

Multi-Year Pharmacy Funding Framework update

Postponement of OTC and Nutritional Products Reimbursement Changes

The reimbursement changes for over-the-counter (OTC) products and nutritional products outlined in **Benefact 1335**, originally scheduled to take effect October 1, 2026, have been postponed due to technical issues.

Until further notice, pharmacy providers should continue to submit claims for OTC and nutritional products using the current allowable upcharges and dispensing fee rules that were in place prior to October 1, 2026.

An updated implementation date and additional claiming information will be communicated through a future benefact.

FAQ document for the Daily Dispensing Policy

As communicated in Pharmacy **Benefact 1339**, the Daily Dispensing Policy will take effect on October 1, 2026. Additional information and examples related to the application of this policy are available in the **Daily Dispensing Policy FAQ**.

In preparation for the October 1, 2026, implementation of components of the Multi-Year Pharmacy Funding Framework, the Government of Alberta, Alberta Blue Cross® and the Alberta Pharmacists' Association have received additional questions from pharmacy providers. This benefact provides further clarification to support consistent application of policy requirements and a smooth transition to implementation.

Other clarifying questions and answers

Extension for Authorization Form requirements

For both:

- The **Frequent Dispensing Authorization Form** for the Maintenance Medication Dispensing Policy, and
- The **Daily Dispensing Authorization Form** for the Daily Dispensing Policy

pharmacies will have until October 31, 2026, to complete and retain the applicable authorization form where required. All other aspects of the Daily Dispensing Policy and the Maintenance Medication Policy will continue to take effect on October 1, 2026.

Alberta Blue Cross audit requirements related to these forms will be enforced beginning November 1, 2026.

Confirmation of continuing care facilities and inclusion of Seniors Lodges

For the purposes of the Maintenance Medication Dispensing Policy (**Benefact 1337**), Continuing Care facilities that are licensed as Supportive Living Accommodation (SLA), Type B or Type C are not required to have a signed Maintenance Medication Frequent Dispensing Authorization Form, in order to receive medications dispensed more frequently.

Additionally, residents of Seniors Lodges are also not required to have a signed Maintenance Medication Frequent Dispensing Authorization Form in order to receive medications dispensed more frequently.

Pharmacies should take reasonable steps to verify a patient's place of residence before determining whether a signed Maintenance Medications Frequent Dispensing Authorization Form is required for more frequent dispensing. Eligible facilities need to be listed on the **Assisted Living Navigation Portal** as SLA, Type B, Type C or Seniors Lodge.

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Any facility not listed on the portal should fall under “facility living” and not Continuing Care unless otherwise confirmed by PPHS.

If a pharmacy identifies a Continuing Care facility that it believes meets the eligibility criteria but is not currently listed on the Assisted Living Navigation Portal, please contact Alberta Blue Cross at 1-800-361-9632 (toll free) for further guidance.

Days’ supply submission for products

Pharmacies should submit a days’ supply that reflects the total treatment period covered by the quantity dispensed for the claim, based on the intended use of the product and the prescribed therapy. Where the quantity dispensed represents a treatment course that differs from the number of units supplied, the days’ supply submitted should align with the total period of treatment coverage. For example, an oral contraceptive package containing 21 active hormone tablets only with an intended 7-day drug free period, and, as such, is intended to provide a 28-day course of therapy, should be claimed as 28 days supply, not 21 days.

Wet signature requirements for CACP and SMMA claims

A patient wet signature will no longer be required for CACP/SMMA initial assessments or associated follow-up claims.

The removal of the wet signature requirement is intended to reduce administrative burden and support more efficient delivery of pharmacy services. This change does not alter existing requirements related to patient consent, documentation, or disclosure.

A new M.O. 630/2026 for Compensation Plan for Pharmacy Services will be in place for October 1, 2026. Pharmacists remain responsible for obtaining and documenting the consent of the Resident, or the Resident’s decision maker prior to providing a CACP, SMMA, or follow-up service. Pharmacists must also continue to maintain all required CACP and SMMA documentation, including retaining records in accordance with the new M.O. requirements, maintaining the most recent CACP/SMMA in the Resident’s record for a minimum of 10 years, providing a copy or summary of the CACP/SMMA to the Resident, and ensuring that the CACP/SMMA is available to a health professional(s) involved in the Resident’s care upon request.

Removal of APA/Non-APA PINs for pharmacy service claims

As previously communicated in Benefact 1333, there will no longer be distinct PINs for Additional Prescribing Authorization (APA) and non-APA pharmacists for the provision of CACP or SMMA and/or Follow-ups.

Effective October 1, 2026, separate PINs for Additional Prescribing Authorization (APA)/non-APA designation for other pharmacy services claims will no longer be used. Pharmacists should submit claims using the PIN corresponding to the pharmacy service provided, regardless of APA status, and are responsible for ensuring all claims requirements are met. PINs 00000081111 and 00000081119 will no longer be accepted as of October 1, 2026.

All eligible pharmacists (APA/non-APA) may submit claims using PINs 00000071111 or 00000071119 (when in effect) and the corresponding Special Service Code (SSC) required for the claim. There are no changes to the requirements and fees.

Please note there are no changes for the following:

- PIN 00000081116 SSC K, the Assessment for Prescribing at Initial Access or Managing Ongoing Therapy, will continue to only be eligible for pharmacists with APA designation.
- PIN 00000071111 SSC J, the Assessment for Administering a Product by Injection, the pharmacist administering the injection must be authorized by the Alberta College of Pharmacists for authorization to administer injections for claims to be eligible and the maximum number of fees of 2 per patient per day still applies.

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ICD-9 coding requirements for CACP and SMMA follow-up claims

As outlined in the enhanced care plan reporting requirements (**Benefact 1333**), for Comprehensive Annual Care Plan (CACP) and Standard Medication Management Assessment (SMMA) follow-up claims, pharmacies may submit any applicable ICD-9 code that reflects the condition or health issue being addressed during the follow-up service. ICD-9 code submission for follow-up does not have to be one of the eligible ICD-9 codes listed for the Initial CACP/SMMA assessment, rather can be an alternative ICD-9 code related to the condition being assessed at the follow-up.

For clarity, the ICD-9 code submitted is not required to match the code used for the initial assessment that established eligibility for the original CACP or SMMA service, depending on the Resident's complexity and the focus of the Follow-up assessment.

NIHB considerations for Bill 11 and FAQ

Non-Insured Health Benefits (NIHB) and Veteran's Affairs Canada (VAC) programs are considered alternative payors under Bill 11. These plans should be billed prior to Alberta government-sponsored plans.

For additional information regarding the upcoming implementation of Bill 11, please refer to this **FAQ** document.

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
- **Pharmacy Benefact 1337 - September 2026:** Multi-Year Pharmacy Funding Framework update: Maintenance Medication Dispensing Policy and introduction of a Maintenance Medication List (MML)
- **[Maintenance Medication Dispensing Policy FAQ](#)**
- **[MML List of Drugs.xlsx](#)**
- **Pharmacy Benefact 1339 - September 2026:** Multi-Year Pharmacy Funding Framework: Update to Daily Dispensing Policy
- **Pharmacy Benefact 1341 - September 2026:** Multi-Year Pharmacy Funding Framework Update: Introduction of unit price limits on select topical compound medications.

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

