

## Notice from the Executive Officer

**Effective September 1, 2011**, the first stage of the expanded professional pharmacy service in which a potential drug related problem is identified at the time of dispensing is renamed the **Pharmaceutical Opinion Program** and will now also include a clinical intervention identified by the pharmacist at the time of conducting a MedsCheck medication review.

The reimbursement amount paid to a community pharmacy for a pharmaceutical opinion is **\$15 per prescription**. Payment is claimed through the Ontario Drug Benefit (ODB) Health Network System (HNS) and is available to ODB recipients only.

For complete program details and frequently asked questions, please refer to the Ministry website at this link: <http://health.gov.on.ca/en/pro/programs/drugs/pharmaopinion/>

Restrictions apply.

### **Summary Program Information:**

#### **Objectives:**

The objectives of the pharmaceutical opinion program are to:

- Promote healthier patient outcomes
- Improve and optimize drug therapy
- Ensure benefits are used appropriately
- Reduce inappropriate drug use and drug wastage

#### **Description:**

The pharmaceutical opinion program refers to the identification by the pharmacist of a potential drug related problem during the course of dispensing a new or repeat prescription or when conducting a MedsCheck medication review. Previously, this was limited to problems identified with new or repeat prescriptions.

Based on consultation with the prescriber, the prescription may not be dispensed, may be dispensed as prescribed indicating no change to therapy or a prescription drug therapy may be adjusted including adding drug therapy or discontinuing drug therapy.

To be eligible for a professional intervention fee, the pharmacist must document and make a recommendation to the prescriber regarding the medication therapy.

Reasons for a clinical intervention typically fall into the eight categories for a drug related problem:

- i. Therapeutic Duplication; drug may not be necessary
- ii. Requires drug; patient needs additional drug therapy
- iii. Sub-optimal response to a drug; drug is not working as well as needed
- iv. Dosage too low
- v. Adverse drug reaction; possibly related to an allergy or a conflict with another medication or food
- vi. Dangerously high dose; patient may, either accidentally or on purpose, be taking too much of the medication
- vii. Non-compliance; patient is refusing to take the drug, or not taking it properly
- viii. Prescription has been confirmed false or has been altered

**Outcomes:**

There are three possible outcomes to the pharmaceutical opinion and a Product Identification Number (PIN) for billing purposes has been assigned to each outcome:

1. Not filled as prescribed. Prescription not filled by the pharmacist resulting from a forged or falsified prescription or due to clinical concerns based on prescriber consultation.
2. No change to prescription / drug therapy; filled as prescribed. Recommendations by the pharmacist were discussed with the prescriber and no change was made to the prescription. Prescription filled as prescribed or continued in the case of a MedsCheck.
3. Change to prescription / drug therapy. Recommendations made by the pharmacist were discussed with the prescriber and led to a change in therapy as prescribed; added drug therapy and/or discontinued drug therapy.

**Conducting a pharmaceutical opinion:**

- It occurs in an accredited community pharmacy as a result of receiving a new or repeat prescription request from the patient or during a MedsCheck review
- Pharmacist identifies the issue and/or potential drug related problem
- Pharmacist contacts the prescriber regarding the issue and makes a recommendation
- Pharmacist documents the outcome of pharmaceutical opinion
- Pharmacist communicates with patient regarding the drug therapy issue and outcome
- If applicable, the patient receives an updated MedsCheck medication review as per MedsCheck program requirements

**Documentation Requirements:**

- Must be on a patient's electronic profile or on the prescription hardcopy record or on the MedsCheck review documentation. All documentation must be in a readily retrievable format.
- At a minimum, documentation must include: outcome; details that describe the drug related issue; recommendation to the prescriber; action plan/discussion with the patient; date of transaction; pharmacist's signature; date and name of prescriber contacted; other comments required to substantiate the decision.

**Record Keeping**

- The original prescription (or a copy) whether verbal or written, along with all signed and dated documentation (including MedsCheck documentation if applicable) must be maintained on site at the pharmacy in a readily retrievable format for a minimum of 2 years for the purposes of audit under the ODB program.
- All patient records must be retained by the pharmacist in a readily retrievable format and kept on file at the pharmacy for a minimum period of ten years or as indicated in O. Reg. 58/11 of the *Drug and Pharmacies Regulation Act*.

**Restrictions:**

Other than a confirmed forgery or falsified prescription, a pharmaceutical opinion may not be claimed if the pharmacist has not made a recommendation to the prescriber.

The following are some of the examples of what is NOT eligible for payment:

(This list is not inclusive.)

1. A decision not to fill a prescription when a pharmacy does not have the medication in their inventory or when the prescription is placed on hold.
2. Decisions taken in response to a drug utilization review alert such as "fill too soon" or "late fill" when no additional follow-up was conducted with the prescriber. This includes

situations where the ODB program has rejected a claim on the Health Network System (HNS)

3. Contacting the prescriber to obtain missing information on the prescription such as the dose or to clarify illegible handwriting. Clarifying a dose or a concentration without making a recommendation does not qualify as a clinical intervention.
4. Providing a patient profile or list of medications to the prescriber or to a patient without additional consultation.
5. Contacting the prescriber to change a drug to an eligible benefit.

**Payment:**

- \$ 15 per prescription.
- PIN 93899991 ; PIN 93899992; PIN 93899993

**Claim Information**

Only Ontario Drug Benefit recipients are eligible for the pharmaceutical opinion program.

Claim

- A claim for payment is made after the pharmaceutical opinion has occurred, the patient has been informed, the prescriber has been contacted and documentation is completed and signed by the pharmacist.
- Specific Intervention Codes will be used per claim
  - The intervention code “PS” will be required.
  - The pharmacist’s ID code must be included with the claim.

The claim submission follows the same process for submitting a claim for other professional services with the use of the **Product Identification Number (PIN)** that is associated with the pharmaceutical opinion outcome:

	Name for PIN	Description
PIN 93899991	Forgery confirmed Not Filled	Prescription not filled as prescribed due to a clinical issue or confirmed as a falsified prescription
PIN 93899992	No Change to Rx Therapy	Pharmacist’s recommendation made to prescriber resulting in no change to the prescription; filled as originally prescribed
PIN 93899993	Change to Rx Therapy	Pharmacist’s recommendation made to prescriber resulting in a change to the prescription which was subsequently filled. Also includes discontinued therapy and added prescription therapy.

All claim documentation must be cross-referenced to the prescription and include the reason for the pharmaceutical opinion. If applicable, all claim documentation must be cross-referenced to the MedsCheck documentation.

All claims will be monitored by the ministry and any claims submitted for non-ODB recipients will be automatically recovered from a future ODB payment.