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| <b>Policy:</b>                 | Reimbursement for Pharmacare Out-of-Pocket Claims                                 |                        |                 |
| <b>Originating Branch:</b>     | Benefit Programs                                                                  |                        |                 |
| <b>Original Approval Date:</b> | November 27, 2000                                                                 | <b>Effective Date:</b> | October 9, 2026 |
| <b>Approved By:</b>            |  |                        |                 |
|                                | <hr/> Kimberlee Barro<br>Associate Deputy Minister Health and Wellness            |                        |                 |

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**Version 3.0**

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## 1. POLICY STATEMENT

- 1.1. The Department of Health and Wellness (DHW) recognizes that Pharmacare beneficiaries may, in certain circumstances, need to pay out-of-pocket for eligible drugs, devices, or supplies when direct billing through the standard Pharmacare dispensing process is not available. This policy establishes a consistent approach for reimbursing these claims by setting beneficiary submission requirements and directing the Administrator to assess and pay claims in accordance with the applicable Pharmacare Program eligibility, formulary coverage, documentation, submission timeline, and cost-sharing requirements.

## 2. DEFINITIONS

- 2.1. **Administrator:** The private entity contracted by DHW through a service agreement to manage all program-related codes, billing systems, and claims processing for benefits under Pharmacare Programs.
- 2.2. **Beneficiary:** An individual who is enrolled in, approved for, or otherwise determined eligible under a Pharmacare Program for the purposes of reimbursement under this policy, pursuant to the *Fair Drug Pricing Act* and regulations.
- 2.3. **Benefit:** A prescribed drug, device, or supply for which some level of coverage applies under a Pharmacare Program.
- 2.4. **Controlled substance:** Any drug listed in the schedules to the *Controlled Drugs and Substances Act* (Canada), as amended or replaced by successor legislation, that is subject to enhanced federal and provincial controls on prescribing, dispensing, storage, and possession.
- 2.5. **Copayment:** The amount that may be required to be paid by a beneficiary toward the cost of a benefit.

- 2.6. **Deductible:** The amount a beneficiary may be required to pay toward the cost of a benefit under a Pharmacare Program before reimbursement or coverage is applied.
- 2.7. **Exception status benefits:** A drug, device, or supply listed in the Nova Scotia Formulary that is not automatically eligible for coverage under standard program rules and requires special authorization. Approval is based on specific clinical criteria and prescriber justification.
- 2.8. **Nova Scotia Formulary:** A consolidated document that lists the entire range of drugs, devices and supplies available in a therapeutic class, indicating those which are benefits under each Pharmacare Program. It indicates whether exception status applies to a drug or device and the criteria for coverage. It also provides interchangeability information, including maximum price and cost of drugs and devices, where applicable. Each drug and device listed in the Nova Scotia Formulary is classified according to the Anatomical Therapeutic Chemical Classification System.
- 2.9. **Nova Scotia Pharmacare:** The DHW provincial drug insurance programs that provide eligible Nova Scotia residents with coverage for approved drugs, devices, or supplies in accordance with the *Fair Drug Pricing Act* and its regulations. For the purposes of this policy, the applicable Pharmacare programs are Family Pharmacare and Seniors' Pharmacare.
- 2.10. **Out-of-pocket (pay patient) costs/expenses:** Amounts paid directly by a beneficiary for eligible prescription drugs, devices, or supplies that cannot be billed directly to Nova Scotia Pharmacare. These are pay-patient claims, not pharmacy provider-submitted claims. They may include the full purchase price of the item, as well as any required copayments or deductibles under the beneficiary's Pharmacare Program.
- 2.11. **Pharmacare dispensing fee:** The applicable maximum Pharmacare dispensing fee as described in the Pharmacare Tariff Agreement between DHW and Pharmacy Association of Nova Scotia.
- 2.12. **Pharmacare Tariff Agreement:** The agreement between DHW and the Pharmacy Association of Nova Scotia to determine maximum professional fees, allowable mark-ups, and definitions of maximum prices that pharmacies can charge for benefits covered under the Pharmacare Programs.
- 2.13. **Pharmacy provider:** A pharmacy that is licensed under applicable provincial or territorial legislation and, where required, has an agreement or other billing arrangement with DHW.
- 2.14. **Resident:** A resident as defined in the *Health Services and Insurance Act*, who holds a valid Nova Scotia health card.

### 3. POLICY OBJECTIVES

- 3.1. Clearly describe the criteria that determine when a Pharmacare beneficiary is eligible to be reimbursed for Pharmacare benefits they have paid for out-of-pocket.

- 3.2. Define the requirements beneficiaries must meet when submitting a reimbursement request, including any necessary documentation, timelines, and submission standards to ensure complete and verifiable claims.
- 3.3. Provide clear direction to the Administrator on the process for adjudicating and reimbursing eligible out-of-pocket claims submitted under the Pharmacare Programs.
- 3.4. Improve the overall beneficiary experience by supporting reimbursement for eligible out-of-pocket expenses and reducing financial burden in accessing benefits when upfront payment is required.

#### **4. APPLICATION**

- 4.1. This policy applies to the Administrator in the adjudication and payment of out-of-pocket reimbursement requests.
- 4.2. This policy applies to beneficiaries who submit reimbursement requests under the Pharmacare programs. The applicable Pharmacare programs for this policy are Family Pharmacare, Seniors' Pharmacare.
- 4.3. The policy does not apply if benefits were purchased outside of Canada, whether in emergency situations or otherwise.

#### **5. POLICY DIRECTIVES**

##### **Eligibility**

- 5.1. Claims are eligible for reimbursement when at the time of purchase, the benefit was listed as a benefit in the Nova Scotia Formulary and either the beneficiary was enrolled and in good standing in a Pharmacare Program or the resident was otherwise determined eligible under that Pharmacare Program.
- 5.2. Exception status benefits are only eligible for reimbursement if the beneficiary had been approved for the benefit through the exception status approval process under the applicable Pharmacare Program at the time the benefit was purchased.
- 5.3. When a beneficiary moves out of Nova Scotia and is no longer a resident of the province, they may remain eligible for reimbursement for benefits purchased up to and including the last day of the third month following the month in which they moved out of province, provided they meet all other eligibility requirements of the Pharmacare Program at the time of purchase. Benefits purchased after this period are not eligible for reimbursement under this policy.
- 5.4. If a beneficiary loses Nova Scotia residency after purchasing an eligible benefit but before the claim is processed, they remain eligible for reimbursement provided that all eligibility requirements were met on the purchase date and the claim is submitted within six months after that date.

##### **Out-of-Province Eligibility**

- 5.5. Claims for Pharmacare benefits that beneficiaries pay for out-of-pocket while travelling outside Nova Scotia may be eligible for reimbursement if the benefit was purchased from a pharmacy provider physically located within Canada and at least one of the following conditions is met:

- 5.5.1. The benefit was required because of an accident, sudden illness, or because a chronic illness was identified while the beneficiary was temporarily in an area in Canada where there was no access to a pharmacy provider for which DHW has established a tariff for reimbursement.
- 5.5.2. The benefit was ongoing treatment for a diagnosed chronic illness, but the beneficiary's medical condition prevented them from being able to obtain the benefit from a pharmacy provider or facility for which DHW has established a tariff for reimbursement.
- 5.5.3. The benefit was required as part of the beneficiary's outpatient medical therapy for a treatment outside of Nova Scotia that was given prior approval.
- 5.5.4. The benefit was a controlled substance prescribed for daily or weekly dispensing and was purchased because the beneficiary could not safely procure a vacation supply.
- 5.5.5. The benefit, because of its specific attributes, is not suitable for travel supply (e.g. requires refrigeration, etc.).
- 5.5.6. Circumstances not described above may be reviewed by the Administrator on a case-by-case basis to determine whether the claim is consistent with the purpose of this policy and the applicable Pharmacare Program eligibility requirements.

#### **Claim Submission Requirements**

- 5.6. The applicable Pharmacare Program must receive a reimbursement request, or a request to adjust a previously adjudicated claim, no later than six months after the date the benefit was purchased.
- 5.7. The beneficiary must submit a completed *Prescription Reimbursement Claim Form* (Appendix A), provide their health card number, and attach a medical expense report or official prescription receipt from the pharmacy.
  - 5.7.1. The receipt or medical expense report must show the pharmacy name, patient name, drug name, drug identification number (DIN), quantity dispensed, prescription number and amount paid.
  - 5.7.2. Cash register receipts are not accepted.
- 5.8. For out-of-province claims, the beneficiary may also be required to provide travel dates or reasonable documentation confirming the period they were outside Nova Scotia where that information is needed to verify that the purchase occurred during the reported travel period and that the claim meets the out-of-province eligibility criteria.

#### **Claim Review, Adjudication and Payment**

- 5.9. Where an incomplete request was received within the six-month submission period, the Administrator shall advise the beneficiary of the missing information and specify a reasonable deadline for providing it. The notice shall state that failure to provide the requested information by the deadline may result in denial of the claim.
- 5.10. Reimbursement will not be issued until the claim is complete and meets all applicable requirements.
- 5.11. The Administrator shall adjudicate each claim based on the beneficiary's eligibility, coverage, and cost-sharing requirements in effect on the date of purchase. For an

eligible out-of-pocket claim, the Administrator shall calculate the eligible claim amount using:

- 5.11.1. the applicable drug price listed in the Nova Scotia Formulary;
- 5.11.2. the dispensing fee and allowable mark-up percentages established under the Pharmacare Tariff Agreement;
- 5.11.3. any applicable deductible and copayment in accordance with relevant Pharmacare program policies. For greater clarity, amounts applied to the deductible and/or copayment shall count toward the beneficiary's applicable deductible and/or copayment maximums. The Administrator shall reimburse only the portion of the eligible claim amount, if any, that remains after the applicable cost-sharing maximums have been met.

5.12. The Administrator should process a complete claim and issue any approved reimbursement cheque within six weeks after receiving the complete claim. The six-week processing period may be exceeded where additional verification is required after a claim has been determined complete.

5.13. Approved reimbursements will be issued to the beneficiary by cheque. Direct deposit is not available.

#### **Decisions and Reconsideration**

5.14. The Administrator shall notify the beneficiary in writing of the decision. If a claim is denied in whole or in part, the notice must identify the reason for the decision, the policy requirement that was not met, and the process and deadline for requesting reconsideration or appeal, where available.

5.15. A beneficiary may request reconsideration of a denied claim by submitting the request and any supporting information to the Administrator in accordance with the process and deadline set out in the denial notice.

- 5.15.1. The reconsideration shall assess whether the original decision correctly applied this policy and the applicable Pharmacare Program requirements, taking into account any new or additional information submitted by the beneficiary.
- 5.15.2. The reviewer may confirm, vary, or reverse the original decision where the original decision was based on an error, relevant information was not previously considered, or new information demonstrates that the claim meets the applicable eligibility and reimbursement requirements.
- 5.15.3. The Administrator shall provide the beneficiary with a written decision and reasons.

#### **Calculation of Out-of-Province Reimbursement**

5.16. For out-of-province claims, reimbursement shall be paid directly to the beneficiary (not the pharmacy provider) in an amount up to what would have been payable under the Pharmacare Tariff Agreement in effect on the date of purchase, less any applicable copayments and deductibles.

5.17. Out-of-province claims are adjudicated based on the Nova Scotia Pharmacare dispensing fee, drug cost, and mark-up parameters in effect at the time of purchase. Where the amount paid by the beneficiary is less than the Nova Scotia tariff amount, reimbursement is limited to the amount paid; where the submitted amount exceeds

the Nova Scotia tariff, reimbursement is limited to the allowable amount under the Tariff.

### **Coordination of Benefits**

- 5.18. A beneficiary is not eligible for reimbursement under this policy for any amount reimbursed or payable by another public or private drug plan, insurer, or third party. The beneficiary must disclose any other coverage or reimbursement relating to the claim, and the Administrator may request information reasonably necessary to prevent duplicate payment.
- 5.19. The beneficiary shall disclose any other coverage to the pharmacy provider so that benefits can be coordinated. The pharmacy provider is responsible for coordinating benefits and determining the amount payable by other coverage before Pharmacare reimbursement is calculated. The beneficiary is not required to pursue other coverage or obtain proof of denial unless the Administrator reasonably requires information from the beneficiary that is not otherwise available. Pharmacare may reimburse only the eligible amount remaining after all other coverage has been applied.

## **6. POLICY GUIDELINES**

- 6.1. To support consistent review of out-of-province reimbursement requests, the Administrator may request reasonable verification of the beneficiary's travel dates, when the information is insufficient to confirm eligibility. Verification may be requested where travel dates are missing or unclear, where the purchase date does not appear to align with the reported travel period, where the claims involve an extended stay outside Nova Scotia, or where additional information is needed to confirm that the claim meets the out-of-province criteria. Verification is not required in every case and should be limited to the information reasonably needed to confirm eligibility.

## **7. ROLES AND RESPONSIBILITIES**

- 7.1. DHW Benefit Programs is responsible for the development and maintenance of this policy under the authority of the *Fair Drug Pricing Act*. In accordance with corporate direction, all policies must be reviewed every three years.
- 7.2. The Senior Executive Director responsible for Benefit Programs, or delegate, shall oversee implementation of this policy, monitor compliance and operational outcomes, and direct corrective action where deficiencies are identified.
- 7.3. The Deputy Minister of Health and Wellness is accountable for the administration of this policy.
- 7.4. The Administrator shall maintain and follow procedures to implement this policy and shall monitor compliance with applicable Pharmacare policies under the service agreement between DHW and the Administrator.
- 7.5. DHW Benefit Programs may periodically audit the Administrator's procedures to verify that required documentation is maintained, and that reimbursement decisions are supported and compliant with the policy. The Administrator shall address identified deficiencies within timelines established by DHW and report on corrective action when requested.

## 8. REFERENCES

- 8.1. *Fair Drug Pricing Act*
- 8.2. *Controlled Drugs and Substances Act (Canada)*
- 8.3. *Health Services and Insurance Act*
- 8.4. *Regulated Health Professions Act*
- 8.5. Nova Scotia Formulary
- 8.6. Pharmacare Tariff Agreement
- 8.7. Pharmacy Guide
- 8.8. Nova Scotia Family Pharmacare Program Policy
- 8.9. Nova Scotia Seniors' Pharmacare Program Policy

## 9. APPENDICES

- 9.1. Appendix A - [Prescription Reimbursement Claim Form](#)

## 10. VERSION CONTROL

|                    |                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Version 1          |                                                                                                                                                                                                                                                                                                                                                                                                          |
| November 27, 2000: | New Policy                                                                                                                                                                                                                                                                                                                                                                                               |
| Version 2          |                                                                                                                                                                                                                                                                                                                                                                                                          |
| November 29, 2024: | Replaces all previous versions.                                                                                                                                                                                                                                                                                                                                                                          |
| Version 3          |                                                                                                                                                                                                                                                                                                                                                                                                          |
| October 9, 2026 :  | Replaces all previous versions. Policy changes include: <ul style="list-style-type: none"><li>• New policy template.</li><li>• Revisions to out-of-pocket claims including out-of-province criteria, official receipt requirements, six-month submission timeline, reimbursement to beneficiary, and adjustment of eligibility period to last day of third month after moving out of province.</li></ul> |

## 11. INQUIRIES

Nova Scotia Department of Health and Wellness [dhwpolicyandlegislation@novascotia.ca](mailto:dhwpolicyandlegislation@novascotia.ca)

## APPENDIX A



### Nova Scotia Pharmacare Programs

*Prescription Reimbursement Claim Form*

#### Patient Information

|                    |      |                      |             |
|--------------------|------|----------------------|-------------|
| Last Name          |      | First Name           |             |
| Health Card Number |      | Daytime Phone number |             |
| Mailing Address    | City | Province             | Postal Code |

#### Reimbursement Information

Please attach a copy of one of the following:

- ☐ Medical expense report from your pharmacy  
or  
☐ Official prescription receipt(s) from your pharmacy
- Please send in a copy of your receipt(s) as we are unable to return your original receipt(s).
  - Please note cash register receipts cannot be accepted.

Your medical expense report or copy of your official prescription receipt(s) must include the following information:

- Pharmacy name
- Patient name
- Drug name
- Drug identification number (DIN)
- Quantity dispensed
- Prescription numbers (RX)
- Physician's name

Were your prescriptions filled outside of Nova Scotia? ☐ Yes ☐ No

If yes, so that your prescriptions can be considered for reimbursement, please provide the reason they were filled outside of Nova Scotia.

Requests for reimbursement must be submitted to the Nova Scotia Pharmacare Programs within 6 months of the date your prescription was dispensed.

#### Signature

I certify that the information given on this form is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Submit Your Form (Signature not required if submitting through your MSI online account)

|                                                                                               |                                                                     |              |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------|
| Online:                                                                                       | By mail:                                                            | By fax:      |
| <a href="https://novascotia.ca/dhw-pharmacare-20">https://novascotia.ca/dhw-pharmacare-20</a> | Nova Scotia Pharmacare Programs<br>PO Box 500<br>Halifax NS B3J 2S1 | 902-468-9402 |

**For questions, please call 902-496-7001 or 1-800-305-5026 (toll-free in Canada)**

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act*, or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.