

FAQ: INSULIN PUMP SUPPLIES – NEW PINS AND QUANTITY LIMITS

Effective January 24, 2023, new product specific PINs must be used when submitting claims for insulin pump supplies to DPIN and new quantity limits are in place, according to the Claims Submission Procedure – Insulin Pump Supplies found here: https://www.gov.mb.ca/health/pharmacare/profdocs/csp_ips.pdf and Bulletin 122 found here: <https://www.gov.mb.ca/health/mdbif/bulletins.html>.

How will this change affect Pharmacare clients?

- For the majority of Pharmacare clients, there will be no noticeable change. Insulin pump supplies continue to be Part 1 benefits for all Pharmacare clients under all prescribed circumstances.
- Established quantity limits for insulin pump supplies are quantity maximums that provide clients with sufficient insulin pump supplies for a full year of insulin pump use.

How can clients get insulin pump supplies?

- Pharmacare clients who use an insulin pump should contact their health care practitioner for a prescription for insulin pump supplies.
- Clients can order insulin pump supplies directly from the manufacturer and submit invoices to Pharmacare or may purchase insulin pump supplies from a Manitoba pharmacy for on-line claim submission to the Drug Program Information Network (DPIN) system.

Which insulin pump supplies are eligible Part 1 benefits under Pharmacare?

- The insulin pump supplies required to operate all insulin pumps covered under the Manitoba Pediatric Insulin Pump Program (MPIPP) and the Manitoba Adult Insulin Pump Coverage Program (MAIPCP) are covered as eligible benefits under Pharmacare. This includes insulin pump supplies from the following manufacturers: Insulet, Medtronic, Tandem, and Ypsomed.
- Insulin pump supplies from other manufacturers will be considered for eligibility on a case-by-case basis.
- Please contact the DPIN Help Desk before you plan to order/dispense insulin pump supplies that are not on the current list of approved supplies.

Do clients need to have received an insulin pump from a publicly funded program to get insulin pump supplies?

- No. Any client with a prescription from their health care practitioner for insulin pump supplies can receive these products. Clients do not need to have received an insulin pump through a publicly funded program (e.g., MPIPP, MAIPCP).

Will clients have to reach their deductible before Pharmacare will pay for their insulin pump supplies?

- Yes, insulin pump supplies (infusion sets / kits, reservoirs / cartridges / pods, and inserters / serts) **are** subject to Pharmacare deductibles.

How often can clients refill a prescription for insulin pump supplies?

- Eligible Pharmacare clients with a valid prescription can request up to a 100 days' supply of insulin pump supplies in any 90-day period.

When will new PINs and quantity limits for insulin pump supplies come into effect?

- New brand and product specific PINs and quantity limits for insulin pump supplies are effective January 24, 2023. Old insulin pump supplies PINs (905739, 908300, 908320, 992976, 992984, and 992991) will no longer be eligible benefits effective January 24, 2023.

How will DPIN claim submission for insulin pump supplies change?

- Pharmacists will continue to submit claims for insulin pump supplies in the same manner as before but will use new brand and product specific PINs and quantity dispensed will now be entered as the **total number of pieces** within all sets / kits / boxes dispensed.
- Additional information on submitting claims for insulin pump supplies can be found here: https://www.gov.mb.ca/health/pharmacare/profdocs/csp_ips.pdf

Are the approved quantities for insulin pump supplies based on a benefit year or a 365-day period?

- Approved quantity limits for insulin pump supplies are based on a benefit year. On the date a claim for insulin pump supplies is submitted, DPIN adjudicates against the total number of insulin pump supplies of that type (infusion sets / kits, reservoirs / cartridges / pods, or serters / inserters) claimed from the start of the benefit year up to the submission date:
 - If the client has not reached the maximum approved quantity for the benefit year, they will pay according to their deductible.
 - If the client has reached the maximum approved quantity for the benefit year, the patient is responsible for the cost of the insulin pump supplies above the approved amount.
- Approved quantities of insulin pump supplies apply to pharmacy claims, as well as patient submitted receipts for costs incurred out-of-pocket.

How will a pharmacist know when their patient has reached their maximum approved quantity?

- A CR (exceeds maximum for this type of service/item) response code will display during claim adjudication when the total number of insulin pump supplies of that type dispensed in a benefit year has exceeded the approved quantity.