

Maintenance Medication Dispensing Policy FAQ

A. Understanding the policy

1. What's changing, when does the policy take effect and which plans are affected?

The policy establishes when a dispensing fee will be paid based on the nature of the medication and the days' supply dispensed. For maintenance medications, stabilized patients are generally expected to receive an 84- to 100-day supply. Shorter dispensing may still occur, but dispensing-fee payment is subject to eligibility, documentation and, for MML medications, intervention-code requirements. The policy takes effect October 1, 2026, and applies to government-sponsored drug plans administered by Alberta Blue Cross on behalf of the Government of Alberta, excluding Palliative Coverage.

2. What is a maintenance medication, and how is it different from a medication on the Medication Maintenance List (MML)?

Maintenance medications are used in the ongoing management of chronic or long-term conditions. Once a patient is stabilized, they are generally expected to continue without frequent dose adjustments and are appropriate for extended-day dispensing. MML is a defined list of maintenance medication categories that are adjudicated in real time for the dispensing fee rules. MML medications require the applicable intervention code when shorter dispensing is used, in addition to the Maintenance Medications Frequent Dispensing Authorization Form, whereas non-MML maintenance medications do not require an MML intervention code but still require a Maintenance Medications Frequent Dispensing Authorization Form when more frequent dispensing is used to support a dispensing fee.

The Maintenance Medications Frequent Dispensing Authorization Form is available [here](#).

3. How can pharmacists determine whether a medication is on the MML?

Refer to the [Maintenance Medication Reference Guide](#) for the general drug categories.

A list of maintenance categories and active ingredients for government sponsored plans will be available on the [Alberta Blue Cross pharmacy provider website](#) prior to October 1.

4. What is an Active Ingredient Group Form and Route (AFR), and how are strengths and brands treated?

An **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.

5. Does the acute or short-term dispensing policy change?

No. The existing acute or short-term dispensing policy remains unchanged. Medications used acutely or short term should continue to follow those rules.

B. The 84- to 100-day dispensing expectation

6. Who’s expected to receive an 84- to 100-day supply and can a pharmacist use a shorter interval?

Stabilized individuals receiving maintenance medications are generally expected to receive an 84- to 100-day supply. A pharmacist may determine that a different dispensing interval is clinically appropriate; however, payment of a dispensing fee for a shorter interval depends on meeting the applicable eligibility, documentation and MML intervention-code requirements.

7. Can a physician, nurse practitioner or patient request a supply of less than 84 days?

Yes. Physician or nurse practitioner direction is an eligible reason for dispensing less than 84 days. Patient request is an eligible reason for dispensing between 28 and 83 days, but not for dispensing 2-27 days. A Maintenance Medications Frequent Dispensing Authorization Form is required, and, for an MML medication, the applicable intervention code is required, subject to the initial flexible-fill provisions.

8. Can a patient request an 84- to 100-day supply?

Yes. An 84- to 100-day supply is the default policy expectation for a stabilized patient receiving a maintenance medication.

9. What if the prescription doesn’t authorize enough medication for an 84-day supply?

If the patient is stable, the pharmacist can adapt to a greater supply where permitted by practice standards. Otherwise, physician or nurse practitioner direction can support a shorter dispensing interval when the frequent-dispensing requirements are met.

10. How should PRN medications, inhalers, EpiPens, naloxone kits and other products with variable use be treated for days’ supply?

Products used acutely or on an as-needed basis should follow the acute/short-term dispensing rules where appropriate. Where possible, an accurate days’ supply based on expected usage and frequency should be determined and submitted. The policy also applies to some non-oral dosage forms, including certain injectables and inhalers used as maintenance therapy.

C. New medications, dose changes and the first three flexible fills

11. How do the first 3 flexible fills work for a newly prescribed maintenance medication?

For a newly prescribed maintenance medication, up to 3 dispensing fees may be paid for the first 3 supplies of less than 84 days without a Maintenance Medications Frequent Dispensing Authorization Form or MML intervention code. These are the first 3 fills for the AFR and allow time to assess response and stabilization. After the third flexible fill, the medication must generally be dispensed for 84 to 100 days or meet the requirements for shorter dispensing.

12. Is there a minimum or maximum days' supply for the first 3 flexible fills?

The current policy states only that the supplies may be less than 84 days.

13. When does a dose change create a new set of 3 flexible fills?

A dose change qualifies when it creates a new AFR. For example, changing from one 5 mg capsule to one 10 mg capsule creates a new AFR and can qualify for three flexible fills. Increasing from one 5 mg capsule to two 5 mg capsules doesn't create a new AFR, so it doesn't restart the flexible fills.

14. If a medication is stopped and restarted, or the patient changes pharmacies, how are the 3 flexible fills counted?

The policy indicates that flexible fills are counted by patient and AFR, not by pharmacy, and that a maximum of 3 flexible fills may be paid per AFR per patient within the floating 365-day period. If the limit has been reached, the prescription should be dispensed for 84 to 100 days or follow the shorter-dispensing requirements.

D. When shorter dispensing is appropriate

15. What eligibility criteria allow a maintenance medication to be dispensed for less than 84 days with a dispensing fee?

For 2-27 days, eligible reasons are physician or nurse practitioner direction, risk of theft/loss and qualifying facility living. For 28 to 83 days, medication safety concerns/complex and unstable medication profile and patient request are also eligible. The required Maintenance Medications Frequent Dispensing Authorization Form must be completed, and, for MML medications, the applicable intervention code must be submitted.

16. What qualifies as risk of theft or loss?

The product may be considered vulnerable to unauthorized access, diversion, or loss when the medication cannot be securely controlled or may be accessible to others. This may include situations where the patient is unhoused or living in an environment with a history or elevated risk of theft, substance misuse, or unauthorized access to personal belongings. Additional considerations include

whether the medication is commonly misused or targeted for theft, and whether the patient has cognitive or physical limitations that may make it difficult to safely track, store, or secure the medication.

17. What qualifies as Facility Living, and how are Type B, Type C and Supportive Living Accommodation treated differently?

Facility Living means a designated care facility that provides accommodation and ongoing care or support services. General Facility Living requires a completed and signed Maintenance Medications Frequent Dispensing Authorization Form for dispensing of less than 84 days. Residents of Continuing Care Homes Type B and C and Supportive Living Accommodation don't require the form, but intervention code MY is required for MML medications when shorter dispensing is used.

This policy doesn't apply to Type A Facility Living as these facilities are governed by contracts between the pharmacy and the facility.

18. What qualifies as a medication safety concern or a complex and unstable medication profile, and what documentation is required?

A medication safety concern includes circumstances that may compromise the safe, effective, or appropriate use of a drug product, such as medication errors, adverse effects, non-adherence, improper use, or cognitive or physical limitations affecting medication management.

A complex or unstable medication profile includes therapy requiring enhanced monitoring or frequent adjustment due to factors such as multiple medications or conditions, complex dosing, laboratory monitoring, recent therapy changes, recurrent adverse reactions, worsening clinical status, or other evidence that safe and effective therapy isn't being achieved.

19. Can patient preference support shorter dispensing, including monthly fills and compliance packaging?

Yes, for 28- to 83-day dispensing. Patient request, including patient-requested compliance packaging, is an eligible reason. The Maintenance Medications Frequent Dispensing Authorization Form must be completed, and, for MML medications, the appropriate intervention code must be used. Patient request alone doesn't qualify for less-than-28-day dispensing. Pharmacist-initiated compliance packaging by itself doesn't qualify for additional dispensing fees unless the patient meets an eligible criterion and the other requirements are satisfied.

20. Can different eligibility criteria or dispensing intervals apply to different medications for the same patient?

Yes. This can be identified on the Maintenance Medications Frequent Dispensing Authorization Form. The pharmacist may use professional judgement to determine the appropriate interval, but payment remains subject to the applicable policy requirements.

E. Maintenance Medications Frequent Dispensing Authorization Form

21. When's the Maintenance Medications Frequent Dispensing Authorization Form required, and when's it not required?

The form is required when maintenance medications are dispensed for less than 84 days and the patient is relying on an approved frequent-dispensing eligibility criterion. It's not required for an 84- to 100-day maintenance supply, during the initial 3 flexible fills for a newly prescribed medication/new AFR, or for residents of Continuing Care Homes Type B and C or Supportive Living Accommodation and Palliative under the specified exemption.

22. Who completes and signs the form, and why is the patient or patient's agent signature required?

Any member of the pharmacy team may complete the form. The patient or patient's agent must sign the form, along with the pharmacist on duty. The patient's or agent signature confirms awareness of the shorter dispensing frequency and the ability to withdraw consent at any time. Patients should be advised that they can receive an 84- to 100-day supply if they don't wish to use the shorter-dispensing arrangement. The patient must receive a copy of the signed form.

23. Can one form cover multiple medications, and what information must be documented?

Yes. A single form may be used, with a list of applicable medications attached. The form must identify the applicable approved eligibility criterion. The pharmacist may also select the option to apply the rationale (eligibility criteria) to all maintenance medications.

24. Who's considered the patient's agent?

A patient's agent means a family member, caregiver, public guardian or another individual whom the pharmacist is reasonably satisfied has the authorization of the patient to engage with the pharmacy team, as defined in Alberta College of Pharmacy (ACP) definition in the Standards of Practice for Pharmacists and Pharmacy Technicians (SPPPT).

25. How often must the form be renewed, and when's a new form needed?

The form must be renewed every 12 months. A new form is required when the patient's eligibility criterion changes or the dispensing frequency changes.

26. Can the form be signed or stored electronically, and what happens if the patient can't or won't sign?

Yes, the frequent dispensing form can be signed and stored electronically.

If the patient or the patient's agent refuses to sign, the form can't be accepted. When the patient is unable to sign, a patient's agent or authorized representative may sign on their behalf in accordance

with ACP SPPPT. Consent may also be provided by email, with the email confirmation retained as documentation of consent.

27. How long must the form be retained, and what happens if it can't be produced during an audit?

The policy states that the form must be retained for 2 years for audit and compliance purposes and that a claim may be subject to recovery if the required form cannot be produced.

F. Intervention codes and claim limits

28. When's an intervention code required, and which maintenance medications require one?

Intervention codes are required for MML medications when seeking a dispensing fee for a supply of less than 84 days, except during the initial 3 flexible fills. Non-MML maintenance medications don't require an MML intervention code, although the Maintenance Medications Frequent Dispensing Authorization Form still applies where required. MML medications are hard coded to follow the policy rules.

29. Which intervention code is used for each eligibility criterion?

Physician/NP direction – UA

Risk of theft/loss – MW

Facility Living – DH

Continuing Care Home Type B/C, Palliative, and Supportive Living Accommodation – MY

Medication safety concerns/complex and unstable medication profile – CI

Patient request – UF

A completed Maintenance Medications Frequent Dispensing Authorization Form supports use of the code, confirms the eligibility criteria and ensures the patient is aware and provides consent.

30. What do the annual intervention-code limits and the “floating year” mean?

Intervention-code use is limited per patient, per AFR, per floating year. The policy describes the floating year as the 365-day period preceding the filling of an AFR. If the AFR hasn't been claimed during the preceding 365 days, the 3 flexible fees would be available; if more than 3 fees have been submitted in the preceding 365 days, no flexible fills would be available.

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

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
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
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

31. Do claims from other pharmacies count toward intervention-code or flexible-fill limits?

Yes. Intervention-code usage and flexible-fill limits are calculated by patient and AFR, not by pharmacy. The policy states there should generally be no need for the pharmacy to calculate remaining intervention-code uses because the limits were established to support the permitted frequency.

32. What happens when the intervention-code limit has been reached or the minimum interval hasn't elapsed?

If the annual intervention-code limit has been reached, the claim must be submitted with a \$0.00 dispensing fee. If a claim is submitted before the applicable minimum dispensing interval has elapsed, the dispensing fee will be adjusted to \$0. The medication claim is expected to continue to pay with a \$0 dispensing fee.

Once the annual intervention code limit has been reached, the response code RN – Exceeds Annual Limit will be returned.

33. Can a different intervention code be used, or can an incorrect code be corrected after submission?

A different intervention code shouldn't be used merely because the limit for another code was reached. If the patient's circumstances have changed, a new Maintenance Medications Frequent Dispensing Authorization Form should be completed to support the new eligibility criterion and code. An incorrect code can be corrected by reversing the claim and resubmitting it with the correct code.

If a claim is reversed, the intervention code applied to that claim will be restored to the member's annual limit.

34. What should a pharmacist do if the patient meets more than one eligibility criterion?

Use professional judgement to select the eligibility criterion that most appropriately reflects the patient's circumstances.

G. Supplies of 2-27 days and facility residents

35. How do dispensing-fee limits work for maintenance medications supplied for 2-27 days?

When the patient meets an eligible criterion AND the day supply is 2 to 27, claims for 2-27 days are limited to two dispensing fees per 28 days per AFR. The 2-per-28-day limit is consistent with the previous 2- to 27-day policy. Alberta Blue Cross currently uses a 28-day rolling look-back from the current date of claim submission.

36. What happens if a patient requires weekly dispensing?

Weekly dispensing may occur where clinically appropriate, but only 2 dispensing fees per 28 days per AFR will be paid when the policy requirements are met. Patient preference alone does not qualify for 2-27 day dispensing.

37. Do the annual usage and minimum interval limits apply to Type B, Type C and SLA residents?

Yes. The policy lists intervention code MY with an annual usage limit of 28 per AFR per patient and a minimum interval of 10 days.

38. What documentation is needed for facility residents, and what changes if a resident moves?

For general Facility Living, retain a completed and signed Maintenance Medications Frequent Dispensing Authorization Form in addition to normal claim and practice documentation. Residents of Type B, Type C and SLA don't require the form. A new form is needed if the eligibility criterion or dispensing frequency changes, or when the existing form expires. The policy doesn't otherwise change for centralized packaging or institutional distribution models.

H. Early refills, transition, claims and audits

39. How does the 70% early-refill rule work?

For 84- to 100-day maintenance-medication supplies, at least 70% of the previous days' supply must have elapsed before the next dispensing fee is eligible for payment. The threshold is determined using the days' supply between the previous and current fills, which makes accurate days' supply submission important.

40. How should lost, stolen or damaged medications be handled?

A pharmacy can use intervention code **MR – Lost/Stolen** if a claim is rejecting for an early refill and the medication has been lost, stolen or damaged. There are times when this won't work (usually if the medication is a biologic/biosimilar or other high-cost medication) and the provider will need to contact Alberta Blue Cross provider contact center to determine if an early refill can be approved.

41. How should existing patients on 30-day fills transition when the policy starts?

For claims submitted on or after October 1, 2026, patients who meet an eligibility criterion for shorter term dispensing, a new Maintenance Medications Frequent Dispensing Authorization Form should be completed and signed where the patient will continue to receive less than 84 days' supply. The policy indicates there's no transition or grace period. If the patient doesn't meet eligibility criteria, 84 to 100 days' supply should be dispensed.

42. Why is accurate days' supply important, and can an incorrect days' supply be corrected?

Days' supply determines how the quantitative dispensing rules apply. If claims verification determines that the days' supply was entered incorrectly, the claim is subject to recovery. The policy states that an incorrect days' supply may be corrected within 365 days of billing if it's identified before an audit related to that claim; claims already subject to audit shouldn't be changed before responding to the audit.

43. What documentation must pharmacies retain for audit purposes?

Where required, the Maintenance Medications Frequent Dispensing Authorization Form must be retained for 2 years for audit and compliance purposes. Other normal claim and practice documentation requirements continue to apply.

44. Will there be new rejection codes or claim messages associated with the policy?

- If a member receives an 84+ days' supply for an MML drug, the subsequent claim should be rejected with response code OU until 70% of the previous supply has been utilized.
- If the usage limit of an MML Intervention Code is reached, claim will reject with response code RN – Exceeds Annual limit
- If a claim is submitted using an intervention code before the mandatory minimum timeline has elapsed, then claim would be rejected with response code D7 – Refill too soon.
- If the intervention code entered is incorrect for any MML drug, claim should reject with **Response code = NN – Intervention inconsistent with service**. For example: If MZ is entered instead of MW, claim rejects with response code NN.

I. Exemptions and special circumstances

45. Which medications or programs are exempt from the Maintenance Medication Dispensing Policy?

The policy identifies acute/short-term dispensing and specified all-Albertans programs, including Mifegymiso under the Women's Choice Program, Community Based Naloxone (CBN) Program and oseltamivir for influenza outbreak prophylaxis under the Alberta Public Health Activities Program. The policy also references opioid dependence treatment drugs, such as methadone and Suboxone, as exemptions.

46. How should a medication that can be used either acutely or chronically be classified?

If a medication is being used regularly to manage an ongoing long-term or chronic condition, it should be treated as a maintenance medication, and the maintenance-medication policy applies. If it's being used for an acute or short-term indication, the acute/short-term rules apply.

Practical dispensing scenarios

Scenario 1 – Stable chronic medication that is not on the MML

Situation	Patient is stable on a chronic maintenance medication that's not listed on the MML. Prescription is for a 90-day supply.
Dispensing	Pharmacy dispenses 90 days.
Result	Dispensing fee paid. No Maintenance Medications Frequent Dispensing Authorization Form or intervention code is required.
Why	The patient is stable and the medication is being dispensed within the normal 84–100-day maintenance interval.

Scenario 2 – Non-MML chronic medication, patient requests monthly dispensing

Situation	Patient is stable on a maintenance medication that is not on the MML and requests 30-day supplies.
Dispensing	30 days.
Requirements	Patient request is an eligible reason for a 28–83-day interval. Maintenance Medications Frequent Dispensing Authorization Form required. No intervention code is required because the medication is not on the MML. Maximum of 1 eligible dispensing fee per 28 days per AFR.
Result	Dispensing fee may be paid when the requirements are met.

Scenario 3 – Non-MML chronic medication, patient asks for weekly dispensing

Situation	Stable maintenance medication that isn't on the MML. Patient wants 7 days at a time simply because they prefer weekly pickup.
Result	The pharmacy may dispense seven days, but patient preference alone is not listed as an eligibility criterion for a dispensing fee when the supply is under 28 days. Only 1 dispensing fee will be paid every 28 days, as the eligibility criteria of patient request is for 28 to 83 day dispensing.

Scenario 4 – Newly prescribed MML medication

Situation	Patient starts a new MML medication. The pharmacist and prescriber want to assess tolerance before providing a longer supply.
Fill 1	30 days – dispensing fee eligible; no Maintenance Medications Frequent Dispensing Authorization Form or MML intervention code required.
Fill 2	30 days – same result.
Fill 3	30 days – same result.
Fill 4	If the patient is now stable, the normal expectation becomes an 84–100-day supply. If another 30-day supply is provided and a dispensing fee is being claimed, the patient must meet an eligible frequent-dispensing criterion, the form must be completed, and the applicable MML intervention code must be submitted.

Scenario 5 – Stable MML medication, patient wants 30-day supplies

Situation	Patient has been taking the same MML medication for several years and is stable, but wants 30-day supplies.
Requirements	Because this isn't a new medication, the 3 initial flexible fills don't apply. Patient request is an eligible reason for 28–83-day dispensing. The pharmacist may dispense 30 days; a Maintenance Medications Frequent Dispensing Authorization Form is required; the appropriate MML intervention code is required; and applicable code-usage and minimum-interval limits apply.
Result	Dispensing fee may be paid when all requirements are satisfied.

Scenario 6 – Stable MML medication, patient requests weekly compliance packs

Situation	Stable MML medication. Patient simply prefers medications packaged and dispensed every seven days.
Result	Because seven days is less than 28 days, patient request alone doesn't qualify for dispensing-fee payment under the policy. Only 1 dispensing fee will be paid every 28 days, as the eligibility criteria of patient request is for 28 to 83 day dispensing.

Scenario 7 – MML medication, medication profile is unstable

Situation	Patient is taking an MML medication and has an ongoing complex and unstable medication profile. Pharmacist determines that a 30-day interval is appropriate.
Requirements	Maintenance Medications Frequent Dispensing Authorization Form; documentation supporting the medication-safety/complex-profile criterion; applicable MML intervention code; compliance with code-use and interval limits.
Result	Dispensing fee may be paid if the requirements are met.

Scenario 8 – MML medication with prescriber-directed 14-day dispensing

Situation	Patient is stable on an MML medication, but the physician directs that only 14 days be dispensed at a time.
Requirements	Maintenance Medications Frequent Dispensing Authorization Form; physician/NP direction documented; intervention code UA; applicable minimum interval and annual code-use limits.
Result	The broader 2-27 day rule also limits payment to 2 dispensing fees per 28 days per AFR.

Scenario 9 – Dose change creates a new MML AFR

Situation	Patient is unstable on an MML medication at one strength. Dose is changed and the new prescription uses a different strength.
Interpretation	Because different strengths are treated as different AFRs, the policy treats this as a new AFR. The patient would therefore be eligible for up to 3 initial flexible fills of less than 84 days before the standard 84–100-day expectation applies. Pharmacists will need to use professional judgment to determine whether the new strength is clinically required.

Simple pharmacist decision framework

1. Is this a maintenance medication?

No: apply the appropriate acute/other dispensing policy. Yes: continue

2. Is the patient receiving 84–100 days?

Yes: dispense. Normal dispensing fee applies, subject to early-refill rules. No: continue

3. Is the supply 2-27 days or 28–83 days?

Determine whether the patient's reason is an eligible reason for that dispensing interval to qualify for a dispensing fee.

4. Is the medication on the MML?

No: complete the Maintenance Medications Frequent Dispensing Authorization Form where required; no MML intervention code.

Yes: complete the form where required and submit the appropriate intervention code, unless the claim qualifies as one of the first 3 flexible fills for a newly prescribed MML medication/new AFR.

