmaNet Help Desk for more information. The call will be transferred to the Restricted Claimant Clerk.

- Changes to the patient's designated physician or pharmacy cannot be made automatically at a pharmacist's request. The decision is made, based on PharmaCare policy, by the PharmaCare Restricted Claimant Clerk in consultation with Ministry of Health pharmacists and physicians.

After-Hours Calls to the PharmaNet Help Desk

- After-hours, pharmacists may call the PharmaNet HelpDesk to ask about restrictions. PharmaNet HelpDesk personnel follow PharmaCare policy/guidelines in handling all after-hours enquiries about restricted claimants.
- PharmaNet Help Desk staff may not disclose details of a patient's previous prescriptions. Pharmacists can check the medication history returned by PharmaNet.
- If a pharmacist calls after hours, any change made by PharmaNet HelpDesk personnel (i.e., to the designated physician or pharmacy) will normally be in effect for no more than one business day. After-hours approval will not generally be given for drugs that are frequently misused.
- If a restriction is changed temporarily to allow the processing of a specific prescription, only that prescription may be processed. Submission of additional prescriptions will be subject to audit and recovery.
- To request a permanent change regarding a restricted claimant, the pharmacist will have to call during normal business hours and speak to the Restricted Claimant Clerk.
- The PharmaNet HelpDesk cannot make changes to restrictions when they are requested by a patient after hours.

3.6. Patients—With Out-of-Province and Out-of-Country Prescriptions

General Policy Description

PharmaCare coverage is limited to medications prescribed by a practitioner licensed and practicing in British Columbia and dispensed at a British Columbia pharmacy. Exceptions may be made for border community British Columbia residents for whom the closest pharmacy is out-of-province.

Policy Details

Out-of-Province Prescriptions

- CPBC: Prescriptions issued in other provinces may be dispensed by a British Columbia pharmacist when the pharmacist is sure that they are bona fide prescriptions.
- For information on coverage of out-of-province prescriptions, refer to [Section 1](#) of this manual.

Out-of-Country Prescriptions

- Prescriptions issued in another country (including the U.S.A.) cannot be dispensed by a British Columbia pharmacist. This is prohibited by the *Canada Food and Drugs Act*.
- Anyone, whether or not a Canadian resident, who holds a prescription written by an out-of-country practitioner may have the prescription dispensed by a British Columbia pharmacist only if the prescription has been either:
 - rewritten, on the practitioner's own prescription pad, by a practitioner licensed to prescribe in a Canadian jurisdiction; or
 - co-signed by a Canadian practitioner.