Public Service Health Care Plan (PSHCP)
- Carrier 12 -

Mandatory Generic Substitution

Mandatory generic substitution is in effect for all new drug prescriptions under the Public Service Health Care Plan (PSHCP). This means that PSHCP members and their eligible dependants will be reimbursed 80% of the lowest-cost generic drug equivalent, where one exists. Your help in informing PSHCP clients that not all generic drug equivalents are priced the same is appreciated. Reimbursement is 80% of the lowest-cost generic drug equivalent and is applied when a new generic drug becomes available. Generic equivalents may not be available for all strengths of a medication.

"No substitution" on a prescription does not guarantee reimbursement for the cost of the brand name drug. If a PSHCP member is prescribed or is taking a brand name drug, they have three options:

1. Switch to the lowest-cost alternative generic drug.
2. Pay the difference between the cost of the lowest generic drug and the brand name drug.
3. Discuss the issue with a medical professional. If the brand name drug is medically required, the member must complete and submit the Request for Brand Name Prescription Drug Coverage form to Canada Life. The form is available on the Canada Life PSHCP Member Services website at welcome.canadalife.com/pshcp/forms. If approved, the PSHCP will reimburse 80% of the applicable cost of the brand name drug.



What can pharmacies do?

1. Ensure your staff are aware of mandatory generic substitution for the PSHCP and that in some cases generic equivalents may not be available for all strengths of a medication.

    - If the member is on a brand name drug where a generic is available, let them know a generic is available and the PSHCP will only reimburse 80% of the lowest-cost generic drug equivalent. Also remind patients they can continue taking their brand name drug and pay the difference in cost or complete and submit a Request for Brand Name Prescription Drug Coverage form to Canada Life.
    - In the event a member asks about a brand drug payment assistance card, check what your pharmacy has available. For more information, check out **rxhelp.ca** or **innovicares.ca**.

2. Know where to direct members for more information:
    - Plan design details at **njc-cnm.gc.ca/directive/d9/en**
    - Canada Life PSHCP Member Services website at **welcome.canadalife.com/pshcp**

Reminder: Conditional Day Supply Limit

The Day Supply Limit for drugs under the PSHCP is 100 days for both acute and maintenance drugs.

If the patient is travelling and requires more than a 100-day supply, you may allow up to a 200-day supply of medication (acute and maintenance drugs) under the PSHCP only, provided a valid prescription has been provided for the authorized quantity.



Review the scenarios in the chart on the next page to determine which codes to use. What code is needed depends on if the claim is an early refill and if the patient has other coverage.

Note

The PSHCP is administered by Canada Life. Claims for this plan must be submitted using your PSHCP provider number (XX12XXXXXX) and the PSHCP insurer/carrier number is 12.

All other plans administered by Canada Life must be submitted using your regular TELUS provider number and the Canada Life insurer/carrier number is 11.

Questions

If you have any questions, please call the PSHCP Pharmacy Claims Support Centre at 1-800-668-1608.



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Conditional Day Supply Limit

Example: Patient is going on vacation from December 10, 2026, to April 30, 2027, and requires greater than a 100-day supply.
IMPORTANT: In all cases, documentation is required in the event of a pharmacy audit.

Refill timing	**Other coverage** The patient has other drug coverage (private or provincial or territorial)	**Pharmacy procedures** Note: For Quebec pharmacies, please consult the AQPP guidelines for submitting additional days supply claims as appropriate.
Not an early refill (The patient has used 2/3 of their current supply and the submitted claim does not result in an early refill message)	No other coverage	1. Submit the correct full-day supply being dispensed and submit with the intervention code **MV**. 2. Document the reason for additional supply on the prescription hard copy.
	Patient has other coverage	1. Submit the correct full-day supply being dispensed and submit with the intervention code **MV** and either **DA** or **DB**. 2. Document the reason for additional supply on the prescription hard copy. If the patient's other coverage is a provincial or territorial plan that requires the pharmacy to split the claim in two: 1. Submit an initial claim for a 100-day supply with the **DA** intervention.

		2. Submit a second claim for the additional day supply required for vacation purposes and not exceeding a combined amount of 200 days to the provincial or territorial plan only with an **MV** intervention code, and have the patient pay and submit a manual claim for any residual on the second claim. On this second claim, the provincial or territorial plan may allow a dispense fee – please process accordingly.
Early refill (The patient is not due for a refill and the submitted claim results in an early refill message)	No other coverage	1. Submit the correct full-day supply being dispensed and submit with the intervention code MV and the appropriate U code. For example: MVUJ · UG cautioned patient. Rx filled as written. · UI consulted other source. Rx filled as written. · UJ consulted other sources. Altered Rx and filled. · UN assessed patient. Therapy is appropriate. 2. Document the reason for additional supply and early refill on the prescription hard copy.
	Patient has other coverage	**Two options available** **Option A: Split claim process** 1. Submit the initial claim for a 100-day supply with **DA** or **DB** intervention and the appropriate **U code** to indicate why the refill is early. For example: DAUG · UG cautioned patient. Rx filled as written.

		· UI consulted other source. Rx filled as written. · UJ consulted other sources. Altered Rx and filled. · UN assessed patient. Therapy is appropriate. Submit a second claim for the additional day supply required for vacation purposes and not exceeding a combined amount of 200 days to the provincial or territorial plan only with an **MV** intervention code, and have the patient pay and submit a manual claim for any residual on the second claim. On this second claim, the provincial or territorial plan may allow a dispense fee – please process accordingly. **Option B: Alternate flow process** The patient has three other options: A. Wait until 2/3 of their current supply has been used and then request the vacation supply limit to be filled (no early refill). B. If an early refill is required due to travel, contact Canada Life to arrange a temporary day-supply extension. Once approved, the vacation supply can be purchased at the pharmacy using the patient's drug card C. Pay for the vacation supply prescriptions and submit a manual claim.