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**FREQUENCY OF DISPENSING—PHARMANET SOLUTION DETAILS**

The changes to PharmaNet to support the Frequency of Dispensing policy will come into effect on **July 23, 2009**. These changes allow PharmaNet to tally the allowable number of dispensing fees and permit payment according to the Frequency of Dispensing policy and to adjudicate dispensing fees above the allowable amounts to "zero".

Some claims are not subject to the maximum allowable fee cap. For claims specifically excluded under the policy, pharmacists can enter an intervention code (see page 4).

Please note that adjustments are still pending for fees above the maximum allowable for April through July 22, 2009 (see schedule on page 5).

**The use of PharmaNet is not intended as a substitute for professional judgment.  
Information on PharmaNet is not exhaustive and cannot be relied upon as complete.  
The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient.  
Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.**

## FREQUENCY OF DISPENSING—PHARMANET SOLUTION DETAILS, CONTINUED

### Frequency of Dispensing Policy

Province-wide adherence to the Frequency of Dispensing Policy protects the savings from which clinical services fees are paid.

Quick Reference Table

Dispensing frequency scenario	Limit on # of dispensing fees?	Authorization form required?	Notes
Daily	<ul style="list-style-type: none"> <li>• Yes.</li> <li>• Maximum of <b>three dispensing fees</b> per patient per day.</li> </ul>	No	<ul style="list-style-type: none"> <li>• Applies to all plans except Plan B.</li> <li>• Prescriber must handwrite order on the prescription.</li> <li>• Date of the original prescription must be no more than 60 days earlier than the dispensing date. Otherwise, prescriber must re-authorize in handwriting on a new prescription.</li> </ul>
2- to 27-day supply, <b>prescriber has ordered</b> dispensing frequency	<ul style="list-style-type: none"> <li>• Yes. Maximum of <b>five fees per patient, per prescribed supply</b> (i.e., the prescribed frequency—weekly, bi-weekly, etc.) whether ordered by prescriber or pharmacist.</li> </ul>	No	<ul style="list-style-type: none"> <li>• Applies to all plans with the exception of Plan B.</li> <li>• Prescriber must order.</li> </ul>
2- to 27-day supply, <b>pharmacist has initiated</b> dispensing frequency		Yes*	<ul style="list-style-type: none"> <li>• Applies to all plans except Plan B</li> </ul>
28-day supply or more	<ul style="list-style-type: none"> <li>• No</li> </ul>	No	<ul style="list-style-type: none"> <li>• Dispensing should be in keeping with the PharmaCare Maximum Days Supply policy (30 days for short-term medications and first fills of long-term medications; 100 days for subsequent fills of long-term medications).</li> <li>• PharmaCare Early Fill ("Fill-Too-Soon") and Travel Supply policies apply.</li> </ul>

\* Pharmacy must retain the form on file and fax a copy to the prescriber. Form must be renewed each year, on or before the date the patient signed the original form. Copies of the form are available at <https://www.health.gov.bc.ca/exforms/pharmacare/5378fil.pdf>.

## FREQUENCY OF DISPENSING—PHARMANET SOLUTION DETAILS, CONTINUED

### 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, use the appropriate intervention code to allow the patient to pay the fees.

### Methadone

Payment of dispensing fees for methadone for maintenance is subject to the Frequency of Dispensing Policy. PharmaCare continues to pay an interaction fee if ingestion is witnessed.

### Charging fees to patients

**For patients above or below their Fair PharmaCare deductible**, PharmaCare covers only the number of fees specified in the Frequency of Dispensing Policy and only fees covered by PharmaCare count toward the deductible.

Pharmacies **can** choose to charge additional dispensing fees above the maximum allowable under the Frequency of Dispensing Policy to patients who are **below** their Fair PharmaCare deductible, however, those fees do not count toward the patient's deductible.

**If PharmaCare is paying any portion of the patient's prescription cost**, pharmacies are **not** permitted to charge the patient dispensing fees above the maximum number of dispensing fees allowed under the Frequency of Dispensing Policy. Fees for these patients may, however, be reimbursed by other insurers.

The Ministry of Health Services may audit pharmacy claim records and will recover funds if the number of dispensing fees paid on a patient's frequently-dispensed prescriptions exceeds the maximum when PharmaCare is paying a portion of the cost.

### Response code when a claim exceeds the maximum number of fees allowed

As of July 23, 2009, when a claim exceeds the maximum number of dispensing fees allowed under the Frequency of Dispensing Policy, PharmaNet will respond with **LZ – Claim adjusted to plan type fee cap** and adjudicate the fee to zero.

## FREQUENCY OF DISPENSING—PHARMANET SOLUTION DETAILS, CONTINUED

### Claims not subject to the maximum fees allowed—Intervention codes

As described below, there are three dispensing scenarios in which a claim will not count towards the maximum number of fees allowed. In these situations, as of July 23, 2009, enter the intervention code indicated.

<b>Intervention Code</b>	UT – Treatment of an Acute Condition
<b>Requirements</b>	<ul style="list-style-type: none"> <li>• 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.).</li> <li>• Use this code only for patients receiving frequent dispensing.</li> <li>• Do not use this intervention code for subsequent repetitive fills of the same medication.</li> </ul>
<b>PharmaNet Response</b>	<ul style="list-style-type: none"> <li>• No response code will be returned.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

<b>Intervention Code</b>	DQ – Professional Fee Appropriate
<b>Requirements</b>	<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> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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. The first fill of the new chemical entity must be adjudicated at least one day before the dispensing of the next compliance package.</li> </ul>
<b>PharmaNet Response</b>	<ul style="list-style-type: none"> <li>• No response.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

## FREQUENCY OF DISPENSING—PHARMANET SOLUTION DETAILS, CONTINUED

<b>Intervention Code</b>	VG – Professional Service Fee Not To Be Paid
<b>Requirements</b>	<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 regime</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>
<b>PharmaNet Response</b>	<ul style="list-style-type: none"> <li>• PharmaNet will respond with DH – Professional fee adjusted.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• None required.</li> </ul>

### Schedule of Adjustments for the Transition Strategy Solution

Under the Frequency of Dispensing Transition Strategy, adjustment for fees above the maximum number of allowable fees were made each month. Deductions for April through July 22, 2009, are still pending. The schedule for these adjustments is:

Frequency of dispensing adjustments for...	Will appear on the scheduled payment on...
April	04-Aug-09
May	31-Aug-09
June	05-Oct-09
July 1 - 23	26-Oct-09

Note: Deductions are carried over to the next weekly payment if a pharmacy's payment on the date shown above is insufficient to allow for the deductions.

## SPECIAL SERVICES FEES

The number of Special Services fees that PharmaCare paid each month over the past year:

Jun 2009..... 2,554	Feb 2009 ..... 2,100	Oct 2008 .....3,309
May 2009.....2,357	Jan 2009..... 2,131	Sep 2008 ..... 2,972
Apr 2009.....2,347	Dec 2008 ..... 3,526	Aug 2008..... 2,373
Mar 2009 .....2,252	Nov 2008.....3,079	Jul 2008 .....2,905

## CORRECT QUANTITIES

### Insulin Pump Supplies

Claims for all items should be entered as “each” and reflect the number of pieces within the kit. For example, for infusion sets/kits:

- If you dispense **1** kit that contains **1** canula and **1** tubing, total quantity = **2**
- If you dispense **1** kit that contains **10** cannula and **10** tubing, total quantity = **20** (10 + 10).
- If you dispense **2** kits and each kit contains **10** cannula and **10** tubing, total quantity = **40** (10 + 10 x 2)

### Other Claims

A detailed list of the correct quantities to use when submitting claims to PharmaCare is available on our website. The list includes many commonly prescribed injectable medications and other products.

To access the list, visit our home page at [www.health.gov.bc.ca/pharmacare](http://www.health.gov.bc.ca/pharmacare) and select [Pharmacists and Other Medical Suppliers](#) from the left-hand **Contents** menu.



Would you like to request the addition of a specific product to this online list? E-mail your suggestions to [pharma@gov.bc.ca](mailto:pharma@gov.bc.ca).

## BENEFITS

The following drugs will:

- become benefits on **July 15, 2009**, and
- will be included as a new LCA Category on PharmaNet effective **August 20, 2009**, and
- the generic products will be subject to the Multiple-Source Generics Pricing Policy on **July 15, 2009**.

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	PRICE
RALOXIFENE HYDROCHLORIDE TAB 60 MG	2279215	APO-RALOXIFENE	F	
	2312298	NOVO-RALOXIFENE	F	
	2239028	EVISTA <sup>®</sup>	P	1.4273