

FROM FRAMEWORK TO PRACTICE

What Alberta's New Pharmacy Funding Model
Means for You

A practical look at what is changing — and what it means in pharmacy practice.



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ANNUAL GENERAL MEETING 2026 | CALGARY, ALBERTA

October 1, 2026 – March 31, 2029

Why did it change?
The Framework

What changed?
The Decisions

How is it Changing?
The Policies

What does it mean?
Your Practice

All Resources Available at RxA go to:

<https://rxa.ca/professional-practice/advocacy/pharmacy-agreements-services-framework/>

Questions – Member Matters

<https://rxa.ca/groups/?member-matters/>

The Framework

Historical Context

- 2018 - 2 Year Agreement
 - FDP and Daily Limits + Holdback
- 2020 – 2 Year Extension
 - Holdback replaced with Authorized Adjustment
- 2022 – 3 Year Extension
- 2025 – 1 Year Extension
- 2026 – 6 month Extension
- 2026 (June) – 3 year Agreement
 - Fully Implemented October 1, 2026 ending March 31, 2029

The Framework

Alberta Pharmacy Budget

- Pharmacy Expenditures – What's Included?
 - Dispensing Fees and Allowable Upcharges only
 - Cost of Drug is not subject to the Pharmacy Budget Cap
 - Pharmacy Services Fees (excludes Public vaccines, public programs)
- Pharmacy Funding Framework
 - Alberta Blue Cross Pharmaceutical Services Provider Agreement
 - Ministerial Order - Pharmacy Services
 - Ministerial Order – Authorized Adjustment Policy

Why did it change?

The Framework

Alberta Pharmacy Budget

Year	Budget	Actual	Growth YOY
2022-23	\$617,000,000	\$587,789,797	9.7%
2023-24	\$640,000,000	\$647,834,019	10.2%
2024-25	\$670,000,000	\$693,052,356	7.0%
2025-26	\$670,000,000	\$718,276,845	3.6%
2026-27	\$737,000,000		
2027-28	\$759,000,000		
2028-29	\$759,000,000		

The Framework

Areas of Concern

- Sustainability
 - Ensure growth is sustainable for the Pharmacy Funding Framework
- Better Information
 - Collect better data to assess effectiveness and impact of care plans
- Addressing Outliers
 - Daily Dispensing growth at 20%+ per year
 - Shorter-term Dispensing (monthly) adding significantly to Pharmacy Expenditures growth
 - Diclofenac topical compounds (cost) growing at 20%+ per year
 - Pharmacy Services Fees growing at 12%+ over fiscal Q1 2026

What changed?

The Decisions

Establish Authorized Adjustment Thresholds

Implement Pharmacist Services Cap

Increase Dispensing Fee

Change OTC Product/Nutritional Product Pricing

Introduce a Maintenance Medication Policy and List (MML)

Introduce a Daily Dispensing Policy

Enhance Data Capture for Care Plans and Follow Ups

Implement an Anti-Inflammatory Compound Policy

The Decision

Establish Authorized Adjustment Thresholds

- 2026/27: \$737M (3% increase)
- 2027/28: \$759M (3% increase)
- 2028/29: \$759M (temporary 0%)
 - 2028/29: Includes Re-opener clause

The Policy

Establish Authorized Adjustment Thresholds

- Benefact #1320

Change	Current	NEW
Authorized adjustment threshold	2025-2026: \$670M	2026-2027: \$737M 2027-2028: \$759M 2028-2029: \$759M (with re-opener to allow for discussions with the RxA in Fall 2027)

- RxA Re-engagement with PPHS - Fall 2027

Your Practice

Establish Authorized Adjustment Thresholds

- Continue providing pharmacist care
- AA remains part of the ABC Agreement mechanism to constrain budgeted overspend
 - Allows for consultation with RxA and the Pharmacy Community
 - Activated once (2024) since 2020 prior to the Care Plan Fee and Followup limit reduction.

The Decision

Implement Pharmacist Services Cap

- Implemented July 26, 2026
- Intent: Address the top billers of Pharmacy Services while still providing a fair and reasonable amount for pharmacists to receive compensation for their delivery of pharmacy services. Manage the growth in Pharmacy Services billings.

The Policy

Implement Pharmacist Services Cap

- [ABC Benefact 1321](#)
- [FAQ for Pharmacist Cap](#)
- \$13,000 per pharmacist billing cap (rolling 28 day period)
- Applies by pharmacist regardless of practice site
- Once the cap is reached, additional claims submitted will be:
 - Partially paid, if a portion of the payment remains under the cap, or
 - Paid at \$0.00
- No charge can be made to the patient for submitted claims
- Applies to all clinical pharmacy services except:
 - Assessment for Admin Publicly Funded Vaccines
 - Assessment for Ensuring Continuity of Care in State of Emergency

Your Practice

Implement Pharmacist Services Cap

- Only applies to services not dispensing.
- Majority of pharmacists not impacted, average 28-day billing was ~ \$3000.
- The Pharmacist ID and Prescriber ID must be the same on submitted claims.
- Claims submitted where the Pharmacist ID and Prescriber ID do not match will be rejected with response code:
 - 76 – Pharmacist ID code error/missing

The Decision

Increased Dispensing Fee

- Implementation: October 1, 2026
- Intent: To recognize the work of pharmacists while being fiscally responsible and managing growth in pharmacy expenditures. To incentivize the move to less frequent dispensing with a tiered dispensing fee model.

The Policy

Increased Dispensing Fee

- Notice of Amendment – sent Sept 16, 2026
- ABC Benefact #1335
 - 84+ Days Supply: max \$12.15 → max \$13.50
 - <84 Days Supply: max \$12.15 → max \$12.35

Includes:

- Increase for Naloxone Kits @ \$12.35
- Purchased Compounds follow increases accordingly
- In-store Compound dispensing fee max remains at \$18.45

Your Practice

Increased Dispensing Fee

- Accurate submission of Day Supply determines the fee
- Encourage 84 day supply or greater by default
- Patients advised to ask for 3 month supply
- Dispensing Fee increase is aligned with the goal of encouraging the dispensing of 3 months supply of Maintenance Medications under the policy.

The Decision

Change OTC Product/Nutritional Product Pricing

- Implementation: October 1, 2026 (Delayed)
- Intent: To limit the growth in pharmacy expenditures related to dispensing of OTC products. To provide a better improved margin for Nutrition Products.

The Policy

Change OTC Product/Nutritional Product Pricing

- [Notice of Amendment](#)
- [ABC Benefact #1335](#)
- [ABC Benefact #1342](#) – delayed implementation date TBD

Product	Current reimbursement	New reimbursement
OTC products (Schedule 3)	MLP or LCAP + AU#1 (3%) + AU#2* (7%, up to \$100) + Dispensing fee \$12.15	MLP or LCAP + AU#1 (7.5%) + AU#2 (10%, up to \$100) + Dispensing fee \$0
Nutritional products**	MLP or LCAP + AU#1 (3%) + AU#2* (10%, up to \$100) + Dispensing fee \$0	MLP or LCAP + AU#1 (7.5%) + AU#2 (10%, up to \$100) + Dispensing fee \$0
Diabetic supplies	MLP or LCAP + AU#1 (3%) + AU#2* (10%, up to \$100) + Dispensing fee \$0	No change

Your Practice

Change OTC Product/Nutritional Product Pricing

- All OTC (Schedule 3 and unscheduled) products will follow retail pricing structure
 - No Dispensing Fee will be paid
 - Dispensing daily does not impact daily dispensing fee limit
- Nutritional products will follow retail pricing structure with increase to AU#1 at 7.5%
- No changes to Diabetic Supplies

The Decision

Introduce a Maintenance Medication Policy and List (MML)

- Implementation: October 1, 2026
- Intent: To encourage dispensing of 3 months of maintenance medications and limit growth on shorter term dispensing.
- Dispensing Fee increase is aligned with the goal of encouraging the dispensing of 3 months supply of maintenance medications
- Allows for shorter term dispensing if the patient meets the eligibility criteria **and** a frequent dispensing authorization form is **completed and signed** by the patient/patient agent and pharmacist

The Policy

Introduce a Maintenance Medication Policy and List (MML)

- [ABC Benefact 1337](#)
- [Maintenance Medication List](#)
- [Maintenance Medication Frequent Dispensing Authorization Form](#)
- [Maintenance Medication Dispensing Policy FAQ](#)

The Policy

Introduce a Maintenance Medication Policy and List (MML)

What to know:

- General Rule: **Fill 3 months supply** for stabilized maintenance medications
- All Government Sponsored Drug plans
 - Includes Low Income Health Benefit plans (day supply limits)
 - Excludes Palliative Coverage Plan Members
- Shift from AIG to AFR (includes form and route)
- Newly Prescribed MML medication – **initial 3 fills** (Dispensing Fees) permitted at shorter days supply to allow for stabilization period

The Policy

Introduce a Maintenance Medication Policy and List (MML)

What to know:

To be eligible to receive a Dispensing Fee for maintenance medication fills of <84 days:

- the **patient must meet the eligibility** requirements,
- the **Frequent Dispensing Authorization Form** must be **completed and signed by the patient/patient agent and the pharmacist, AND**
- for drugs listed on the MML, the **appropriate intervention code must be entered.**

The Policy

Introduce a Maintenance Medication Policy and List (MML)

- **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.
- **Medication Maintenance List (MML)** is a defined list of Maintenance Medication categories that are hard coded for the dispensing fee rules. **MML medications require an applicable intervention code** when shorter term dispensing is used, and the plan member meets the eligibility criteria

The Policy

Introduce a Maintenance Medication Policy and List (MML)

Maintenance Medication List – 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
Antidiabetic Agents	Cardiac Drugs • Antiangina Agents • Antilipemic Agents	Overactive Bladder Agents
		Thyroid Agent Drugs
		Schedule 1 & 2 Vitamins

- Will reject after 3 initial fills less than 84 days
- Intervention Code required based on Eligibility Criteria

<https://www.ab.bluecross.ca/pdfs/maintenance-medication-program-drug-listing.xlsx>

The Policy

Introduce a Maintenance Medication Policy and List (MML)

What to know:

- <28 Days Supply:
 - Maximum 2 Dispensing Fees per 28 days
 - Physician or Nurse Practitioner direction – IC UA
 - Risk of Theft/Loss – IC MW
 - Facility Living (other than Continuing Care and Palliative) – IC DH
 - Continuing Care and Palliative – IC MY
- 28 to 83 Days Supply:
 - Maximum 1 Dispensing Fee per 28 days
 - Physician or Nurse Practitioner direction – IC UA
 - Risk of Theft/Loss – IC MW
 - Facility Living – IC DH
 - Continuing Care and Palliative – IC MY
 - Medication Safety Concerns/Complex and Unstable Medication Profile – IC CI
 - Patient Request (including compliance packaging) – IC UF
- Acute / Short Term Dispensing Policy **remains unchanged**:
 - Maximum 2 Dispensing Fees per 28 days
 - Up to 4 additional Dispensing Fees per AIG per plan member per floating year – IC UT

Your Practice

Introduce a Maintenance Medication Policy and List (MML)

Continuing Care vs. Facility Living

Category	Form Required
Continuing Care Homes include: - Type B - Type C - Supportive Living Accommodation - Includes Seniors Lodges	NO
Facility Living: - means a designated care facility that provides accommodation and ongoing care or support services.	YES

Eligible facilities need to be listed on the [Assisted Living Navigation Portal](#) as SLA, Type B, Type C or Seniors Lodge.

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

Assisted Living Navigation Portal

New service

Navigating care with clarity and confidence

Your Practice

Introduce a Maintenance Medication Policy and List (MML)

Does My Patient Qualify for Shorter Dispense (Eligibility)?

2 - 27 Day Supply	28 - 83 Day Supply
☒ Physician/Nurse Practitioner direction	☒ Physician/Nurse Practitioner direction
☒ Risk of theft/loss	☒ Risk of theft/loss
☒ Facility Living (excluding CCH Type B, Type C, and SLA)	☒ Facility Living (excluding CCH Type B, Type C, and SLA)
☒ Continuing Care Home Type B, Type C, and SLA.	☒ Continuing Care Home Type B, Type C, and SLA.
N/A	☒ Medication safety concerns/complex and unstable medication profile
N/A	☒ Patient Request (including patient requested compliance package)

Your Practice

Introduce a Maintenance Medication Policy and List (MML)

Completed MMFDA Form (required for all Maintenance Meds including those listed on the MML)

MEDICATION INFORMATION - Use a separate form to list any additional medications, if applicable			
Frequency of dispense	Medication and strength	Rationale for frequent dispensing	Patient/Patient's agent initial
28-83 days	See attached list	☐ Physician/Nurse Practitioner direction ☐ Risk of theft/loss ☒ Residents receiving facility-based care Living (EXCLUDING Continuing Care Type B, Type C, Palliative, and Supportive Living Accommodation) ☐ Medication safety/complex and unstable medication profile ☐ Patient request (including patient requested compliance package)	RF
2-27 days		☐ Physician/Nurse Practitioner direction ☐ Risk of theft/loss ☐ Residents receiving facility-based care Living (EXCLUDING Continuing Care Type B, Type C, Palliative and Supportive Living Accommodation)	

☒ The above rationale applies to all maintenance medications listed in the patient's profile.

ALBERTA BLUE CROSS MAINTENANCE MEDICATIONS FREQUENT DISPENSING AUTHORIZATION FORM

Please complete all required sections to allow your request to be processed.

This form is to inform patients that a pharmacist has initiated frequent dispensing for their chronic and long-term medication.
 This form is required for less than 84 days dispensing of maintenance medications (as defined in Alberta Blue Cross Reference Guide for Alberta Pharmacies).

This form must be updated every 12 months.

Use retain the original copy of this form for 2 years for audit and compliance purposes.

Authorization of the patient to engage with the pharmacy team (as defined in Alberta College of Pharmacy Standards of Practice for Pharmacists and Pharmacy Technicians).

Pharmacists are required to seek and document consent from the patient/patient's agent through appropriate means, consistent with the Alberta College of Pharmacy standards of practice.

This is NOT a standardized form. The format and layout are at the discretion of the pharmacy business; however, all required information is included in this sample form must be captured and documented to fulfill ABC audit and claims verification requirements.

INFORMATION

LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

BIRTH (YYYY/MM/DD): _____ ALBERTA PERSONAL ID AND TAG #: _____

PHARMACY INFORMATION

HARMACY: _____ PHONE: _____ FAX: _____

ADDITIONAL INFORMATION - Use a separate form to list any additional medications, if applicable

Frequency of dispense	Medication and strength	Rationale for frequent dispensing	Patient/Patient's agent initial
		☐ Physician/Nurse Practitioner direction ☐ Risk of theft/loss ☐ Residents receiving facility-based care Living (EXCLUDING Continuing Care Type B, Type C, Palliative, and Supportive Living Accommodation) ☐ Medication safety/complex and unstable medication profile ☐ Patient request (including patient requested compliance package)	
		☐ Physician/Nurse Practitioner direction ☐ Risk of theft/loss ☐ Residents receiving facility-based care Living (EXCLUDING Continuing Care Type B, Type C, Palliative and Supportive Living Accommodation)	

The above rationale applies to all maintenance medications listed in the patient's profile.

Your Practice

Introduce a Maintenance Medication Policy and List (MML)

PATIENT/Patient's Agent acknowledgement – MUST BE SIGNED	
☒	I understand that the medication(s) identified on this form will be dispensed according to the frequency indicated.
☒	I understand that maintenance medications are medicines used regularly to manage long-term health conditions.
☒	I understand that, once my condition is stable, I can ask my pharmacist whether an 84 to 100 days supply of my maintenance medication is appropriate for me.
☒	I understand that dispensing my medication more frequently may result in additional dispensing fees, subject to the applicable plan rules.
☒	I understand I can refuse the more frequent dispensing of my medication(s) at ANY TIME and can withdraw consent at ANYTIME.
☒	I understand that I can contact Alberta Blue Cross at 1-866-441-8477 if I have concerns regarding my pharmacist's billing.
☒	I acknowledge that information related to this form may be collected, used, disclosed or reviewed by Alberta Blue Cross in accordance with applicable legislation and program requirements, including for audit and verification purposes.
☒	I am the patient.
☐	I am the patient's agent.
Relationship to patient, if applicable: _____	
Signature of patient or patient's agent: <u>Ron Fictitious</u>	
The date signed (YYYY/MM/DD): <u>2026/10/01</u> represents the effective date of this consent form.	
Only the patient or their authorized agent may sign this acknowledgement.	
The patient or the patient's agent will receive a copy of this completed consent form for their records.	
PHARMACIST'S SIGNATURE	DATE (YYYY/MM/DD)
<u>Pharmacist Signature</u>	<u>2026/10/01</u>
WITHDRAWAL OF CONSENT - may be provided by signed written request, email or verbal communication documented by the pharmacist in the patient record.	

✓ Signed by the Patient/Agent AND pharmacist

✓ Provide a copy to the Patient

✓ Updated every 12 months

The Decision

Introduce a Daily Dispensing Policy

- Implementation: October 1, 2026
- Intent: To limit the growth of daily dispensing while ensuring those that absolutely need daily dispensing will continue to be able to access their medications

The Policy

Introduce a Daily Dispensing Policy

- [ABC Benefact 1339](#)
- [Daily Dispensing Authorization Form](#)
- [Daily Dispensing Policy FAQ](#)
- Limit of **1 Dispensing Fee per patient per day** + Methadone or Suboxone
 - Daily Dispensing Fee claimed **can not be for an MML drug**
 - Must be a Schedule 1 Medication

The Policy

Introduce a Daily Dispensing Policy

Daily Dispensing of an Opioid

- Qualifies for Daily Dispensing Fee if the patient is not also receiving Methadone or Suboxone
 - A pharmacy may not claim a Daily Dispensing Fee for an opioid medication when a dispensing fee is already being paid for methadone or buprenorphine/naloxone for the same patient on the same day.

Exception (Benefact 1343):

- NTS providing pharmacies - If the patient is using Methadone/Suboxone, can only claim a concurrent daily DF for an Opioid if:
 - Part of a specialized, documented treatment protocol determined/authorized by Narcotic Transition Service – applies only to NTS serving pharmacies.

The Policy

Introduce a Daily Dispensing Policy

Eligibility for Daily Dispensing

- A **prescription (written or verbal)** from a **physician or nurse practitioner** that specifically directs the medication to be dispensed daily

OR

- Pharmacist **completes a Daily Dispensing Authorization Form** for either criteria:
 - Risk of theft/loss
 - Risk of overuse/abuse

What does it mean?

Your Practice

Introduce a Daily Dispensing Policy

Completed Daily Dispense Authorization Form

MEDICATION INFORMATION – Use a separate form to list any additional medications, if applicable		
Medication	Rationale for frequent dispensing	Patient/Patient's agent initial
Eligible Medication	☒ Risk of theft/loss ☐ Risk of overuse/abuse	RF
	☐ Risk of theft/loss ☐ Risk of overuse/abuse	
	☐ Risk of theft/loss ☐ Risk of overuse/abuse	
	☐ Risk of theft/loss ☐ Risk of overuse/abuse	

Daily Dispensing Authorization Form

PATIENT INFORMATION

PATIENT LAST NAME _____ FIRST NAME _____ INITIAL _____

DATE OF BIRTH (YYYY/MM/DD) _____ ALBERTA BLUE CROSS ID AND TAG # _____

PHARMACY INFORMATION

NAME OF PHARMACY _____ PHONE _____ FAX _____

MEDICATION INFORMATION – Use a separate form to list any additional medications, if applicable

Medication	Rationale for frequent dispensing	Patient/Patient's agent initial
	☐ Risk of theft/loss ☐ Risk of overuse/abuse	
	☐ Risk of theft/loss ☐ Risk of overuse/abuse	
	☐ Risk of theft/loss ☐ Risk of overuse/abuse	
	☐ Risk of theft/loss ☐ Risk of overuse/abuse	

PATIENT/Patient's agent acknowledgement – MUST BE SIGNED

I understand that the medication(s) identified on this form will be dispensed daily.
I understand that dispensing my medication daily may result in additional dispensing fees, subject to applicable plan rules.
I understand I can refuse the daily dispensing of my medication(s) at any time, unless daily dispensing is specifically indicated on my prescription by my physician or nurse practitioner.
I understand that I can contact Alberta Blue Cross at 1-866-441-8477 if I have concerns regarding my frequency of dispense billing.
I acknowledge that information related to this form may be collected, used, disclosed, or reviewed by Alberta Blue Cross in accordance with applicable legislation and program requirements, including for audit and verification purposes.

I am the patient. _____
I am the patient's agent. Relationship to patient, if applicable: _____

Signature of patient or patient's agent: _____
The date signed (YYYY/MM/DD): _____ represents the effective date of this consent form.

Only the patient or their authorized agent may sign this acknowledgement.
The patient or the patient's agent will receive a copy of this completed consent form for their records.
Patients or their agents may provide consent by email, and the email confirmation can be retained as documentation of consent.

PHARMACIST'S SIGNATURE _____ DATE (YYYY/MM/DD) _____

WITHDRAWAL OF CONSENT - may be provided by signed written request, email or verbal communication documented by the pharmacist in the patient record.

Your Practice

Introduce a Daily Dispensing Policy

PATIENT/Patient's Agent acknowledgement – MUST BE SIGNED	
☒	I understand that the medication(s) identified on this form will be dispensed daily.
☒	I understand that dispensing my medication daily may result in additional dispensing fees, subject to the applicable plan rules.
☒	I understand I can refuse the more frequent dispensing of my medication(s) at ANY TIME and can withdraw consent at ANYTIME.
☒	I understand that I can contact Alberta Blue Cross at 1-866-441-8477 if I have concerns regarding my frequency of dispense billing.
☒	I acknowledge that information related to this form may be collected, used, disclosed or reviewed by Alberta Blue Cross in accordance with applicable legislation and program requirements, including for audit and verification purposes.
☒	I am the patient.
☐	I am the patient's agent.
Relationship to patient, if applicable: _____	
Signature of patient or patient's agent: <u>Ron Fictitious</u>	
The date signed (YYYY/MM/DD): <u>2026/10/01</u> represents the effective date of this consent form.	
Only the patient or their authorized agent may sign this acknowledgement.	
The patient or the patient's agent will receive a copy of this completed consent form for their records.	
PHARMACIST'S SIGNATURE	DATE (YYYY/MM/DD)
<u>Pharmacist Signature</u>	<u>2026/10/01</u>
WITHDRAWAL OF CONSENT - may be provided by signed written request, email or verbal communication documented by the pharmacist in the patient record.	

✓ Signed by the Patient/Agent AND pharmacist

✓ Provide a copy to the Patient

✓ Updated every 3 months

Your Practice

Introduce a Daily Dispensing Policy

Concurrent Opioid and Transition Period (Updated in **Benefact 1343**)

- **2-month transition** – during which time pharmacists will:
- Be expected to refer and enroll eligible patients into NTS.
 - More information regarding referring patients can be found at [Opioid Dependency Program | Alberta Health Services](#).
 - More information for patients can be found at [Opioid Dependency Program | Alberta Health Services](#).
- Be expected to provide information to patients who don't have access to the Opioid Dependency Programs readily available to them to [Virtual Opioid Dependency Program \(VODP\) | Recovery Alberta](#)
- Be provided with information on the licensed NTS operated by Recovery Alberta.
 - More information on NTS can be found at [Narcotic transition service provider licensing | Alberta.ca](#)
 - For enquires on NTS eligibility: amh.cam@gov.ab.ca

The Decision

Enhance Data Capture for Care Plans and Follow Ups

- Implementation: October 1, 2026
- Intent: To promote more standardized care and pharmacist accountability, and to enhance data collection so patient and health-system outcomes associated with pharmacist care can be measured more effectively.

The Policy

Enhance Data Capture for Care Plans and Follow Ups

- [ABC Benefact 1333](#)
- [PIN List](#)
- [CACP/SMMA PIN FAQ](#)
- [Ministerial Order 630/2026](#)
- No change to service delivery requirements per Ministerial Order
 - Except removal of Wet Ink Signature Requirement
- New PINS reflect:
 - Reason for Initial Service; and
 - Outcome/Intervention by the Pharmacist at Followup
- Requirement to submit ICD-9 codes

How is it changing?

The Policy

Enhance Data Capture for Care Plans and Follow Ups

Initial Assessment PINS gather data according to:

Service Type

CACP Initial Assessment

SMMA Initial Assessment (Including Diabetes SMMA)

SMMA Tobacco Cessation Initial Assessment

Reason for Tobacco Cessation

Self-Referral or Pharmacist Initiated

Recommended by a HCP

Continuing Care Resident (Type A)

Reason for Encounter

Discharged from a Hospital w/in 14day

Self-Referral or Pharmacist Initiated

Recommended by a HCP

Continuing Care Resident (Type A)

Clinical Status

Unstable Condition

Newly Diagnosed

Stable Cond. w/need for Med Review or Treatment

Increased Risk for Complications

The Policy

Enhance Data Capture for Care Plans and Follow Ups

Followup PINS gather data according to:

Service Type
CACP Initial Assessment
SMMA Initial Assessment (Including Diabetes SMMA)
SMMA Tobacco Cessation Initial Assessment

Intervention/Outcome
Patient Stable (no changes made)
Consulted with other HCP
Continuation or Renewal of Medication
Changed Drug Therapy- Dose Change
Changed Drug Therapy- Discontinued Med
Changed Drug Therapy- Prescribe New Med
Changed Drug Therapy- Consulted with Other HCP
Lab Ordered
Monitoring/Point of Care Test
Recommend other HCP or Care Destination (e.g. ED)

The Policy

Enhance Data Capture for Care Plans and Follow Ups

Initial Assessment Required ICD-9 Code (submit 1 of these codes)

Condition/Risk Factor	ICD-9 Code
Hypertensive Disease	410
Diabetes Mellitus	250
Chronic Obstructive Pulmonary Disease (COPD)	496
Asthma	493
Heart Failure	428
Heart Disease – Angina Pectoris	413
Heart Disease – Other	414
Mental Disorders (personal history of)	290-319, excl. 303, 304, and 305.1*
Obesity	278
Tobacco/Tobacco Use Disorder	305.1 (must use ICD-9 code 305)

Followup ICD-9

- Can be any ICD-9
- May be different than this list
- Determined based on the Primary Condition assessed at Followup

Your Practice

Enhance Data Capture for Care Plans and Follow Ups

- **Wet Ink Signatures are **no longer required** for CACP/SMMA**
 - All other requirements remain – Eligibility, Copy still to the patient (or Summary)
- **Initial Assessments **still meet eligibility****
 - One of the eligibility ICD9 codes (3 digit code only) is submitted with the claim
- **Followup can be any condition which is the condition assessed at followup (Enter ICD-9)**
 - Does not have to be one of the ICD-9 listed in the eligibility table
- **ICD-9 Resources**
 - ICD9 Data.com - <https://www.icd9data.com/>
 - BC: <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/diagnostic-code-descriptions-icd-9>

The Decision

Implement an Anti-Inflammatory Compound Policy

- Implementation: October 1, 2026
- Intent: To limit the growth (drug cost) of topical Diclofenac compounded prescriptions, while also controlling the growth in cost of compounded topical anti-inflammatory products coming from compounding pharmacies.

The Policy

Implement an Anti-Inflammatory Compound Policy

- ABC Benefact 1341
- Applies to any topical compound containing an anti-inflammatory NSAID or Diclo, including multi-ingredient compounds
- Cost of product (including AU#1):
 - the lower of invoice/MLP/LCA + AU#1 (7.5%) and \$0.55 per gram
- Purchased Compounds:
 - can add AU#2 (up to 7%) + Dispensing Fee of \$12.35
- In-Store Compounds:
 - can add AU#2 (up to 7%) + Dispensing Fee of \$18.45

The Policy

Implement an Anti-Inflammatory Compound Policy

- ABC Benefact 1343 - update
- **Same cap** on cost of select topical compounds applies to:
 - Any topical compound containing Diclofenac or an NSAID (\$0.55/g)
- **Revised** - Applies to topical compound medications containing diclofenac or another NSAID as the **main active ingredient**
 - Also applies to topical compounds with an NSAID **combined with either lidocaine, menthol, and/or camphor.**
- The Main Active Ingredient should be used to determine the Billing PIN

The Policy

Implement an Anti-Inflammatory Compound Policy

- ABC Benefact 13XX – TBD update planned
- Provide clarity on final billing PINS for submission of claims
- Pending final clarity by PPHS

Your Practice

Implement an Anti-Inflammatory Compound Policy

- **Reference Guide updates planned**
 - Adjustments to Pseudo-PIN billing
 - Main Active Ingredient determination/clarity
- **Diclo compound sourcing**
 - Claims submitted with lower of Ingredient cost or \$0.55
 - Claims submitted with lower of Invoice cost or \$0.55

The Decisions –Still to come

Develop an Alternate Compensation Model Pilot

- Pharmacists providing pharmacy services in specialized care areas

Pilot Initiatives

- Health screening and POCT
- Acute Condition Assessments
- Supports for Rural Pharmacies

Concurrent Health System Changes

- Bill 11 – Change to Payor Order
- Controlled Drugs and Substances Regs
- Community Based Naloxone
- Seasonal Flu + COVID campaigns
- Real Time Integration Impacts

Resources Available at RxA go to:

<https://rxa.ca/professional-practice/advocacy/pharmacy-agreements-services-framework/>

Questions – Member Matters

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