

## **Fast facts on your PSHCP benefit card**

### **What is a generic drug?**

Generic drug is the term used for a product that contains the same medicinal ingredients as its corresponding brand name drug. Use of generic equivalent drugs is widespread in Canada. Health Canada approves all generic drugs for safety, effectiveness and quality, using the same standards for generic-equivalent medication as for the brand name drug.

### **I usually get a brand name drug when I fill my prescription. Why did my pharmacist give me a different medication?**

You can verify with your pharmacist, but it's possible that your pharmacist dispensed a generic drug to replace the brand name drug your doctor prescribed.

It was decided in 2006 that the PSHCP would adopt the practise of substitution of generic for brand-name drugs; therefore, the PCHCP reimburses the cost of the lowest-cost equivalent drug, unless your doctor indicates "No substitution" on the prescription.

Not all drugs have a generic equivalent; however, where they do, generics often cost less than the brand name drug, which results in a lower cost for your 20% share of the prescription. In the case where the brand name drug is less expensive, the lower cost prescription will be dispensed.

### **What if I still want a brand name drug?**

If you and your physician have discussed this issue, and your doctor believes that you need to take the brand name drug rather than the generic equivalent, your doctor can indicate "No substitution" on your prescription, and the plan will pay the cost of the brand name drug.

You always have a choice. If you wish to pay the higher cost of the brand name drug, you can ask your pharmacist to dispense the brand name. The plan will pay the cost of the generic equivalent, and your share of the cost will increase.

### **Why are some of my prescription drug claims being denied when i use my public service health care plan benefit card?**

The benefit card has brought in improvements in the way prescription drugs and certain medical supplies are processed under the Public Service Health Care Plan to enhance your health and safety and that of your eligible dependants.

When prescription drugs are dispensed, an automatic drug utilization review helps the pharmacist ensure that medication is dispensed safely and after the allowable refill date.

For more information, contact the Sun Life Call Centre from Monday to Friday, 6:30 a.m. to 8:00 p.m. EST in the National Capital Region at 613-560-7846 or 1-877-283-1411 (toll free).

### **Why do I have to provide proof of provincial coverage?**

The Public Service Health Care Plan supplements provincial and territorial health insurance plans for members and their dependents residing in Canada.

When members use the benefit card to pay for a prescription, they are assessed against their provincial or territorial supplementary drug plan.

With the implementation of the benefit card, we are able to exercise greater care to ensure that the plan only pays for eligible prescriptions, and that provincial coverage pays first, where applicable.

Some members have had their claims denied because the annual dollar threshold in certain provinces has already been surpassed.

When members provide proof of provincial coverage, the amount not paid by the province can be submitted to Sun Life for the member's supplementary benefit.

For more information, contact the Sun Life Call Centre from Monday to Friday, 6:30 a.m. to 8:00 p.m. EST in the National Capital Region at 613-560-7846 or 1-877-283-1411 (toll free).

For more information on provincial/territorial health coverage, visit the [Health Canada website](#).

### **Why is there a days-supply limit on some of my prescriptions?**

The Public Service Health Care Plan provides coverage for eligible prescription drugs and medical supplies through the new benefit card.

If your doctor has prescribed a medication for an extended period, you can receive up to a 100-day supply at a time.

If you will be travelling and need more than a three-month supply, contact the Sun Life PSHCP call centre. Sun Life will make a notation on your file so that you can purchase an additional 100-day supply with your benefit card. This file update will take two business days to reach your pharmacy.

The Sun Life PSHCP call centre is open from 6:30 am to 8:00 pm, Monday to Friday (EST), in the National Capital Region, at 613-247-5100 or toll free at 1-888-757-7427.

### **Why is my pharmacist requesting a prescription for products I have been buying for years and for which I have been receiving reimbursement under the plan?**

Your pharmacist may request a prescription for products you have been purchasing to ensure that you are under ongoing medical treatment and to ensure the prescription is current.

Because certain products are now being processed electronically, pharmacists may also require a prescription for external audit purposes.

**I submitted a paper claim for my pharmacy purchase; why was my reimbursement reduced?**

When you use your PSHCP benefit card to purchase a prescription, the pharmacist is required to accept the price paid by Sun Life for eligible prescription drugs and medical supplies. This price file applies across Canada and represents the normal mark-up and cost that the pharmacy can charge.

Because the price file is monitored electronically through the use of the benefit card, if you do not use the card when purchasing your prescription, you may be charged more than the established price file. If this occurs, when you submit your paper claim to Sun Life it will be evaluated based on the price file amount and your reimbursement will be reduced.

If you use your PSHCP benefit card for all transactions, you will not have to pay any ineligible amount.

[More questions and answers](#) concerning positive enrolment and the PSHCP benefit card.