

# **WCB FORMULARY & SPECIAL AUTHORIZATION FREQUENTLY ASKED QUESTIONS**

## **1. What drugs are covered?**

WCB formularies contain thousands of drugs that are assigned to benefit sets associated with nature of work related injury and illness. They allow access to medications commonly used to treat those specific types of injuries and illnesses. This means what is covered for one injured worker (with a certain type of injury) may not be covered for the next (with a different type of injury). As a result, it is not possible to publish a complete list of medications within the various formularies in a user friendly format.

## **2. How do I determine if a specific drug is covered?**

The formularies automatically allow access to common medications used to treat work injuries and illness.

This includes access to opioids for 12 weeks post injury for most common injuries (i.e. sprain strain injuries) and 24 weeks for occupational cancer - without paperwork.

**\*\*Note**, the 12 and 24 weeks are counted from the date of injury, not the date you prescribed or the worker filled the medication.

The pharmacy will receive a system message when a prescription fill is within 4 weeks of end date. Some pharmacies may make a courtesy call to the prescribing physician. Refer to the quick reference guides in your toolkit for information on coverage of some commonly prescribed medications.

A listing of those medications available by special authorization will be posted on the WCB website for your reference at [www.wcb.ns.ca/formulary](http://www.wcb.ns.ca/formulary) - **Special Authorization Drugs & Coverage Criteria**.

Should you wish to inquire about a specific drug, you may call Medavie Blue Cross directly at 1-855-496-5810 or speak to your local pharmacist (you will have to provide the injured worker's claim number).

## **3. Do the new rules and process apply to all of my patients with WCB claims?**

Patients whose illnesses/injuries occurred **on or after May 11th** will be subject to the new coverage process and quantity limits for both opioids and non-opioids.

For your patients with an open WCB claim whose injury occurred **before May 11th**, current prescriptions will continue to be covered with the exception of Special Authorization Drugs which had an approval end date. If an injured worker is presently

receiving an opioid, the same level of opioid coverage will be maintained, and the time limited access and quantity limits will not be enforced. Existing injured workers will also continue to receive coverage for any non-opioids they currently receive that were not Special Authorization drugs. When the formulary changes come into effect, it is when a new drug or product is prescribed (i.e. a non-opioid that has not been filled within the last 12 months) that Special Authorization will be required. Previous Special Authorizations that expire will also require an updated Special Authorizations request.

#### 4. When do I need to complete forms?

The formularies automatically allow access to common medications, including opioids for time-limited durations, used to treat work injuries and illness.

Forms are required when:

- the drug is not covered for your patient's nature of injury/illness
- the allowable daily dose is exceeded
- the allowable time limitation is exceeded.

In these cases, your options are to choose an effective covered alternative or pursue request for exemption by completing the appropriate Special Authorization (SA) form(s). Please note that for opioid SA reviews, it is expected that a patient treatment agreement has been completed.

- **Non-Opioid Request** (excluded from patient's formulary)– requires submission of completed Non-Opioid SA Request Form only
- **Opioid Request** (excluded opioid, access extension and/or over quantity limit) – requires submission of completed Opioid SA Request Form, submission of completed Substance Abuse Assessment Form (once per patient), and completion only (submission not required) of patient treatment agreement.

Forms are available on the WCB website: [www.wcb.ns.ca/formulary](http://www.wcb.ns.ca/formulary).

Please note: completed forms are to be submitted directly by fax to Medavie Blue Cross and not WCB. The fax number is provided on the form.

#### 5. What is the turnaround time for coverage review by Medavie Blue Cross?

Medavie Blue Cross reviews requests on a first come, first served basis, unless a request is urgent in nature (antibiotics, antivirals, cancer medications, medications for addiction). The maximum review time for complete submissions should be approximately seven business days.

## 6. What billing structure is in place for the form completion?

Physicians and other prescribers will be compensated for completing special authorization forms.

For physicians, billing will be via MSI (with WCB responsibility) as follows (please note this information is on the forms and there is now a fee code for Mandatory Generic Substitution (formerly billed to WCB)):

WCB22 (Mandatory Generic Exemption Form) - \$ 12.50

WCB23 (Non-Opioid SA Request Form) - \$12.50

WCB24 (Opioid SA Request Form) - \$ 42.00

WCB25 (Substance Abuse Assessment Form) - \$28.00

- These rates are current as of May 2015.

Other prescribers (e.g. dentists) will be required to bill WCB directly. Rates are also included with the toolkit. For further assistance you may contact the WCB's Health Service department at 902-491-8356.

## 7. What support is available to me regarding prescribing pain medication?

The following are some resources that are available to physicians and other prescribers:

- Nova Scotia Prescription Monitoring Program: [www.NSPMP.ca](http://www.NSPMP.ca)
- Atlantic Mentorship Network for Pain and Addiction: [www.atlanticmentorship.com](http://www.atlanticmentorship.com)
- College of Physicians and Surgeons of Nova Scotia:
  - [www.cpsns.ns.ca](http://www.cpsns.ns.ca)
  - [www.righttoolforthejob.ca](http://www.righttoolforthejob.ca)
- For the CNCP Guides: [www.nationalpaincentre.mcmaster.ca](http://www.nationalpaincentre.mcmaster.ca)

## 8. What happens after I complete and submit a Special Authorization Request to Medavie Blue Cross?

A member of the Special Authorization team will review your submission and the WCB defined criteria. The requests are compared to criteria for coverage developed based on best practice, product monographs and various other provincial and national sources of drug indication, market information and coverage recommendations.

If the criteria are met, you, as well as your patient, will receive a letter indicating that coverage has been approved (with any limitations specified e.g. coverage period, quantity limits). The medication can now be filled at the pharmacy.

If the request does not meet the defined criteria, you will receive a letter from Medavie Blue Cross by fax (when possible) asking for more information, or denying the coverage request.

### **9. Who should contact if I have questions?**

If you have questions regarding coverage or how to complete the forms, you may contact Medavie Blue Cross at 1-855-496-5810.

### **10. If the request is denied, what do I do?**

You may choose to prescribe an alternate covered medication.

You may re-submit your request with any additional information that addresses coverage criteria.

You may contact Medavie Blue Cross for a discussion with a Pharmacist Consultant at 1-855-496-5810 about coverage criteria and/or alternatives which may be covered.

You should not advise your patient to pay for a prescription out-of-pocket and seek reimbursement at a later date nor provide them with a “SmartCard” (in case coverage changes over time). An approved Special Authorization must be in place before reimbursement payments can be processed for any prescription drugs which are excluded from the patient’s formulary or exceed any time or quantity limits. If a Special Authorization request is denied, the patient cannot be reimbursed for out-of-pocket payments including price differentials not covered by the “SmartCard” vendor.

It is also important to note that only a worker can appeal the decision, and may initiate an appeal process by first contacting their WCB Case Worker. A prescriber cannot appeal a WCB decision.