

Pharmacy Benefact

Number 1347 | October 2026

A BULLETIN FOR PHARMACY SERVICE PROVIDERS FROM ALBERTA BLUE CROSS®

Multi-Year Pharmacy Funding Framework update

This benefact provides further clarification on the application of the Compounding Price Limit, Maintenance Medication Dispensing Policy, and Care Plan PIN Submission.

PHARMACY FUNDING FRAMEWORK TUTORIALS

Pharmacy Funding Framework tutorial videos are now available to support pharmacies in understanding key framework changes. These videos cover the Maintenance Medication List (MML) and changes to Frequent Dispensing, as well as Services for Maintenance Medication Assessment (SMMA), Comprehensive Annual Care Plan (CACP), and Payor of Last Resort (POLR) processes and requirements.

We encourage pharmacies to review these tutorials to better understand the updated policies and how they may impact daily practice. These resources are designed to provide practical guidance and answer common questions related to the new framework changes.

- [Maintenance Medication List and changes to Frequent Dispensing Video Tutorial](#)
- [SMMA/CACP and POLR Video Tutorial](#)

UPDATES TO COMPOUNDING POLICY

Additional clarification is being provided regarding the compound reimbursement changes outlined in [Pharmacy Benefact 1341](#).

For compounds containing diclofenac or another non-steroidal anti-inflammatory drug (NSAID), combined with or without lidocaine, menthol, camphor, capsaicin or phenol, PINs 999102, 999202, 999105, 999205 should be used, regardless of the concentration of these other ingredients.

For multi-ingredient topical compounds containing diclofenac or another NSAID together with additional active therapeutic ingredients, the following PINs should be utilized:

- Multi-ingredient with NSAID:

DIN_GP_PIN	PRODUCT_DESC_ENG
00999201	CMPD-DICLO/NSAID SECONDARY INGR (IN-STORE)
00999200	CMPD-DICLO/NSAID SECONDARY INGR (PURCHASED)

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

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- Claims submitted using these PINs are currently not subject to the \$0.55 per gram price limit. These PINs have been established to support consistent claim submission and to allow better understanding of utilization, ingredient combinations, and cost of product for multi-ingredient NSAID compounds.
- The new multi-ingredient Diclo/NSAID PINs should not be used for compounds containing only diclofenac or another NSAID in combination with or without lidocaine, menthol, camphor, capsaicin, or phenol. These compounds continue to be submitted using the existing diclofenac or NSAID PINs (00999102 (diclofenac made in store), 00999202 (diclofenac purchased), 00999105 (NSAID made in store), 00999205 (NSAID purchased)).
- Multi-ingredient NSAID compounds generally include diclofenac or another NSAID combined with one or more additional active therapeutic ingredients (for example, cyclobenzaprine).
- Government will monitor utilization, ingredient combinations, and cost of product associated with these PINs to support ongoing policy evaluation.

For multi-ingredient compounds or ingredients not listed on the Reference Guide, pharmacies should contact ABC to confirm coverage eligibility.

Determining the appropriate compounding PIN

The following table provides guidance on PIN selection for common compound scenarios.

Scenario	Example	PIN to Use	Limited by \$0.55/g cap
Diclofenac or another NSAID as the only active ingredient, along with or without lidocaine, menthol, camphor, capsaicin, or phenol	Diclofenac 10%	Applicable diclofenac PIN regardless of the concentration of lidocaine, menthol, camphor, capsaicin, or phenol	Yes
	OR		
	Diclofenac 10% + Lidocaine 5%	00999102 (Made in store Diclofenac) 00999202 (Purchased Diclofenac)	Yes
	Piroxicam 10% + Menthol 2%	Applicable other NSAID PIN regardless of the concentration of lidocaine, menthol, camphor, capsaicin, or phenol	
	OR	00999105 (Made in store NSAID) 00999205 (Purchased NSAID)	
	Ibuprofen 5% + Lidocaine 2%		
Diclofenac or another NSAID is used with additional active ingredients	Diclofenac 10% + Cyclobenzaprine 2%	00999201 CMPD-DICLO/NSAID SECONDARY INGR (Made in Store) 00999200 CMPD-DICLO/NSAID SECONDARY INGR (Purchased)	No

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Scenario	Example	PIN to Use	Limited by \$0.55/g cap
A topical compound that does not contain diclofenac, NSAID, retinoic acid, salicylic acid, anti-infective, or corticosteroids	2% Diltiazem in Petroleum Jelly	00999112 (Made in Store Miscellaneous Topical Compound) 00999213 (Purchased Miscellaneous Topical Compound)	No

Transition for previously purchased compounds

Compounds purchased or ordered from a compounding pharmacy for PINs 00999202 and 00999205, prior to October 1, 2026, will be eligible for a transition period until October 31, 2026. During this period, pharmacies may submit claims for these compounds using the former reimbursement approach. During this transition period, these claims will not be subject to the \$0.55 per gram price limit.

Except for this temporary transition measure, the \$0.55 per gram unit price limit applies to eligible compound claims with a date of service on or after October 1, 2026.

Please note:

- There is no audit grace period associated with implementation of the Compounding Policy.
- The transition period is intended to allow pharmacies time to deplete existing inventory of products purchased or ordered before October 1, 2026.
- All other claims are expected to comply with the policy requirements effective October 1, 2026.

MAINTENANCE MEDICATION DISPENSING POLICY CLARIFICATIONS

Additional clarification is being provided regarding the Maintenance Medication Dispensing Policy outlined in **Pharmacy Benefact 1337**.

Inhalers and other non-standard package sizes

The Maintenance Medication Dispensing Policy requires dispensing maintenance medications as a 3-month supply (84 to 100 days) when clinically appropriate. For certain products that cannot be dispensed as a 3-month supply due to package sizes or product characteristics, the maintenance medication policy will not apply.

The following categories of drugs are excluded from the maintenance medication policy and do not require a Maintenance Medication Frequent Dispensing Authorization Form when dispensed in a less than 84-day supply. For medications excluded from the maintenance medication policy, pharmacies are encouraged to dispense quantities that are clinically appropriate for the patient's needs and circumstances, while supporting safe, effective, and cost-effective medication use.

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- Inhalers
- Eye drops
- Ear drops
- Injectable medications (except Depo-Provera)
- Topical formulations (e.g., creams, ointments, gels, and lotions)
- Compounded products

Dispensing less than an 84-day supply

When a Maintenance Medication is dispensed for less than an 84-day supply, payment of a dispensing fee will depend on meeting the applicable policy requirements, including:

- Appropriate documentation with a completed Maintenance Medications Frequent Dispensing Authorization Form; and
- Submission of the applicable intervention code if the medication is listed on the Maintenance Medication List (MML).

Exceptional circumstances – Physician/Nurse Practitioner Authorization

In exceptional circumstances, a physician or nurse practitioner may authorize (sign) the Maintenance Medications Frequent Dispensing Authorization Form when the patient is unwilling or unable to sign the form.

This exception may be used where:

- The physician or nurse practitioner has directed a specific dispensing interval of less than 84 days and confirms, following discussion with the pharmacist, that the shorter dispensing interval is in the patient's best interest; and
- The patient is unwilling or unable to provide their signature.

In these circumstances, the pharmacist should obtain the physician or nurse practitioner's signature on the Maintenance Medications Frequent Dispensing Authorization Form in place of the patient. **An updated Form is now available.**

SMMA CLAIMS

During the transition to the new CACP/SMMA PINs, ABC and pharmacy software vendors are updating their systems. Pharmacists who encounter claim submission errors when using the new PINs, may use the old Standard Medication Management Assessment (SMMA) Initial Assessment or Follow-Up Assessment PINs until October 31, 2026.

Previous communications and key resources:

- **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**

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- **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.pdf**
- **MML List of Drugs.xlsx**
- **Pharmacy Benefact 1339 – September 2026**: Multi-year Pharmacy Funding Framework update: Daily Dispensing Policy
- **Change to daily dispensing policy FAQ**
- **Pharmacy Benefact 1341 – September 2026**: Multi-Year Pharmacy Funding Framework Update: Introduction of unit price limits on select topical compound medications.
- **Pharmacy Benefact 1342 – September 2026**: Clarification Benefact #1
- **Pharmacy Benefact 1343 - September 2026**: Clarification Benefact #2

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