

**Human Immunodeficiency Virus (HIV)
Medication Program Eligibility Form: Anti-retroviral
Therapy (ART)**

***This form is to be filled out by the Prescriber**

Patient Name: Date:

Date of birth: PHIN:

Address:

***Please submit patient prescription with this form to pharmacist**

***For ART Drugs listed under Part 3, please write "MEETS EDS" on the prescription. Pre-approval is not required under this program.**

Manitoba HIV ART Medication Program Eligibility Assessment

This program is intended for clients who are actively registered with Manitoba Health who are experiencing significant financial barriers to treatment, and who are not enrolled in an insurance program (e.g., federal drug program, Employment and Income Assistance, private insurance program), other than Pharmacare. Access to this program will facilitate timely access to a prescribed ART regimen and will allow patients and their caregivers more time to explore and establish long-term options for medication coverage. This program is not intended to provide coverage indefinitely. Enrollment in this program will be reviewed regularly.

Please use the following question to guide your assessment of the client's eligibility for this program.

Are you enrolled in an insurance program (e.g. federal drug program, Employment and Income Assistance, private insurance program) other than Pharmacare?

Yes - Client is enrolled in federal Non-Insured Health Benefits program (NIHB), Employment Income Assistance, or a private insurance program and not eligible for the Manitoba HIV Medication Program. Provide prescription as usual.

No - **Client meets eligibility criteria for Manitoba HIV Medication Program.** If the client is not enrolled in one of the insurance programs described in the question above, submit this form with the prescription and indicate client coverage situation as follows:

Terms of Coverage

Patients in the process of enrolling in Manitoba Pharmacare or enrolling in the Deductible Installment Payment Program - If the patient requires additional time to enroll in Pharmacare or to enroll in the Deductible Installment Payment Program, three months of drug coverage will be provided to the client. Once the client is enrolled in Pharmacare or the Deductible Installment Payment Program, costs that were paid through this coverage program will be put towards the client's deductible for the first year of treatment. At the start of each fiscal year, the deductible is reset and the client will be provided with information on their deductible installment plan payments. Coverage in this HIV Medication Coverage program is not intended to be indefinite or to replace annual deductibles or installment payment programs.

Patients cannot enroll in Manitoba Pharmacare - If the patient cannot apply for Pharmacare because of immigration status, new resident, or other factors associated with proof of income or proof of residency issues, one year of coverage for ART is provided and will be reviewed annually.

Questions or Inquires can be emailed to STBBI@gov.mb.ca

Prescriber Signature:

Prescriber Name: M.D.

Address:

Tel.: Fax:

Information for Pharmacists

Pharmacy Claims Submission Procedure

The following Claims Submission Procedure is for prescriber reference only. As the department may update the CSP from time to time, pharmacies are expected to follow the current version of CSP in place on the date of filling the prescription. The current CSP is available online here:

<https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html>.

**Claims Submission Procedure –
Manitoba HIV Medication Program – Anti-Retroviral Therapies (ART)**

Effective July 12, 2021

**Please include this Procedure in your Drug Programs Information
Network (DPIN) Manual under Section 4: Claims Submission.**

- This Claims Submission Procedure (CSP) applies to community pharmacy dispensation of medications listed on the Manitoba HIV Medication Program Drug List to eligible Manitoba residents:
 - with active Manitoba Health coverage; AND
 - a completed HIV Medication Program Eligibility Form: Anti-Retroviral Therapy (ART) – available here for reference: <https://www.gov.mb.ca/health/publichealth/diseases/hiv.html> – issued by the prescriber; AND
 - a prescription for a drug listed on the Manitoba HIV Medication Program Drug List, available here: <https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html>.

- Where a patient presents with a completed HIV Medication Program Eligibility Form: ART and the prescriber has confirmed “Client meets eligibility criteria for Manitoba HIV Medication Program” on the form, the patient should not be charged any out-of-pocket costs.

- For ART drugs listed under Part 3, pre-approval is not required under this program. However, the prescriber must have written “MEETS EDS” on the prescription.

- Pharmacists may provide a maximum of one month (to a maximum of 35 day supply) for each drug dispensed under the Manitoba HIV Medication Program.

- This CSP must be followed for reimbursement of the allowable ingredient cost plus the pharmacy’s usual & customary professional fee:
 - Ensure the prescriber has confirmed “Client meets eligibility criteria for Manitoba HIV Medication Program” on the HIV Medication Program Eligibility Form: ART.
 - For ART drugs listed under Part 3, ensure the prescriber has written “MEETS EDS” on the prescription.
 - EACH time a drug is intended to be dispensed under this program, contact the DPIN Helpdesk to confirm:
 1. that the patient has active Manitoba Health coverage; AND
 2. whether the pharmacy should submit the claim under DU only OR for fiscal adjudication.

- If the DPIN Helpdesk advises to submit the claim to DPIN as Drug Utilization (DU) only:
 - Do not provide prescription receipts to clients for medications submitted to the Manitoba HIV Medication Program.
 - AFTER the medication has been dispensed to the patient at no charge, submit a Reversal/Adjustment Form for reimbursement to the pharmacy as follows:
 1. Use one DPIN Reversal-Adjustment Form per prescription (available here: https://www.gov.mb.ca/health/pharmacare/profdocs/ra_form.pdf)
 2. Write “Meets MB HIV Medication Program Eligibility” clearly on the top of the Reversal/Adjustment Form.
 3. Enter a professional fee equal to the pharmacy’s usual & customary professional fee, and an ingredient cost of the drug as per the Manitoba Drug Interchangeability Formulary (ICF); or as per the Manitoba HIV Medication Program Drug List, for drugs not listed on the ICF.
 4. Fax the completed Reversal/Adjustment Form to DPIN Helpdesk with a cover letter, a copy of the prescription, and the HIV Medication Program Eligibility Form: ART to the attention of “Manitoba HIV Medication Program” via 204-786-6634.

Reversal/Adjustment Forms cannot be submitted to DPIN Helpdesk until AFTER the medication has been dispensed to patient.

- Pharmacy operators will be reimbursed an amount equal to the ingredient cost of the drug (as per the ICF; or as per the Manitoba HIV Medication Program Drug List, for drugs not listed on the ICF) in DPIN plus the usual & customary professional fee identified in Schedule A/B of the Pharmacy Agreement.
- Subsequent to processing by DPIN Helpdesk, claims will appear on the pharmacy statement and be reimbursed via electronic fund transfer.
- Failure to submit the claim according to the procedure above will result in no reimbursement to the pharmacy for the allowable ingredient cost nor the pharmacy's usual & customary professional fee.

If your questions are not answered by reviewing the Claims Submission Procedures and FAQs posted at:
<https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html>

Please send an e-mail to PDPIInfoAudit@gov.mb.ca.

