



September 16, 2026

Dear Pharmacy Owner,

Further to Pharmacy Benefact 1320, distributed on June 16, 2026, and pursuant to Sections 14.2(a) and 14.2(c) of the Alberta Blue Cross Pharmaceutical Services Provider Agreement (the Agreement), this notice is to inform you of the Changes to Coverage that will take effect October 1, 2026.

As a result, please find enclosed a *Notice of Changes*, and an updated version of Appendices A and C, effective October 1, 2026, for your records. You are not required to sign or return the *Notice of Changes* to Alberta Blue Cross.

If you have any questions regarding the *Notice of Changes*, please contact Graeme Bredo of Alberta Blue Cross Government Health Benefits at gbredo@ab.bluecross.ca.

We appreciate our continued close working relationship with pharmacies in the shared interest of serving our mutual clients and meeting their health needs.

Regards,

A handwritten signature in black ink that reads "Dianne Balon".

Dianne Balon
Senior Vice President, Government, Alberta Blue Cross

Enclosure





NOTICE OF CHANGES EFFECTIVE OCTOBER 1, 2026

TO: ALL PROVIDERS described in each of:

- A. the Alberta Blue Cross Pharmaceutical Services Provider Agreement (Pharmacy) made between April 1, 2018 and March 31, 2020 and amended by a written First Amending Agreement made effective April 1, 2020; and
 - B. the Alberta Blue Cross Pharmaceutical Services Provider Agreement (Pharmacy) made effective from and after April 1, 2020;
- (collectively referred to herein as the "Providers" and the "Pharmacy Agreements".)

FROM: ABC BENEFIT CORPORATION

o/a Alberta Blue Cross

(referred to herein as "ABC")

DATE: September 16, 2026

ABC hereby notifies the Providers that:

1. According to Section 1.7(b) of the Pharmacy Agreements, "Coverage" means, "the provisions of any appendix and/or schedule attached hereto which, from time to time, discusses, describes, defines and/or relates to Pharmaceutical Services, Pharmaceutical Services Charges and/or Claims, but only to the extent that such provisions are consistent with the provisions of the applicable Plan and are not in conflict with the provisions of the applicable Plan." Appendix "A" and Appendix "C" attached to and forming part of the Pharmacy Agreements each discuss, describe, define and/or relate to Pharmaceutical Services, Pharmaceutical Services Charges and/or Claims as each of those terms are defined in Sections 1.13 and 1.14 of the Pharmacy Agreements.
2. Sections 14.1 and 14.2(a) of the Pharmacy Agreements discuss and contemplate the processes to change the Pharmacy Agreements.
3. According to 14.2(a) of the Pharmacy Agreements, "Each Plan Sponsor for itself and Alberta Blue Cross on behalf of each Plan Sponsor may, from time to time, in writing determine, amend, vary, modify, extend or otherwise make changes to its respective Coverage (the "Changes") and the Provider acknowledges and agrees that each Plan Sponsor for itself and Alberta Blue Cross on behalf of each Plan Sponsor will and does have the absolute and unfettered right and discretion to make Changes;"
4. Effective October 1, 2026, the provisions of Appendix "A" and of Appendix "C" of the Pharmacy Agreements are changed such that:
 - o wherever the date September 30, 2026 appears this date is replaced with the date March 31, 2029,
 - o wherever the "Minister of Health" appears is replaced by the "Minister of Primary and Preventative Health Services",
 - o the definition of Dispensing Fee in Appendix "A" Sections 2.2(a)(ix), 2.3(a)(vii), and 2.4(a)(xiv) has been changed such that the maximum dispensing fee has been increased from \$12.15 to \$12.35 when the day supply is less than 84 days, and to \$13.50 when the day supply is greater than or equal to 84 days,





- Appendix "A" Sections 2.2(e), and 2.3(d), are changed to specify that over the counter (OTC) products are discussed in Section 2.5,
- Appendix "A" Section 2.8 where the date April 1, 2020 appears this date is replaced with the date October 1, 2026, and
- Appendix "C" Section 2.1 is changed to 1 Dispensing Fee.

Respectfully,

ALBERTA BLUE CROSS

A handwritten signature in black ink, appearing to read "Dianne Balon".

Per: _____

Dianne Balon

Senior Vice President, Government



APPENDIX “A”

PROVISION OF PHARMACEUTICAL SERVICES/CLAIMS FOR PHARMACEUTICAL SERVICES/PHARMACEUTICAL SERVICES CHARGES

When a Provider provides a Pharmaceutical Service and when a Provider submits a Claim, the provisions of this Appendix “A” are applicable. However, it is acknowledged that the provisions of this Appendix “A” are expressly subject to the provisions of subsection 14.2(a) and Section 18.1 of this Agreement.

SECTION 1 PROVISION OF AND CLAIMS FOR PHARMACEUTICAL SERVICES.

1.1 Alberta Blue Cross will pay Claims only according to the applicable Coverage.

1.2

- (a) The Provider must submit a Claim to Alberta Blue Cross within 14 days of the Service Date. For the purpose of this Appendix “A”, “Service Date” means the day on which the Pharmaceutical Service is provided to or is made available to the Plan Member, whichever is earlier;
- (b) If Alberta Blue Cross receives a Claim after the 14 day time period, then Alberta Blue Cross may, in its reasonable discretion, refuse to adjudicate, process and/or pay the Claim; and
- (c) If a Pharmaceutical Service has not been provided to the Plan Member within 30 days of the day when the Pharmaceutical Service is available to the Plan Member and the Provider has submitted a Claim, then the Provider must reverse the Claim and where applicable adjust its Drug Benefits inventory accordingly.

1.3 Alberta Blue Cross will pay an approved Claim within 21 days of receiving the Claim.

1.4 If this Agreement is terminated:

- (a) The Provider’s access to Alberta Blue Cross’s electronic claiming system and the Provider’s ability to submit Claims for Pharmaceutical Services will continue for a period of 30 days from the effective date that this Agreement is terminated but only for Pharmaceutical Services which have been provided prior to the effective date that this Agreement is terminated; and
- (b) Alberta Blue Cross may withhold payment of all money owing to the Provider for Claims until such time as a final reconciliation has been prepared and agreed to.

1.5 The Provider must retain all applicable Prescriptions, Supplementary Documentation (defined in Appendix “B”) and Supplementary Prescription Documentation (defined in Appendix “B”) for not less than 2 years from the day that each Claim is paid by Alberta Blue Cross.

SECTION 2 PHARMACEUTICAL SERVICES CHARGES

2.1 Subject to the provisions of subsection 14.2(a) of this Agreement, the maximum charges, prices and/or fees described in this Appendix “A” are established only for the period of time from May 17, 2018 to March 31, 2029 at which time each will expire and be of no further effect.

2.2 This Section 2.2 applies to only Pharmaceutical Services which are Drug Benefits where the Drug Benefit is provided according to Coverage which adopts or uses the Manufacturer’s List Price and/or the Least Cost Alternative Price as a reference point for pricing and in such circumstances the following are applicable:

(a)

- (i) “Alberta Drug Benefit List” – means a listing created and varied, from time to time, at the direction of the Minister of Primary and Preventative Health Services and published by Alberta Blue Cross which listing contains, without limitation:
 - the drugs, the drug products and the products, individually or within interchangeable categories, discussed, described and/or defined in writing, from time to time, as benefits under those certain Plans sponsored by the Government of Alberta,
 - the processes pursuant to which a drug, a drug product or a product is listed,
 - the prices per unit of issue to be paid by Alberta Blue Cross for each listed drug, drug product and product, and
 - the criteria, if any, for eligibility to receive the benefits,
- (ii) “Least Cost Alternative Price” – means the lowest price per unit of issue for a drug, a drug product or a product which is within an interchangeable category and which price is published, from time to time, in the Alberta Drug Benefit List,
- (iii) “Manufacturer’s List Price” – means the price per unit of issue for a drug, a drug product or a product which price is published, from time to time, in the Alberta Drug Benefit List,
- (iv) “LCAP Cost” – means the portion of a Drug Benefits Fee which is calculated by multiplying the Least Cost Alternative Price by the quantity of the drug, the drug product or the product which is Dispensed,
- (v) “MLP Cost” – means the portion of a Drug Benefits Fee which is calculated by multiplying the Manufacturer’s List Price by the quantity of the drug, the drug product or the product which is Dispensed,
- (vi) “Maximum Allowable Upcharge” – means the portion of a Drug Benefits Fee which is the aggregate of the Allowable Upcharge #1 and the Allowable Upcharge #2,

- (vii) “Allowable Upcharge #1” – means, for the period of time from May 17, 2018 to March 31, 2029, the portion of a Drug Benefits Fee which is 3% of the LCAP Cost or the MLP Cost, whichever is applicable,
- (viii) “Allowable Upcharge #2” – means:
- for a drug, a drug product or a product which is within an interchangeable category, the portion of a Drug Benefits Fee calculated as follows:
 - for the period of time from May 17, 2018 to March 31, 2029, an amount which is the lesser of firstly, 7% of the aggregate of the LCAP Cost and the Allowable Upcharge #1 and, secondly, \$100, and
 - for a drug, a drug product or a product which is not within an interchangeable category, the portion of a Drug Benefits Fee calculated as follows:
 - for the period of time from May 17, 2018 to March 31, 2029, an amount which is the lesser of firstly, 7% of the aggregate of the MLP Cost and the Allowable Upcharge #1 and, secondly, \$100;
- (ix) “Dispensing Fee” – means, for the period of time from October 1, 2026 to March 31, 2029, the portion of a Drug Benefits Fee which is a maximum fee of \$12.35 for each act of Dispensing when the day supply is less than 84 days, and a maximum fee of \$13.50 for each act of Dispensing when the day supply is greater than or equal to 84 days;
- (b) For a drug, a drug product or a product which is within an interchangeable category and which is Dispensed:
- (i) the maximum Drug Benefits Fee which is chargeable by the Provider and which is payable by Alberta Blue Cross is the aggregate of:
 - the LCAP Cost,
 - the Maximum Allowable Upcharge, and
 - the Dispensing Fee, and
 - (ii) notwithstanding paragraph 2.2(b) (i) hereof, if at the request of the Plan Member the Provider Dispenses a drug, a drug product or a product within an interchangeable category which has a Manufacturer’s List Price greater than the Least Cost Alternative Price, then the Provider may charge and collect from the Plan Member the difference between the MLP cost and the LCAP Cost payable by Alberta Blue Cross. The calculation of the Allowable Upcharge #1 and the Allowable Upcharge #2 will be unaffected (i.e. the calculation will continue to use the LCAP Cost);

- (c) For a drug, a drug product or a product which is not within an interchangeable category and which is Dispensed, the maximum Drug Benefits Fee chargeable by the Provider and payable by Alberta Blue Cross is the aggregate of:
 - (i) the MLP Cost,
 - (ii) the Maximum Allowable Upcharge, and
 - (iii) the Dispensing Fee;
- (d) For certainty, if a Provider actually acquires a drug, a drug product or a product for more or less than the Manufacturer's List Price or the Least Cost Alternative Price, then notwithstanding the actual price paid by the Provider, the Manufacturer's List Price or the Least Cost Alternative Price, as applicable, is the price to be used for the purposes of calculating the Drug Benefits Fee which is chargeable by the Provider and which is payable by Alberta Blue Cross to the Provider; and
- (e) The provisions of this Section 2.2 do not apply firstly, to Compounds and Purchased Compounds which are discussed in Section 2.4 hereof and, secondly, to over the counter (OTC) products, diabetic supplies and nutritional products which are discussed in Section 2.5 hereof.

2.3 This Section 2.3 applies to only Pharmaceutical Services which are Drug Benefits where the Drug Benefit is provided according to Coverage which adopts or uses the Base Price as a reference point for pricing and in such circumstances the following are applicable:

- (a)
 - (i) "Alberta Blue Cross Drug Price List" – means a listing created and varied, from time to time, by Alberta Blue Cross acting reasonably and acting on behalf of Plan Sponsors which listing is communicated by Alberta Blue Cross to the Provider and which listing contains, without limitation, the reasonable price per unit of issue to be paid by Alberta Blue Cross for selected drugs, drug products and products which are not otherwise listed within the Alberta Drug Benefit List defined in paragraph 2.2(a)(i) hereof,
 - (ii) "Base Price" – means the price per unit of issue for a drug, a drug product or a product which price is established, from time to time, by the Alberta Blue Cross Drug Price List and at which price the Provider may reasonably acquire the drug, drug product or product,
 - (iii) "Base Cost" – means the portion of a Drug Benefits Fee which is calculated by multiplying the Base Price by the quantity of the drug, the drug product or the product which is Dispensed,
 - (iv) "Maximum Allowable Upcharge" – means the portion of a Drug Benefits Fee which is the aggregate of the Allowable Upcharge #1 and the Allowable Upcharge #2,

- (v) “Allowable Upcharge #1” – means, for the period of time from May 17, 2018 to March 31, 2029, the portion of a Drug Benefits Fee which is 7.5% of the Base Cost,
- (vi) “Allowable Upcharge #2” – means the portion of the Drug Benefits Fee which is calculated as follows:
 - for the period of time from May 17, 2018 to March 31, 2029, an amount which is the lesser of firstly, 7.0% of the aggregate of the Base Cost and the Allowable Upcharge #1 and, secondly, \$100, and
- (vii) “Dispensing Fee” – means, for the period of time from October 1, 2026 to March 31, 2029 the portion of a Drug Benefits Fee which is a maximum fee of \$12.35 for each act of Dispensing when the day supply is less than 84 days, and a maximum fee of \$13.50 for each act of Dispensing when the day supply is greater than or equal to 84 days ;
- (b) The maximum Drug Benefits Fee chargeable by the Provider and payable by Alberta Blue Cross is the aggregate of:
 - (i) the Base Cost,
 - (ii) the Maximum Allowable Upcharge, and
 - (iii) the Dispensing Fee;
- (c) For certainty, if a Provider acquires a drug, a drug product or a product for more or less than the Base Price, then, notwithstanding the actual price paid by the Provider, the Base Price is the price to be used for the purposes of calculating the Drug Benefits Fee which is chargeable by the Provider and which is payable by Alberta Blue Cross to the Provider; and
- (d) The provisions of this Section 2.3 do not apply firstly, to Compounds and Purchased Compounds which are discussed in Section 2.4 hereof and, secondly, to over the counter (OTC) products, diabetic supplies and nutritional products which are discussed in Section 2.5 hereof.

2.4 Where the Pharmaceutical Service is a Drug Benefit which is a Compound or a Purchased Compound, the following are applicable:

- (a)
 - (i) “Compound” – means a therapeutic mixture containing one or more Drug Benefits which therapeutic mixture is prepared directly by the Provider and is then Dispensed,
 - (ii) “Compounding and Repackaging Pharmacy” – means a Pharmacy that holds a Licence, a permit, Registration or other lawful authority to sell a Compound to a Provider as a Purchased Compound,

- (iii) “Purchased Compound” – means a therapeutic mixture containing one or more Drug Benefits which therapeutic mixture is prepared directly by a Compounding and Repackaging Pharmacy, which is then purchased by the Provider from the Compounding and Repackaging Pharmacy and which is then Dispensed by the Provider,
- (iv) “Alberta Drug Benefit List” is defined in paragraph 2.2(a)(i) of this Appendix “A”,
- (v) “Manufacturer’s List Price” is defined in paragraph 2.2(a)(iii) of this Appendix “A”,
- (vi) “MLP Compound Cost” – means the portion of a Drug Benefits Fee which is calculated by multiplying the Manufacturer’s List Price by the quantity of the drug, the drug product or the product which is Dispensed as a part of a Compound,
- (vii) “Alberta Blue Cross Drug Price List” is defined in paragraph 2.3(a)(i) of this Appendix “A”,
- (viii) “Base Price” is defined in paragraph 2.3(a)(ii) of this Appendix “A”,
- (ix) “Base Compound Cost” – means the portion of a Drug Benefits Fee which is calculated by multiplying the Base Price by the quantity of each drug, each drug product or each product which is Dispensed as part of a Compound,
- (x) “Purchased Compound Price” – means the Provider’s actual price paid for a Purchased Compound as evidenced by an invoice and a receipt prepared by the Compounding and Repackaging Pharmacy and given to the Provider,
- (xi) “Maximum Allowable Compound Upcharge” – means the portion of a Drug Benefits Fee which is the aggregate of the Allowable Compound Upcharge #1 and the Allowable Compound Upcharge #2,
- (xii) “Allowable Compound Upcharge #1” – means, for the period of time from May 17, 2018 to March 31, 2029, the portion of the Drug Benefits Fee calculated as follows:
 - for a drug, a drug product or a product listed on the Alberta Drug Benefit List, 7.5% of the MLP Compound Cost, and
 - for a drug, a drug product or a product referenced in the Alberta Blue Cross Drug Price List, 7.5% of the Base Compound Cost,
- (xiii) “Allowable Compound Upcharge #2” – means:
 - for a drug, a drug product or product listed on the Alberta Drug Benefit List, the portion of a Drug Benefits Fee calculated as follows:
 - for the period of time from May 17, 2018 to March 31, 2029, an amount which is the lesser of firstly, 7% of the aggregate of the MLP Compound Cost and the Allowable Compound Upcharge #1 and, secondly, \$100,

- for a drug, a drug product or a product referenced in the Alberta Blue Cross Drug Price List, the portion of a Drug Benefits Fee calculated as follows:
 - for the period of time from May 17, 2018 to March 31, 2029, an amount which is the lesser of firstly, 7% of the aggregate of the Base Compound Cost and the Allowable Compound Upcharge #1 and, secondly, \$100,
- for a Purchased Compound, the portion of the Drug Benefits Fee calculated as follows:
 - for the period of time from May 17, 2018 to March 31, 2029, an amount which is the lesser of 7% of the Purchased Compound Price and \$100, and

(xiv) “Dispensing Fee” – means for the period of time from October 1, 2026 to March 31, 2029, the portion of a Drug Benefits Fee which is a maximum fee of:

- \$18.45 for each act of Dispensing a Compound, and
- \$12.35 for each act of Dispensing a Purchased Compound when the day supply is less than 84 days, and
- \$13.50 for each act of Dispensing a Purchased Compound when the day supply is greater than or equal to 84 days;

(b)

(i) The maximum Drug Benefits Fee chargeable by the Provider and payable by Alberta Blue Cross:

- for a Compound, is the aggregate of:
 - the MLP Compound Cost plus the Maximum Allowable Compound Upcharge for the drugs, drug products or products listed in the Alberta Drug Benefit List, where applicable,
 - the Base Compound Cost plus the Maximum Allowable Compound Upcharge for the drugs, drug products or products referenced in the Alberta Blue Cross Drug Price List, where applicable, and
 - the Dispensing Fee for the Compound, and
- for a Purchased Compound, is the aggregate of:
 - the Purchased Compound Price,
 - the Allowable Compound Upcharge #2, and
 - the Dispensing Fee for the Purchased Compound; and

(c)

- (i) A Compound and a Purchased Compound must not duplicate a drug, a drug product or a product which is manufactured unless Alberta Blue Cross has provided its prior authorization by either telephone or electronic transmission. For the purposes of this Appendix “A”, “duplicate a drug, a drug product or a product which is manufactured” means the Compound or the Purchased Compound is therapeutically equivalent to the manufactured drug, drug product or product allowing for minor variations in strength, form or composition,
- (ii) notwithstanding paragraph 2.4(c) (i) hereof, if firstly, a Plan Member has a clinical need which is evidenced in a Prescription and/or Supplementary Prescription Documentation (defined in Appendix “B”) and secondly, the prior authorization of Alberta Blue Cross has been requested and has been granted by either telephone or electronic transmission, then a Compound or a Purchased Compound may duplicate a drug, a drug product or a product which is manufactured. For the purpose of this Appendix “A”, “a clinical need” includes, without limitation, firstly, significant allergic or adverse reaction to an excipient contained in all other therapeutically equivalent drugs, drug products or products and secondly, a supply shortage; and
- (iii) for certainty, the provisions of subsection 3.4(d) of this Agreement apply to Compounds and to Purchased Compounds.

2.5

- (a) Where the Pharmaceutical Service is a Drug Benefit which is an over the counter (OTC) product, diabetic supply or a nutritional product, the maximum Drug Benefits Fee chargeable by the Provider and payable by Alberta Blue Cross is governed by the Coverage, from time to time, within each applicable Plan; and
- (b) For certainty, the provisions of subsection 3.4(d) of this Agreement apply to over the counter (OTC) products, diabetic supplies and nutritional products.

2.6

- (a) Where the Pharmaceutical Service is a Pharmacy Service, the maximum Pharmacy Services Fee chargeable by the Provider and payable by Alberta Blue Cross is governed by the Coverage, from time to time, within each applicable Plan; and
- (b) For certainty, the provisions of subsection 3.4(d) of this Agreement apply to Pharmacy Services.

2.7 “Authorized Deduction”

- (a) Notwithstanding the provisions of Section 1.3 of this Appendix “A”, the Provider hereby irrevocably and unconditionally authorizes and directs Alberta Blue Cross as follows:
 - (i) For the period of time from May 17, 2018 to March 31, 2029, Alberta Blue Cross is authorized to deduct a sum of up to \$0.05 from each paid Claim for a Pharmaceutical Service which:

- has been provided according to Coverage within a Plan sponsored by the Government of Alberta, and
- is a Drug Benefit for which a Dispensing Fee is to be paid (the “Authorized Deduction”) and

(ii)

- Alberta Blue Cross is directed to pay the Authorized Deduction to the Alberta Pharmacists’ Association (“RxA”),
- Alberta Blue Cross is directed to pay the Claim less the Authorized Deduction to the Provider according to the provisions of this Agreement, and
- Alberta Blue Cross will report quarterly in writing to both the Provider and RxA with respect to the aggregate Authorized Deductions which have been made by Alberta Blue Cross and which have been paid by Alberta Blue Cross to RxA as authorized and directed by the Provider herein; and

(b)

- (i) the Provider acknowledges and confirms it is aware firstly, that RxA and the Government of Alberta, as represented by the Minister of Primary and Preventative Health Services, have signed and delivered a Memorandum of Understanding (the “MOU”) and secondly, that the MOU contains provisions concerning the Authorized Deduction,
- (ii) the Provider hereby adopts and agrees to the provisions of the MOU regarding the Authorized Deduction including, without limitation, the “Deduction Rate” and the maximum aggregate “Deductions” to be paid to RxA during each 12 month period of time all as defined and discussed, from time to time, in the MOU, and
- (iii) notwithstanding the provisions of paragraph 2.7(a) (i) hereof, the Provider agrees that the amount of the Authorized Deduction will be amended and varied, from time to time, according to and consistent with any and all amendments and variations to the “Deduction Rate” which is/are agreed to by RxA and the Government of Alberta according to the provisions of the MOU.

2.8 “Authorized Adjustment”

- (a) Notwithstanding any other provision of this Agreement, the Provider hereby irrevocably and unconditionally authorizes and directs Alberta Blue Cross as follows:
 - (i) For the period of time from October 1, 2026 to March 31, 2029, Alberta Blue Cross is authorized to adjust the amount owing to a Provider (the “Authorized Adjustment”) from each Claim by the Provider for a Pharmaceutical Service which:
 - has been provided according to Coverage within a Plan sponsored by the Government of Alberta, and

- is a Drug Benefit for which a Dispensing Fee is to be paid or is a Pharmacy Service for which a Pharmacy Service Fee is to be paid, in accordance with an Authorized Adjustment Policy (the “Policy”), approved by the Minister of Primary and Preventative Health Services and published in a Ministerial Order (the “MO”) on or before October 1, 2026,
- (ii) The amount of the Authorized Adjustment will be amended and varied, from time to time, in accordance with the Policy,
- (iii) Alberta Blue Cross will report quarterly in writing to the Provider with respect to the amount of the aggregate Authorized Adjustment, and
- (iv) For clarity, the Provider may not charge or collect from the Plan Member any amount reduced from a Claim in relation to the Authorized Adjustment;
- (b) The Authorized Adjustment Policy is being implemented by the Government of Alberta to constrain growth for Drug Benefit Fees and Pharmacy Services Fees within the Government of Alberta’s currently projected budget for Drug Benefit Fees and Pharmacy Services Fees from October 1, 2026 to March 31, 2029;
- (c) The amount of the Authorized Adjustment
 - (i) Is determined at the sole discretion of the Minister of Primary and Preventative Health Services (or delegate), in accordance with Policy,
 - (ii) May be set at different rates for a Claim for a Drug Benefit for which a Dispensing Fee is to be paid and for a Claim for a Pharmacy Service for which a Pharmacy Service Fee is to be paid,
 - (iii) For each Claim for a Drug Benefit for which a Dispensing Fee is to be paid, is limited to the amount of the Drug Benefit Fees (inclusive only of Dispensing Fee, Allowable Upcharge #1, Allowable Upcharge #2, Allowable Compound Upcharge #1 and Allowable Compound Upcharge #2), and
 - (iv) May be set at \$0.00, and may be increased, reduced or otherwise varied from time to time;
- (d) The Minister of Primary and Preventative Health Services will provide a minimum of five business days’ written notice in advance of implementing and making any changes to the Authorized Adjustment and/or the Policy;
- (e) As directed by the Minister of Primary and Preventative Health Services, Alberta Blue Cross will advise the Provider of the implementation of and changes to the Authorized Adjustment and/or the Policy through Alberta Blue Cross’s “The Pharmacy Benefact” publication or by and through such other written means as Alberta Blue Cross in its sole discretion decides; and
- (f) If the Minister of Primary and Preventative Health Services approves and publishes the Policy in an MO on or before October 1, 2026, then Alberta Blue Cross is unconditionally and irrevocably authorized and directed to make the Authorized Adjustment in accordance with the Policy.

APPENDIX “C”

PROVISION OF PHARMACEUTICAL SERVICES/CLAIMS FOR PHARMACEUTICAL SERVICES/PHARMACEUTICAL SERVICES CHARGES/FREQUENT DISPENSING POLICY

When a Provider provides a Pharmaceutical Service and when a Provider submits a Claim, the provisions of this Appendix “C” (together with Appendix “A”) are applicable. However, it is acknowledged that the provisions of this Appendix “C” are expressly subject to the following provisions of this Agreement:

- subsection 3.6 (d);
- subsection 14.2 (a);
- bullet 2 of paragraph 14.2 (b) (ii); and
- section 18.1.

SECTION 1 DEFINITIONS

1.1 “Drug Grouping”: means Drug Benefits that have the same active ingredient(s) and ingredient strength(s).

SECTION 2 FREQUENT DISPENSING

2.1

- (a) Where the Pharmaceutical Service is a Drug Benefit that is being Dispensed with a days supply of 1, a maximum of 1 Dispensing Fee per day per Plan Member are chargeable, and payable by Alberta Blue Cross for the period October 1, 2026 to March 31, 2029;
- (b) For certainty and by way of example, where the Provider is to Dispense a Drug Benefit or Drug Benefits each of which has a days supply of 1, then:
 - (i) if the Provider is to Dispense 5 Drug Benefits on the same day, then the Provider may include a Dispensing Fee in the Pharmaceutical Services Charge for not more than 1 Drug Benefits. For the 2nd, 3rd, 4th and the 5th Drug Benefit the Provider shall not charge and shall not include a Dispensing Fee in the Pharmaceutical Services Charge; and
 - (ii) if the Provider is to Dispense 1 or more Drug Benefits on the same day that the Plan Member has already received 1 or more Drug Benefits from another provider(s) and for which a Dispensing Fees have been charged, then the Provider shall not charge and shall not include a Dispensing Fee in its Pharmaceutical Services Charge;
- (c) Subsections 3.6(a), (b) and (c) of this Agreement do not apply to or include situations where no Dispensing Fee is chargeable by the Provider or payable by Alberta Blue Cross.

2.2

- (a) Where the Pharmaceutical Service is a Drug Benefit that is being Dispensed with a days supply of between 2-27, a maximum of 2 Dispensing Fees per Drug Grouping per 28 day period per Plan Member are chargeable, and payable by Alberta Blue Cross for the period May 17, 2018 to March 31, 2029;
 - (b) For certainty and by way of example, where the Provider is to Dispense a Drug Benefit or Drug Benefits each of which has a days supply of 7, then:
 - (i) if the Provider is to Dispense 4 Drug Benefits in a 28 day period, then the Provider may include a Dispensing Fee in the Pharmaceutical Services Charge no more than twice in the 28 day period for each Drug Benefit within a Drug Grouping. For the 3rd and the 4th submission of a Claim for each Drug Benefit within a Drug Grouping, the Provider shall not charge and shall not include a Dispensing Fee in the Pharmaceutical Services Charge; and
 - (ii) if the Provider is to Dispense 1 or more Drug Benefits within the same Drug Grouping within a 28 day period during which the Plan Member has already received not less than 2 Drug Benefits within the same Drug Grouping from another provider(s) and for which not less than 2 Dispensing Fees have been charged, then the Provider shall not charge and shall not include a Dispensing Fee in the Pharmaceutical Services Charge;
 - (c) Subsections 3.6(a), (b) and (c) of this Agreement do not apply to or include situations where no Dispensing Fee is chargeable by the Provider or payable by Alberta Blue Cross.
- 2.3 Where the Pharmaceutical Services is a Drug Benefit that is being Dispensed for the treatment of opioid dependency, as defined in the Coverage, Sections 2.1 and 2.2 of this Appendix “C” do not apply and Dispensing Fees are chargeable by the Provider and payable by Alberta Blue Cross for each Dispense for the period May 17, 2018 to March 31, 2029.
- 2.4 Where the Pharmaceutical Service is a Drug Benefit that is being Dispensed for acute use, an additional 4 Dispensing Fees per Drug Grouping per any 12 month period per Plan Member are chargeable by the Provider and payable by Alberta Blue Cross for each Dispense for the period May 17, 2018 to March 31, 2029.