

**Ministry of Health
and Long-Term Care**

**Ontario Public Drug
Programs**

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**Ministère de la Santé
et des Soins de longue
durée**

**Programmes publics de
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Notice from the Executive Officer

RE: Implementation of the first stage of expanded services

I am pleased to advise you that the first stage of expanded services will be implemented effective **April 1, 2011**.

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/expandedservices/> later this week. Restrictions apply.

Summary Program Information:

Objectives:

The objectives of the first stage of expanded services 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 first stage of expanded services is a clinical intervention at the time of dispensing that occurs in situations when a pharmacist has identified a concern with a new or repeat prescription. Based on consultation with the prescriber, the prescription may not be dispensed, may be dispensed as prescribed or a prescription may be adjusted.

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

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; filled as prescribed. Recommendations by the pharmacist were discussed with the prescriber and no change was made to the prescription. Prescription filled as prescribed.
3. Change to prescription. Recommendations made by the pharmacist were discussed with the prescriber and led to a change in therapy as prescribed.

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.
- Pharmacist identifies the issue and/or potential drug related problem
- Pharmacist contacts the prescriber regarding the issue and makes a recommendation
- Pharmacist documents outcome of clinical intervention / pharmaceutical opinion
- Pharmacist communicates with patient regarding the drug therapy issue and outcome

Documentation Requirements:

- Must be on a patient's electronic profile or on the prescription hardcopy record. 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 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.

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 first stage of expanded services effective April 1, 2011.

Claim

- A claim for payment is made after the prescription intervention 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	Pharmacist’s recommendation made to prescriber resulting in no change to the prescription; filled as originally prescribed
PIN 93899993	Change to Rx	Pharmacist’s recommendation made to prescriber resulting in a change to the prescription which was subsequently filled

All claim documentation must be cross-referenced to the prescription and include the reason for the pharmaceutical opinion.

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.