

## 8 Pharmacy Fees and Subsidies, and Provider Payment

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## **8.1 About Pharmacy Fees and Subsidies**

- PharmaCare fees, fee limits, and subsidies include:
  - dispensing fees ([Section 8.2](#))
  - frequency of dispensing policy ([Section 8.3](#))
  - clinical services fees ([Section 8.4](#))
  - special services fees ([Section 8.5](#))
  - trial prescription fees ([Section 8.6](#))
  - capitation fees ([Section 8.7](#))
  - methadone interaction fees ([Section 8.8](#))
  - medication review services fees ([Section 8.9](#))
  - payment for publicly funded vaccination administration by pharmacists ([Section 8.10](#))
  - subsidies for rural pharmacies ([Section 8.11](#))
- The fees PharmaCare covers (that is, the fees that count towards a patient's Fair PharmaCare deductible or that are reimbursed by PharmaCare) are subject to certain limits.
- Learn about how payments are made in [Section 8.12](#).

## 8.2 Dispensing Fees

[October 1, 2017: Updated to reflect the addition of Plan W and removal of the historical dispensing fee information]

### General Policy Description

- PharmaCare covers dispensing fees for eligible British Columbians.
- PharmaCare sets a maximum dispensing fee it will reimburse.
- PharmaCare limits the number of dispensing fees it covers for frequent dispensing.

### Policy Details

#### Patient eligibility

- Patients are eligible for coverage of dispensing fees if they are covered under Fair PharmaCare or PharmaCare plans C, D, F, G, S, P and W.

#### Maximum fee

- Pharmacies may not claim a dispensing fee from PharmaCare that is greater than the actual fee charged to any person or agency.
- The maximum dispensing fee reimbursed by PharmaCare is **\$10.00**.

#### Who can claim a dispensing fee?

- PharmaCare covers dispensing fees charged by community and hospital pharmacies and dispensing physicians.
- Non-pharmaceutical suppliers are not entitled to charge a dispensing fee.

#### Frequent dispensing

- PharmaCare limits the number of dispensing fees a pharmacy may claim for frequent dispensing. Please see the [Frequency of Dispensing Policy—Fee Limits](#) for more information.

### Questions & Answers

*Is a pharmacy required to notify PharmaCare of its dispensing fee or changes to its dispensing fee?*

- No. PharmaCare sets limits of the maximum fee and maximum number of fees it will reimburse regardless of the actual amount charged by pharmacy.

## 8.3 Frequency of Dispensing Policy—Fee Limits

[Effective February 1, 2009][Revised March 1, 2013] [October 1, 2017: Updated to reflect the addition of Plan W]

### General Policy Description

PharmaCare limits the number of dispensing fees it will cover for frequent dispensing.

Frequent dispensing is defined as dispensing **daily** or **every 2 to 27 days**.

### Policy Details

#### Fee limits

- Under the Frequency of Dispensing Policy PharmaCare limits the number of dispensing fees it covers for patients receiving:
  - daily dispensing, and/or
  - dispensing every 2 to 27 days.
- PharmaCare continues to cover one dispensing fee when a single fill is provided for:
  - [Amended August 23, 2016] the total quantity the prescriber specified on the prescription, or
  - no less than the [Maximum Days Supply](#) allowed under PharmaCare policy.
- However, PharmaCare limits the number of dispensing fees covered when:
  - a prescriber orders daily dispensing, or
  - a prescriber or pharmacist initiates dispensing in 2- to 27-day supplies.

#### Adherence to policy

- The Ministry of Health may audit pharmacy claim records and will recover funds if the number of dispensing fees paid exceeds those allowed under this policy.

#### Policy inclusions / exemptions

##### Included products

Methadone	The Frequency of Dispensing Policy applies to prescriptions for methadone (for pain or for maintenance).  For methadone for maintenance, PharmaCare continues to pay an interaction fee for witnessing ingestion.
Plans C (Income Assistance), Fair PharmaCare, D (Cystic Fibrosis), F (At Home Program Children), G (Psychiatric Medication), P (Palliative Care) and W (First Nations Health Benefits)	All the plans listed are subject to the Frequency of Dispensing Policy.

### *Exempted products*

Plan B (residential care) patients	The Frequency of Dispensing policy does not apply to residential care patients covered under PharmaCare Plan B. All other plans are subject to the maximum number of fees specified below.
Treatment of an Acute Condition	PharmaCare will accept a dispensing fee if a pharmacy dispenses, in a single fill, the entire prescribed supply of a medication for a defined duration of therapy with a days' supply of 27 days or less—that is, a medication intended to treat a temporary or intermittent condition (e.g., antibiotics, antifungals, antivirals, short-term pain medications, etc.)  Please refer to the <a href="#">Intervention Code</a> information for details.
First fills of a new chemical entity as an interim supply	A pharmacy dispenses a first fill of a new chemical entity as an interim supply to last until the patient's next scheduled compliance package is prepared.  Please refer to the <a href="#">Intervention Code</a> information for details.

### *Exclusion of inhalers, nebulizers and nitroglycerin sprays*

- As of October 15, 2009, certain inhalers, nebulizers and nitroglycerin sprays were excluded from the Frequency of Dispensing policy. As new products of this type become available, the list may be expanded.
- See the list of [excluded inhalers, nebulizers and nitroglycerine sprays](#).
- Enquiries about the potential inclusion of other products such as this (i.e., those that may create a quantity issue when the Frequency of Dispensing policy is applied) can be emailed to the Ministry of Health, Pharmaceutical Services Division at [pharma@gov.bc.ca](mailto:pharma@gov.bc.ca).

### *Application of fee limits*

- **Fee limits are per pharmacy.** That is, if a patient fills prescriptions at more than one pharmacy on the same day, each pharmacy can claim the maximum number of fees allowed under the policy.
- However, **dividing patient claims between two or more pharmacies in order to circumvent the maximum number of fees covered under the Frequency of Dispensing Policy is not permitted and is subject to audit by the Ministry of Health.**

### *The importance of entering the correct days' supply*

- As is the case for all claims, entering the appropriate days' supply is important.
- For instance, for PRN (take as needed) medications, calculate the days' supplied based on the maximum dosage per day indicated on the prescription. This prevents a patient who needs the full dosage each day from running short of medication before the expiry of the days' supply. This makes sure that the Early Fill Policy, Travel Supply Policy and Frequency of Dispensing policy will be applied appropriately.

## Daily dispensing

- *[Amended August 23, 2016]* If the prescriber handwrites “Dispense Daily/Daily Dispensing<sup>1</sup>” on the original prescription, or includes the order on a prescription generated from the physician’s Electronic Medical Record system, PharmaCare covers:
  - One (1) dispensing fee per patient, per drug (DIN), per day—to a maximum of three (3) dispensing fees per patient, per day.
- PharmaCare covers a dispensing fee only if the date of the original prescription is no more than 60 days earlier than the dispensing date.
- If a prescription is dated more than 60 days earlier than the dispensing date, the prescriber must re-authorize daily dispensing in handwriting on a new prescription.
- After a patient has reached the maximum number of daily dispensing fees, pharmacies cannot change a physician’s order for daily dispensing to every-second-day dispensing, or any other dispensing frequency, for the purposes of obtaining extra dispensing fees.

## Dispensing every 2 to 27 days

### Prescriber-initiated

- *[Amended August 23, 2016]* If the prescriber orders medication to be dispensed in a two- to 27-day supply in writing on the original prescription or includes the order on a prescription generated from the physician’s Electronic Medical Record system (i.e., by writing “Blister packs/packing,” “Weekly Dispensing,” or “Compliance Packaging,” “Bi-Weekly Dispensing”), PharmaCare will cover:
  - One (1) dispensing fee per patient, per drug (DIN), per prescribed supply—to a maximum of five (5) fees per patient, per prescribed supply.
- **Example 1:** If the prescriber orders weekly compliance packaging, PharmaCare covers one (1) dispensing fee per patient, per drug (DIN), per week—to a maximum of five (5) fees per patient per week.
- **Example 2:** If the prescriber orders bi-weekly dispensing, PharmaCare covers one (1) dispensing fee per patient, per drug (DIN), every two weeks—to a maximum of five (5) fees per patient every two weeks.

### *[Effective March 1, 2013] Required documentation for verbal prescriptions*

- If a pharmacy receives verbal authorization to dispense a prescription frequently, the pharmacy will not have any documentation to support a claim for fees for frequent dispensing. To claim a fee the pharmacy must complete a [Frequent Dispensing Authorization \(HLTH 5378\)](#), add the rationale “physician authorized frequency of dispensing” to the Rationale section of the form, then fax the form to the prescriber.

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<sup>1</sup> PharmaCare Audit cannot accept the abbreviation “DD” on the prescription.

*[Effective March 1, 2013] Faxed refill authorizations*

- If a pharmacy transmits a refill authorization to a practitioner, the pharmacy will not have any independent documentation to show that frequency of dispensing was initiated by the practitioner. To support a claim for fees for frequent dispensing, the pharmacy must either:
  - ask the practitioner to provide the pharmacy with a refill authorization **produced by the practitioner’s office** requesting frequent dispensing OR
  - complete a [Frequent Dispensing Authorization \(HLTH 5378\)](#), add the rationale as “physician authorized frequency of dispensing for refill” to the Rationale section of the form, then fax the form to the prescriber.

***Pharmacist-initiated***

- If the patient meets the criteria below and the appropriate form is completed, PharmaCare will cover:
  - One (1) dispensing fee per patient, per drug (DIN), per authorized supply, to a maximum of five (5) fees per patient per authorized supply.

*Clinical criteria guideline for a two to 27-day supply*

- For coverage of dispensing fees, a patient must be unable to manage their drug therapy independently. That is, a patient must exhibit one or more of the following:

<ul style="list-style-type: none"><li>▪ Cognitive impairment</li><li>▪ History of abuse or poor compliance</li><li>▪ No support structure (to assist with administration of drug therapy)</li><li>▪ Risk of dependence</li><li>▪ Susceptible to theft or loss of belongings</li></ul>	<ul style="list-style-type: none"><li>▪ Complex medication regimen</li><li>▪ Physical or mental disability</li><li>▪ Literacy issues</li><li>▪ Language issues</li><li>▪ Non-compliance or misuse is suspected</li></ul>
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- If a patient exhibits one or more of the clinical situations above, the pharmacist must:
  - Complete the [Frequent Dispensing Authorization \(HLTH 5378\)](#) indicating the clinical criteria that support more frequent dispensing.
  - Obtain the signature of the patient or their representative.
  - Fax a Frequent Dispensing Authorization to:
    - the physician(s) who prescribed the drug(s)
  - Retain proof of fax (i.e., fax verification form) on file and retain the Frequent Dispensing Authorization in accordance with College of Pharmacists of B.C. policies and bylaws. PharmaCare cannot accept forms that have been mailed or hand-delivered to the physician’s office. PharmaCare cannot accept fax reports listing multiple faxes.

*A prescriber who disagrees with the frequency of dispensing can complete the last section of the form and fax it to both the pharmacy and PharmaCare. See [When a prescriber disagrees with frequent dispensing for a patient](#) for more information.*

- PharmaCare cannot accept Frequent Dispensing Authorization forms completed after a pharmacy has been notified of an onsite audit.

### *Patients with multiple dispensing frequencies or multiple prescribers*

- Pharmacies must notify the physician who prescribed the drug being dispensed. If the patient has multiple physicians, complete one FD Authorization form for each prescriber and notify each prescriber separately by faxing the form to them.
- If a patient is receiving medications on more than one dispensing frequency, a separate form must also be completed for each frequency.

### *Prescription transfers*

- When a prescription is transferred from one pharmacy to another pharmacy, the receiving pharmacy is responsible for completing a FD Authorization form and faxing it to the prescriber(s).

### *Required Annual Renewal—Frequent Dispensing Authorizations Forms*

- The Frequent Dispensing Authorization form for each patient must be renewed each year, on or before the date the patient signed the original form.
- [Download the form](#) or order printed supplies through the PharmaNet HelpDesk.

### *Entering claims*

- The prescriber name submitted with a claim must agree with the prescriber name on the Frequent Dispensing Authorization Form.

### *Intervention Code—Treatment of an Acute Condition*

Enter the following intervention code and a fee will be covered.

<b>Intervention Code</b>	<b>UT—Treatment of an Acute Condition</b>
Requirements	<p>Use this code only:</p> <ul style="list-style-type: none"><li>▪ when dispensing, in a single fill, the entire prescribed supply of a medication for a defined duration of therapy with a days' supply of 27 days or less—that is, a medication intended to treat a temporary or intermittent condition (e.g., antibiotics, antifungals, antivirals, short-term pain medications, etc.).</li><li>▪ when a patient is receiving frequent dispensing.</li></ul> <p>Do not use this intervention code for subsequent repetitive fills of the same medication.</p>
PharmaNet Response	No response code is returned.
Documentation	Use of this intervention code is subject to audit. PharmaCare requires pharmacists to document the reason for the use of an intervention codes in a manner accessible for audit purposes. If the documentation of the use of the intervention code is recorded on the pharmacy's computer system, auditors require access to the pharmacy's computer system.

*Intervention Code—First fill of a new chemical entity as an interim supply OR an early fill of an existing frequently dispensed prescription*

Intervention Code	DQ—Professional Fee Appropriate
Requirements	<p>A pharmacy dispenses a first fill of a new chemical entity as an interim supply to last until the patient's next scheduled compliance package is prepared.</p> <p>The pharmacist must ensure that their pharmacy has not dispensed the chemical entity to the patient in the last 14 months by checking claim records and the PharmaNet profile.</p> <p>A change in strength, formulation and/or brand of a chemical entity already included on the patient's PharmaNet profile does NOT constitute a first fill of a new chemical entity.</p> <p>The first fill of the new chemical entity must be adjudicated at least one day before the dispensing of the next compliance package.</p>
	<b>OR</b>
	<p><b>A patient requires an early fill of an existing frequently dispensed prescription (for instance, due to a statutory holiday).</b></p> <p><b>The maximum of 5 dispensing fees per authorized supply still applies; therefore, in this scenario, the intervention code must only be used up to the first 5 claims.</b></p>
PharmaNet Response	No response.
Documentation	Use of this intervention code is subject to audit. PharmaCare requires pharmacists to document the reason for the use of an intervention codes in a manner accessible for audit purposes. If the documentation of the use of the intervention code is recorded on the pharmacy's computer system, auditors require access to the pharmacy's computer system.

*Intervention Code—Patient Pay*

Intervention Code	VG—Professional Service Fee Not To Be Paid
Requirements	<p>A patient requests frequent dispensing and the pharmacist determines the patient does not meet the clinical criteria for 2- to 27-day supplies. That is, the patient does not exhibit one or more of the following:</p> <ul style="list-style-type: none"> <li>▪ Cognitive impairment</li> <li>▪ History of abuse or poor compliance</li> <li>▪ No support structure (to assist with administration of drug therapy)</li> <li>▪ Risk of dependence</li> <li>▪ Susceptible to theft or loss of belongings</li> <li>▪ Complex medication regimen</li> <li>▪ Physical or mental disability</li> <li>▪ Literacy issues</li> <li>▪ Language issues</li> <li>▪ Non-compliance or misuse is suspected</li> </ul> <p>The patient chooses to pay the fees.</p> <p>Code cannot be used if the patient meets the clinical criteria for frequent dispensing.</p>

PharmaNet Response	PharmaNet will respond with DH—Professional fee adjusted.
Documentation	None required.

### *Calculation of maximum number of fees allowed for 2 to 27-day dispensing frequency*

- When the total number of active dispenses reaches five, no additional fees are payable.

### *What is an 'active dispense'?*

- Whenever a prescription is dispensed, PharmaNet:
  - checks for fills of any medication in the previous 27 days, then
  - checks the days' supply of these previous fills, and
  - calculates the patient's remaining days' supply.
- If the remaining days supply is more than **one** day, the claim is considered an 'active dispense.'

### *What is not considered an active dispense?*

- The following are not counted as active dispenses:
  - claims for non-benefit items
  - claims for non-drug items
  - claims for patients not covered under PharmaCare
  - claims submitted with the following intervention codes:
    - UT (Treatment of an Acute Condition / Full prescribed supply dispensed)
    - VG (Professional Fee Not to Be Paid)
    - MR (Lost or stolen)

### *Examples of how active dispenses are counted*

- When a patient receives all their medications in a weekly compliance/blister pack, the pharmacy is normally eligible for five dispensing fees for that patient each time the blister pack is dispensed. However, in some cases, patients may require medications outside the usual schedule.
- The [examples document](#) shows how 'active dispenses' are counted in more unusual circumstances such as when a patient has all their medication in weekly blister packs but receives some medication outside the normal dispensing schedule or when a patient has a mix of weekly blister packs and other medications.

### *When a prescriber disagrees with frequent dispensing for a patient*

- A prescriber has the right to disagree with frequent dispensing initiated by a pharmacist. If a prescriber considers frequent dispensing to be unwarranted, PharmaCare does not cover dispensing fees. PharmaCare may recover fees paid after the date on which the prescriber notified the pharmacy.
- If the prescriber disagrees with frequent dispensing, the pharmacist can choose to:
  - consult with the prescriber to ensure the prescriber is aware of any concerns, or
  - consult the patient to determine if they have another insurer who might cover the fees for frequent dispensing.

- If the patient chooses to pay the fees, use the appropriate intervention code to allow the patient to pay.
- If you consult the prescriber and the prescriber subsequently agrees that frequent dispensing is warranted, please complete a new [Frequent Dispensing Authorization \(HLTH 5378\)](#) and fax it to PharmaCare and the physician.
- If you choose not to consult the prescriber or, after consulting the prescriber, he/she does not support the frequency of dispensing, you must discontinue frequent dispensing for that patient— unless the patient chooses to continue and pay for it themselves.

*Patients on daily dispensing who also receive medication in 2 to 27-day supplies*

- PharmaNet adjudication allows:
  - up to three (3) dispensing fees per patient for the drugs (DINs) dispensed daily
  - up to five (5) dispensing fees per patient for the drugs (DINs) dispensed in a two- to 27-day supply.
- For example, if a patient receives five prescriptions dispensed daily and six prescriptions dispensed weekly, PharmaNet will allow three dispensing fees per day for the drugs dispensed daily and five fees per week for the drugs dispensed weekly.
- Please note that combining two frequencies of dispensing when treating a patient is being monitored and pharmacies may be asked to provide the supporting documentation, specifically:
  - *[Amended August 23, 2016]***For the drugs dispensed daily:** the original prescription with the physician's handwritten order or the order on a prescription generated from the physician's Electronic Medical Record system (i.e., "Dispense Daily/Daily Dispensing") for daily dispensing.
  - *[Amended August 23, 2016]***For the drugs dispensed in two- to 27-day supplies:** the original prescription with the physician's handwritten order or the order on a prescription generated from the physician's Electronic Medical Record system (i.e., "Blister Packing/Packaging", "Weekly Dispensing, "Compliance Packaging," "Bi-weekly Dispensing") for frequent dispensing OR the Frequent Dispensing Authorization form.

## Charges to patients

- The table below shows when a pharmacy can charge a patient or their third party insurer.

Patient is not covered by PharmaCare	Pharmacies can charge additional dispensing fees to patients or their third-party insurers.
Patient is below their Fair PharmaCare deductible	Only the number of fees specified in the Frequency of Dispensing Policy accumulates towards a patient's Fair PharmaCare deductible. ♦ Pharmacies can charge additional dispensing fees to patients or their third-party insurers.
Patient is above their Fair PharmaCare deductible or is on PharmaCare plan that does not have a deductible	PharmaCare covers ♦ only the fees specified in the Frequency of Dispensing Policy. Other insurers may or may not pay additional fees, however, pharmacies cannot collect additional fees from patients. If a pharmacy's dispensing fee is more than the PharmaCare maximum fee, the pharmacy cannot collect the difference from the patient.
Patient's physician has not prescribed frequent dispensing and patient does not meet the criteria. Patient has requested frequent dispensing.	Pharmacies are permitted to charge patients or their third-party insurers for additional dispensing fees. Claim should be entered using the intervention code VG — Professional Service Fee Not To Be Paid. PharmaNet will respond with DH—Professional fee adjusted.
Dispensing fee amounts above the maximum dispensing fee PharmaCare covers	If a fee is permitted under the policy, pharmacies can charge their usual and customary dispensing fee. PharmaCare continues to cover dispensing fees up to the existing maximum allowable dispensing fee. Amounts above these limits can be charged directly to the patient.

♦ Actual reimbursement of fees is subject to the rules of a patient's PharmaCare plan, including any annual deductible requirement.

- See [Intervention Code—Patient Pay](#).

## Questions & Answers

### Policy/dispensing scenarios

*What if a patient's frequent dispensing was discontinued and is now being resumed?*

- If a patient ceased receiving frequent dispensing and now requires frequent dispensing again, pharmacists must treat it as a new request. That is, for daily dispensing, pharmacists must have a properly-annotated prescription from the physician. For 2 to 27-day dispensing, the pharmacist must have a properly annotated prescription requesting frequent dispensing from the physician or must complete a Frequent Dispensing Authorization form and fax it to the prescriber, retaining proof of fax on file.

*How do I handle travel supplies for patients receiving frequent dispensing?*

- Pharmacies cannot bill PharmaCare weekly for a travel supply issued on a single date. For instance, if a patient requires three weeks of compliance-packaged medications, but the full three weeks' supply is dispensed at the same time, the pharmacy would not be permitted to claim a fee for the second and third week.

*Which physician should be notified if a patient has more than one physician?*

- Notify each physician who prescribed a drug that is being dispensed frequently. If a patient has multiple physicians and all the patient's prescriptions will be frequently dispensed (e.g., in a weekly blister pack), complete a separate [Frequent Dispensing Authorization \(HLTH 5378\)](#) for the medications prescribed by each prescriber (and for each dispensing frequency, if applicable) and fax the appropriate form to each prescribing physician.

*Does the LZ response code always mean a fee will be deducted from the pharmacy's payment?*

- No. For patients below the Fair PharmaCare deductible, PharmaNet tallies the maximum number of allowable fees **only to determine how much should count towards the patient's deductible**. The LZ code is returned for fees above the maximum, but, as no dispensing fee would have been covered anyway, it makes no difference to the pharmacy's payment.

*Is the "Early Fill/Fill Too Soon" policy still in place?*

- Yes. The "Early Fill / Fill Too Soon" policy introduced in 2002 is still in place. Under this policy neither the drug cost nor the dispensing fee is covered if a patient has more than 14 days' supply of medication left from the previous fill. This policy applies to all medications whether or not they are considered "frequently dispensed."
- The Travel Supply Policy introduced in 2008 also still applies. PharmaCare continues to allow an earlier fill once every six months (180 days) if a patient will be travelling outside B.C. Patients can top up their supply to the maximum days' supply recognized by PharmaCare as long as they complete and sign a Travel Declaration form (supplied by the pharmacy) on the date their prescription(s) is filled.

[Added August 23, 2016] *Does PharmaCare accept a prescriber's computer-generated prescription (i.e., not handwritten) that authorizes frequent dispensing?*

- Yes. A physician's order for frequent dispensing included in a prescription generated from the physician's Electronic Medical Record system is acceptable.

## Tools and Resources

### Quick Reference Table [Amended August 23, 2016]

Dispensing frequency scenario	Limit on # of dispensing fees?	Authorization form required?	Notes
Daily	Yes. Maximum of three dispensing fees per patient per day.	No.	Applies to all plans with the exception of Plan B  Prescriber must handwrite "Daily Dispensing" on the prescription or include the order on a prescription generated from their Electronic Medical Record system.
2- to 27-day supply, prescriber has ordered dispensing frequency	Yes. Maximum of five fees per patient, per prescribed supply (i.e., the prescribed frequency—weekly, bi-weekly, etc.).	No.	Applies to all plans with the exception of Plan B  Prescriber must handwrite Blister packs/packaging," "Weekly Dispensing," or "Compliance Packaging" on the prescription or include the order on a prescription generated from their Electronic Medical Record system.
2- to 27-day supply, pharmacist has initiated dispensing frequency	Yes. Maximum of five fees per patient, per prescribed supply (i.e., the prescribed frequency—weekly, bi-weekly, etc.).	Yes. Pharmacist must fax a completed Frequent Dispensing Authorization form for each dispensing frequency to each prescriber and retain proof of fax on file.	Applies to all plans with the exception of Plan B.
Dispensing frequency scenario	Limit on # of dispensing fees?	Authorization form required?	Notes
28-day supply or more	No.	No.	Dispensing should be in keeping with the PharmaCare Maximum Days Supply policy (30 days for short-term medications and for the first fill of a long term medication; 100 days for subsequent fills of a long-term medication).  The PharmaCare Early Fill ("Fill-Too-Soon") and Travel Supply policies continue to apply.