

WCB SPECIAL AUTHORIZATION PROCESS

Like many other programs, WCB uses a formulary structure for drug coverage. In the WCB program, injured workers are assigned to a formulary based on nature of injury/illness. This means what may be open benefit for some types of injury or illness may not be covered for others. As a result, a complete listing of WCB formulary contents cannot be provided in a user-friendly format.

BEFORE prescribing a medication to a patient with a WCB claim:

1. Consider the type of workplace injury/illness. Is the medication indicated for treatment of that type of illness/injury?
2. **IF THE DRUG IS AN OPIOID:** Consider the date of injury. WCB will provide coverage for most short-acting opioids for most workplace illnesses/injuries for **12 weeks following the date of injury** with no paperwork requirements. If the opioid prescription will be filled/dispensed beyond the 12-week time limit, an approved Special Authorization must be in place.
3. Refer to the Quick Reference Guides. Many commonly prescribed medications are listed with their benefit status. If the medication is shown on the guides as “Non-Benefit” or “Special Authorization”, a request for coverage must be completed and sent to Medavie Blue Cross for evaluation.

IF DRUG IS NOT LISTED ON QUICK REFERENCE GUIDE:

4. Refer to “*Special Authorization Drugs & Coverage Criteria*” document – found on WCB’s website (www.wcb.ns.ca/formulary). Use “CTRL-F” to enable search functionality and enter the drug name. Medications with criteria for coverage, including quantity limits, are included in this listing along with the specific limits or criteria.

STILL UNSURE IF DRUG WILL BE COVERED?

5. Call Medavie Blue Cross at **1-855-496-5810**. A member of their Special Authorization team will assist in determining the coverage status of the drug. Ensure you have your patient’s WCB claim number ready.

IF DRUG IS NOT COVERED & THERE IS NO SUITABLE ALTERNATIVE:

6. A Special Authorization request must be completed and submitted to Medavie Blue Cross for evaluation. Forms can be downloaded from WCB’s website: www.wcb.ns.ca/formulary.

REQUEST TYPE	WHAT TO SUBMIT
• Non-opioid	Non-Opioid Special Authorization Request Form
• Opioid requiring Special Authorization • Opioid not in the assigned formulary • Continued coverage past initial automatic coverage period for opioid	Opioid Special Authorization Request Form AND Substance Abuse Assessment Form
• Second+ opioid-related request for a patient	Opioid Special Authorization Request Form
• Brand medications	Mandatory Generic Exemption Request Form

AFTER a Special Authorization Request has been faxed to Medavie Blue Cross:

7. Requests are processed on a first-in-first-out basis UNLESS the request is for a medication in one of the following priority categories: antibiotics, antivirals, cancer medications, medications for addiction. The maximum review time for complete submissions should be approximately seven business days.
8. The request forms must be completed in full. If significant and/or relevant sections of any forms are incomplete, Medavie Blue Cross will contact you to request additional or complete information.
9. Complete requests will be reviewed and evaluated against the established criteria for the medication. The criteria for coverage are developed based on best practice, product monographs and various other provincial and national sources of drug indication, market information and coverage recommendations. If some additional details are required in your request, Medavie Blue Cross will contact you.
10. If the criteria are met, a letter will be sent/faxed to you indicating the coverage that will be provided (e.g. duration of coverage, any quantity limits, etc.). A letter will also be mailed to your patient indicating that your request was approved and the medication will be covered at the pharmacy.
11. If the criteria are NOT met, a letter will be sent/faxed or to you indicating that coverage will not be provided. If you wish to provide additional information for consideration, you may resubmit. If you have any questions about the decision, the criteria, alternate (covered) drugs or the Special Authorization process, you may contact Medavie Blue Cross at **1-855-496-5810**. Please note, unlike other programs, WCB legislation prevents you from appealing the evaluation result.

WCB SPECIAL AUTHORIZATION DO'S AND DON'TS

DO use the reference material and resources available to determine if a medication is covered for your patient before giving a prescription. This will save time and effort for both you and your patient – if a prescription is not covered, the patient will need an alternative OR a Special Authorization to be approved before getting the medication.

DO ensure that the correct claim number is reflected on forms. Some patients may have more than one claim number, representing more than one injury. Drugs included in one injury's formulary may not be included for another, even if it is the same patient.

DO review and complete a treatment agreement with your patient before prescribing opioids, even if they will be covered by WCB (i.e., within the time limited period, typically 12 weeks after injury date). You must have this paperwork on file (indicated on your request form) in order for any future Special Authorization requests for opioids to be processed.

DO NOT encourage patients to pay out-of-pocket and seek reimbursement from WCB. Receipts submitted for drugs outside an injured worker's formulary will require an approved Special Authorization to be in place before reimbursement can be processed.

DO NOT encourage patients to call the WCB if coverage for a drug is denied at the pharmacy. The patient will be referred back to you for alternative treatment, a prescription for an alternate (covered) medication, or to submit a Special Authorization request to Medavie Blue Cross.

DO NOT recommend that your WCB patients use "SmartCards" provided by drug companies. While these cards may cover cost differences between a brand name and generic drug for a time, the WCB will not cover or reimburse the cost difference unless a Mandatory Generic Exemption request is approved.