- Other reimbursable claims, as detailed in the applicable Pharmacy Provider Agreement, any amendments to the same and this Pharmacy Provider Manual. Applicable Copayments and reversals and/or adjustments conducted during that payment cycle will be subtracted from such reimbursements (the resulting amount is referred to as a Net Reimbursement or a Net Payment).

11.2. Reimbursement Schedule

Providers are reimbursed on a weekly basis. If a reimbursement issue date falls on a statutory holiday, the reimbursement is issued on the following business day.

11.2.1. Reimbursement Method

Direct deposit (electronic funds transfer [EFT]) is an environmentally friendly method for depositing Provider claim reimbursements. It is the only reimbursement method for Providers. Providers must notify ESC of any changes to the direct deposit information at least ten (10) business days in advance by submitting an updated Provider Registration Declaration Form (which is available at express-scripts.ca/health-care-downloads-and-resources.)

11.2.2. Remittance Advice

The Remittance Advice is a statement summarizing any Assigned Claim(s) adjudicated during the associated payment cycle, including reversals and/or adjustments conducted during that payment cycle. The Remittance Advice also includes CPhA response codes associated with processed Assigned claim(s), where applicable. The Remittance Advice can be accessed electronically where the Provider is not associated with a chain/banner that has designated centralized access for its chain/banner Providers. Available Remittance Advice can be accessed via ESCstatement.ca. A sample Remittance Advice has been provided in Appendix A.

Login credentials to access available Remittance Advice are issued after Providers become eligible to submit claims (i.e., following the completion of the enrolment process). For security reasons, login credentials cannot be sent by email. If a new Provider has still not received login credentials after the standard mailing time determined by Canada Post ™ for your address, please call the ESC Provider Call Centre to initiate an inquiry. Where applicable, additional validation may be required and may impact the turnaround time for processing login credentials.

11.2.3. Reimbursement Errors

In accordance with the Pharmacy Provider Agreement, any payments made to Provider (or any Pharmacy) in excess of any amount properly determined to be due by ESC, if any, under the Pharmacy Provider Agreement, due to an error by either party, inaccurate claims submission or information submitted by Provider (or any Pharmacy) or due to any other reason, including, but not limited to, any audit deficiencies (as further described in the Provider Agreement or this Pharmacy Provider Manual) may be recovered by ESC from Provider (or any individual Pharmacy). ESC shall notify the Provider (and Pharmacy, if applicable) in writing of the situation. In the event of excess payment(s), ESC shall, at its discretion, have the right to either offset the excess payment amount as provided or require immediate reimbursement from Provider (or any individual Pharmacy).

11.3. Extemporaneous Preparations/Compound Claim Submissions Guidelines

Extemporaneous preparations (compounds) must not duplicate the formulation of a commercially manufactured drug product and at least one of the active ingredients in the compound must be covered by the Member's Pharmacy Benefit Plan when submitting a compound claim through the ESC adjudication system.

For a list of pseudo-DINs corresponding to active ingredients used for compounding, please see: express-scripts.ca/health-care-downloads-and-resources. For compound claim submissions, indicate the DIN or pseudo-DIN of the highest cost eligible ingredient and the Extemporaneous Compound Code corresponding to the medication type.

All extemporaneous preparations are subject to reversals or adjustments for excessive costs, markups and/or fees through ESC's Fraud, Waste and Abuse Program. It is the Provider's responsibility to ensure all requirements noted in this section are appropriately documented at the time of dispense.

When an extemporaneous mixture is purchased from another provider/manufacturer, the dispensing provider is not eligible for a compounding fee. The dispensing Pharmacy charge their usual and customary fee, and eligible markup as identified in their applicable provincial rate sheet. The cost of the mixture submitted should be up to a maximum of the amount on the invoice. Invoices for purchased compounds are reviewed and are subject to reversals and/or adjustments through ESC's Fraud, Waste and Abuse Program.

11.3.1. Eligible compounds

Compound preparations are eligible if the main/active medicinal ingredient is covered by the Member's Pharmacy Benefit plan.

Note: If an eligible ingredient is added to a compound with an ineligible base, ingredient, and/or dosage format, then the compound becomes ineligible and subject to full reversal through ESC's Fraud, Waste and Abuse Program.

11.3.2. Ineligible compounds

ESC considers the following as ineligible compounds and are subject to full reversals through ESC's Fraud, Waste and Abuse Program:

- A compound that duplicates a commercially available product
- Compounds where the primary/active ingredient is not covered by the plan Member's coverage
- Natural health products including herbal and homeopathic remedies
- OTC's including vitamins and minerals
- Investigational and experimental products
- Compounds for cosmetic use
- Compounded allergy serums and extracts
- Hair growth
- Smoking cessation medications*
- Fertility medications*
- Anti-obesity or anorexiants medications*
- Sunscreens
- Compounds prepared that contain an ineligible base/ingredient or dosage format**

*These types of compounds are not covered under standard plan designs. However, plan sponsors may choose to cover these medications as a modified benefit. If they are covered under the plan design, then these medications will be considered an eligible drug/ingredient.

**Please see Appendix C—Ineligible Ingredients, Bases and Formats for Compound Preparations for a list of ineligible bases, ingredients and dosage formats

For any questions regarding the eligibility of compounds, please contact the ESC Provider Call Centre at 1 800 563-3274.

11.3.3. Mixture breakdown requirements

- Name and expiry of raw material
- Source*
- Drug identification number (DIN) and lot number, as applicable*
- Name, strength and dosage of preparation*
- Date of preparation
- Quantity required and quantity actually weighed of each ingredient
- Total quantity prepared*
- Initials of compounder responsible for the preparation and pharmacist who verified the preparation
- Initials of the person who performed quality control procedures*
- Written formula used
- Cost charged for each ingredient
    - *Please note: compounding supplies/equipment are NOT acceptable ingredients and will not be reimbursed (some examples include but not limited to: gloves, glassware, lab coats, flavoring agents, etc.)*
- Assigned prescription or preparation batch number*
- Cost charged for each ingredient
- Mixing time charges (if applicable)
- Assigned prescription or preparation batch number*
- Assigned beyond use date*
- Original authorizing prescription
- Results of quality control procedures as appropriate*
- Documentation of any quality control issues and/or issues reported by the patient or caregiver*
- If preparation made by another pharmacy, name and details of pharmacy*
- Any other documentation required by provincial authority
- If purchasing in bulk, stability and expiration of compound must be appropriately documented

* These requirements are effective when the applicable provincial regulatory authority that governs the dispensing pharmacy requires complete implementation of the National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards for Pharmacy Compounding of Non-Sterile Preparation, NAPRA Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and/or NAPRA Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations.

Note: Hand-written mixture breakdowns will **NOT** be accepted for audit or investigation purposes.

11.3.4. Compounding Commercially Available Products

If a compound duplicates a commercially available product, the Pharmacy Benefit Plan will not cover the compound. However, if the commercially available product is out of stock/back-ordered or not available, the Pharmacy Benefit Plan will cover compound preparations until the commercially available product becomes available again. The Provider must maintain a record of the commercial drug backorder at the time of compounding the backordered drug.

Please note, any compound preparations made for a commercially available product after the product is available, will be subject to full reversals through ESC's Fraud, Waste and Abuse Program.

11.3.5. Unlisted Compound Codes

To help generate the correct compound code for unlisted compounds (there are no pseudo-DINs corresponding to active ingredients used for compounding), select the appropriate CPhACS compound code value as indicated in the table below:

Code	Description	Code	Description
0	Compounded topical cream	5	Compounded internal powder
1	Compounded topical ointment	6	Compounded injection or infusion
2	Compounded external lotion	7	Compounded eye/ear drop
3	Compounded internal use liquid	8	Compounded suppository
4	Compounded external powder	9	Other compound

Note: The step therapy program and the drug utilization review (DUR) does not apply to compound claims.

11.3.6. Reimbursement Guidelines for Compounded Covered Medications

For the provinces of British Columbia, Manitoba, Ontario and Saskatchewan, Providers must submit all claims related to compounded medications using the ESC reimbursement guidelines available in Appendix B. These guidelines determine the maximum time charge allowed to be submitted by the Provider for each compounded drug type.

For all other provinces and territories, a flat fee (1.5 times the allowable dispensing fee) applies to compounded medications.

Compounding ingredient costs, mark-ups and fees should be submitted in separate fields. Additional compounding fees or charges are not accepted and subject to full reversals and/or adjustments through ESC's Fraud, Waste and Abuse Program.

11.4. Methadone and Buprenorphine/Naloxone Claim Submissions

Methadone and buprenorphine/naloxone claims may be eligible for reimbursement where applicable to the Pharmacy Benefit Plan design. When submitting methadone or buprenorphine/naloxone claims, Provider must adhere to the following:

- Do not include a compound code;
- Indicate the Days Supply and the number of milligrams (mg) if using powder form or the volume in milliliters (mL) if using liquid form (e.g., Methadose™);