

Multi-Year Pharmacy Funding Framework update

Maintenance Medication Dispensing Policy and introduction of a Maintenance Medication List (MML)

As previously communicated in **Benefact 1320**, the Government of Alberta and the Alberta Pharmacists' Association (RxA) have finalized a new multi-year Pharmacy Funding Framework that provides stability through to March 31, 2029. This notice provides additional details regarding the introduction of a Maintenance Medication List (MML) and new rules for managing maintenance medications in advance of implementation on **October 1, 2026**.

The Maintenance Medication Dispensing Policy is applied to all government plan members, excluding Palliative Coverage.

Maintenance medications are defined as a broad category of medications used in the ongoing management of chronic or long-term conditions. Once a patient is stabilized, these medications are generally expected to be continued without frequent dose adjustments and are therefore appropriate for extended-day dispensing.

The Maintenance Medication List (MML) is a defined list of maintenance medication categories that are adjudicated in real time for the dispensing fee rules. If the plan member meets the eligibility criteria for payment of a dispensing fee for days supply of < 84, as outlined within this policy, MML medications will require an applicable **intervention code** to be entered in the claims and the completion of a **Frequent Dispense Authorization Form**.

The Active Ingredient Group Form and Route (AFR) is a drug product grouping based on the **Active Ingredient Group (AIG)**—which identifies products containing the same active ingredient(s) at the same strength(s)—together with the product's pharmaceutical dosage form and route of administration. AFR is used to group products with the same ingredient(s), strength(s), dosage form, and route, regardless of manufacturer or brand.

What's changing

- Under the new Maintenance Medication Dispensing Policy, maintenance medications are generally expected to be dispensed for 84 to 100 days once a patient is stabilized on therapy.
- An MML will be implemented into the Alberta Blue Cross claims systems and establish when a dispensing fee will be paid for a medication based on the nature of the medication and the day's supply dispensed.
- For dispensing fees to be paid, all maintenance medications dispensed for less than 84 days supply will require the plan member to meet certain eligibility criteria, a **Maintenance Medications Frequent Dispensing Authorization Form** to be completed and signed by the patient/patient agent and pharmacist, and, for MML products, the corresponding **intervention code** to be entered in the claim. The Maintenance Medications Frequent Dispensing Authorization Form can be found [here](#).

The Maintenance Medication Dispensing Policy builds on the existing Frequent Dispensing Policy, which sets the rules for when a dispensing fee will be paid for shorter day supplies.

continued next page

continued from previous page

Maintenance Medication List (MML) drug categories

Alzheimer Disease Agents	Antidepressants	Chronic Obstructive Pulmonary Disease Agents
Antiarthritics – DMARDs	Antiglaucoma Agents	Contraceptives (oral or injectable)
Antiasthmatics	Antihypertensive Agents	Cardiotonic Agents
Anticoagulants	Antiparkinsonian Agents	Hormone Replacement Therapy (oral or injectable)
Anticonvulsants	Benign Prostatic Hypertrophy Agents	Osteoporosis Agents
		Overactive Bladder Agents
Antidiabetic Agents	Cardiac Drugs • Antiangina Agents • Antilipemic Agents	Thyroid Agent Drugs
		Schedule 1 and 2 Vitamins

For more information, you can find a list of maintenance categories and active ingredients for government sponsored plans available on the Alberta Blue Cross pharmacy provider website at www.ab.bluecross.ca/providers/pharmacy-resources.php on October 1, 2026. This list will be updated regularly and additional medications may be added to correspond to the drug categories indicated in the MML Drug Categories List in the Benefact and Reference Guide.

Appropriate application of the Maintenance Medication Dispensing Policy

- The Maintenance Medication Dispensing Policy applies the rates and rule limits to the remuneration of dispensing fees only. The determination of how often a prescription is dispensed is determined by the pharmacist through collaboration with the patient and other health-care providers involved in the care of the patient.
- A dispensing fee will always be paid for a maintenance medication dispensed for 84 to 100 days. Fee payment remains subject to the early refill limit. At least 70% of the days' supply from the previous fill must have elapsed before the next dispensing fee is eligible for payment.
- When maintenance medication is dispensed for less than 84 days (shorter term dispensing), the payment of a dispensing fee will be determined by the rules set for in this policy.
- Although a pharmacist may determine that a dispensing interval <84 days is clinically appropriate, a dispensing fee will only be paid when the dispensing event meets the patient eligibility criteria, documentation requirements (Maintenance Medications Frequent Dispensing Authorization Form), and intervention code requirements for MML medications, where applicable.

Requirements for Maintenance Medications Frequent Dispensing Authorization Form:

- Must be completed indicating the eligibility criteria for shorter term dispensing
- Must be signed by the patient or patient's agent and the pharmacist
- A copy must be provided to the patient
- Includes an option for the patient to withdraw consent at any time
- Must be updated every 12 months
- Retention for the form is 2 years for audit and compliance purposes

continued next page

continued from previous page

- Residents of Type B and Type C Continuing Care Homes and Supportive Living Accommodation (SLA) are **exempt from completion of the Frequent Dispense Authorization Form**. However, intervention code **MY** must be submitted along with any claims for medications listed on the MML (see table below for more details).
- Other maintenance medications used for chronic or long-term conditions that aren't listed in the MML are NOT subject to intervention code requirements. However, where the plan participant meets one of the eligibility criteria for more frequent dispensing, the pharmacist must still complete and retain a Maintenance Medications Frequent Dispensing Authorization Form documenting that the patient meets one of the approved eligibility criteria to support receiving a dispensing fee.

For a newly prescribed maintenance medication or for a dose change (new Active Ingredient Group Form and Route (AFR)), up to 3 dispensing fees may be paid for the initial 3 dispenses with supplies less than 84 days without a Maintenance Medications Frequent Dispensing Authorization form or MML intervention code. After the initial 3 flexible dispenses, the medication must be dispensed for 84 to 100 days for a dispensing fee to be paid unless the requirements for a shorter day-supply under this policy are met, including use of an intervention code for MML products.

What are the exemptions under this policy?

Exemptions under the Maintenance Medication Dispensing Policy include:

- Acute or short-term dispensing
- Palliative Coverage Plan Members
- Opioid dependence treatment drugs such as Methadone and Suboxone
- Drugs covered under the All Albertans Programs, including Mifegymiso under the Women's Choice Program, naloxone kits under the Community Based Naloxone (CBN) program and oseltamivir for influenza outbreak prophylaxis under the Alberta Public Health Activities Program.

Eligibility for frequent dispensing

To be eligible for a dispensing fee for a maintenance medication dispensed with a days' supply of less than 84 days, the patient must meet one of the eligibility criteria below. Dispensing fee payment is subject to minimum dispensing day intervals and intervention code usage limits. Claims that don't meet the interval requirements will be adjusted to a \$0 dispensing fee.

Eligibility criteria for maintenance medications	2-27 Days	28 - 83 Days	Maintenance Medications Frequent Dispensing Authorization Form required	Intervention code (required ONLY for MML medications)	Annual usage limit per AFR per patient	Minimum day interval requirement for Intervention Code
Physician/Nurse Practitioner direction	Yes	Yes	Yes	UA – Consulted prescriber and filled Rx as written	28	10
Risk of theft/loss	Yes	Yes	Yes	MW – Valid reason to exceed good faith limit	28	10
Facility Living (excluding CCH Type B, Type C, and SLA)	Yes	Yes	Yes	DH – Rx synchronized pursuant to rule 19	28	10

continued next page

continued from previous page

Eligibility criteria for maintenance medications	2-27 Days	28 - 83 Days	Maintenance Medications Frequent Dispensing Authorization Form required	Intervention code (required ONLY for MML medications)	Annual usage limit per AFR per patient	Minimum day interval requirement for Intervention Code
Continuing Care Home Type B, Type C and SLA	Yes	Yes	No	MY – Long term care Rx split for compliance	28	10
Medication safety concerns/complex and unstable medication profile	No	Yes	Yes	CI – Significant drug interaction	15	24
Patient request (including patient requested compliance package)	No	Yes	Yes	UF – Patient gave adequate explanation. Rx filled as written	15	24

1 – Day supply for maintenance medications

- The details of daily dispense policy on maintenance medications will be communicated in the upcoming benefact

2 - 27 Days' Supply for maintenance medications

- Claims dispensed under 28 days are limited to 2 dispensing fees per 28 days per AFR if eligibility criteria are met AND the day supply is 2 to 27.
- Eligibility for 2 – 27 days dispensing fee payment includes either of the following:
 - With completion of Maintenance Medications Frequent Dispensing Authorization Form:
 - Physician/Nurse Practitioner direction
 - Risk of theft/loss
 - Residents receiving facility-based care (Facility Living: designated care facility that provides accommodation and ongoing care or support services to residents)
 - Residents of Type B and Type C Continuing Care Homes and Supportive Living Accommodation (SLA)

28 to 83 days' supply for maintenance medications

- Claims Dispensed between 28 to 83 days are limited to 1 dispensing fee per 28 days per AFR if eligibility criteria are met.
- Eligibility for 28 to 83 day dispensing fee payment includes either of the following:
 - With completion of Maintenance Medications Frequent Dispensing Authorization Form, either of the following:
 - Physician/Nurse practitioner direction
 - Risk of theft/loss
 - Facility Living (Facility: designated care facility that provides accommodation and ongoing care or support services to residents)

continued next page

continued from previous page

- Medication safety concerns/complex and unstable medication profile
- Patient request (including patient requested compliance packaging)
- Residents of Type B and Type C Continuing Care Homes and Supportive Living Accommodation (SLA)

The acute or short-term dispensing policy remains unchanged. Detailed information is available in the **Reference Guide for Alberta Pharmacies**.

For more information on the maintenance medication policy please refer to the **FAQ document**.

Details of upcoming changes related to daily dispensing will be provided in a future Benefact communication.

Pharmacists should continue to submit claims in accordance with program requirements and ensure that the submitted days' supply accurately reflects the quantity dispensed.

Additional information, including a Maintenance Medication List Reference Guide, the Maintenance Medications Frequent Dispensing Authorization Form, and supporting policy resources, will be available prior to October 1, 2026. A Notice of Changes outlining the corresponding changes to the Alberta Blue Cross Pharmaceutical Services Provider Agreement (ABCPSPA) will also be issued in advance of October 1, 2026.

Updates on additional changes under the new Framework will be communicated to pharmacists through Benefacts issued in advance of implementation.

Previous Communications:

- **Pharmacy Benefact 1320 - June 2026**: Special announcement: New multi-year Pharmacy Funding Framework
- **Pharmacy Benefact 1321- June 2026**: Second notice: Pharmacy services billing cap effective June 26, 2026
- **FAQ-for-Pharmacist-CAP.pdf**
- **Pharmacy Benefact 1333 - August 2026**: Multi-year Pharmacy Funding Framework update: Enhanced Care Plan claims reporting requirements
- **FAQ-for-CACP-and-SMMA-PIN.pdf**
- **Pharmacy Benefact 1335 - September 2026**: New Multi-Year Pharmacy Funding Framework: Updates to dispensing fees

Clarification: Benefact 1335 – Over-the-counter (OTC) changes

The over-the-counter (OTC) changes outlined in Benefact 1335 also apply to Alberta Blue Cross group and individual plans. Please refer to Benefact 1335 for full details of the changes.

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Pharmacy Services Provider Relations contact centre representative at

780-498-8370 (Edmonton and area)

403-294-4041 (Calgary and area)

1-800-361-9632 (toll free)

FAX 780-498-8406 (Edmonton and area)

FAX 1-877-305-9911 (toll free)

Alberta Blue Cross offers online access to current Pharmacy Benefacts and supplemental claiming information to assist with the submission of your direct-bill drug claims.

Visit ab.bluecross.ca/providers/pharmacy-home.php

