PROFESSIONAL SERVICE REIMBURSEMENT FRAMEWORK

PHARMACY SERVICES

1. **COMPLIANCE PACKAGING**
2. **PRESCRIPTION ADAPTATION**
3. **REFUSAL TO FILL**
4. **THERAPEUTIC SUBSTITUTION**

COMPLIANCE PACKAGING		Effective Date: July 5th, 2023
Eligibility	**Description / Scope / Documentation**	**Reimbursement Rate**
1. Patient must be covered through one of the following PEI Pharmacare Programs: a. Children-In-Care b. Family Health Benefit c. Financial Assistance d. Diabetes e. Seniors **AND** The physician/pharmacist must have requested/initiated compliance packaging because the patient exhibits cognitive impairment, medication abuse/misuse, and/or complex dosing regimens.	**The pharmacy can bill this service fee in the following circumstances:** Codes (for billing purposes): **Children-In-Care, Family Health Benefit, Financial Assistance, Diabetes and Seniors Drug Programs** • Physician requests this service for: o **B1** patient that exhibits cognitive impairment; o **B2** misuse/abuse of medications; and/or o **B3** complex dosing regimens. **OR** • Upon assessment, the pharmacist identifies that this service is required for o **B4** patient that exhibits cognitive impairment; o **B5** misuse/abuse of medications; and/or o **B6** complex dosing regimens. **Exclusions** • Nursing Home Program patients are not eligible. **Notes** • This paid service cannot be combined with any current billing practices, for the same service. **Adjudication steps** • Submit a claim for "Compliance Packaging", using the PIN (**93899914**), to the eligible PEI Pharmacare Program • Process as per a regular claim with the following consideration: o Quantity of one (1) o Days supply of one (1) o The "sig" field must contain reason for "Compliance Packaging" ▪ Use either code B1, B2, B3, B4, B5, B6 ▪ Missing or incomplete information in the "sig" field (adjudication process) will result in the reversal of the claim for "Compliance Packaging". If the "sig" field is blank, the claim will be reversed, and the pharmacy will see the reversal on their Pharmacy Claims Detail Report. o Claimed amount for the service is to be submitted in the drug cost field o Identify the pharmacist as the prescriber **Documentation**	$25.00 per 28 days. Limited to one claim, per client, per 28 day period.

	• The pharmacist must document in the patient's record the rationale for the decision and any appropriate follow-up plan. • This information can be captured on the hardcopy used to document the billing of the "Compliance Packaging" claim or in an easily retrievable electronic format on the patient's file.	

PRESCRIPTION ADAPTATION		Effective Date: July 5th, 2023
Eligibility	**Description / Scope / Documentation / Notification**	**Reimbursement Rate**
1. Patient must be enrolled for one of the following PEI Pharmacare programs: a. Children-In-Care b. Diabetes Control c. Family Health Benefit d. Financial Assistance e. Generic Drug Program f. High Cost g. Nursing Home h. Seniors i. Smoking Cessation j. Substance Use Harm Reduction Drug Program 2. Medication must be a benefit of the PEI Pharmacare program for which the patient is enrolled.	**Changing the dose** The pharmacist can change the dose if: Codes (for billing purposes): • A1 The strength of the drug prescribed is not commercially available • A2 The patient's age, weight or kidney or liver function requires you to change the dose • A3 In the pharmacist's professional judgment, the pharmacist is satisfied the change in dose would otherwise benefit the patient **Changing the formulation or regimen** The pharmacist can change the formulation or the regimen of the medication to: • A4 Improve the ability of the patient to effectively take the medication. An example would include switching from a tablet to a liquid. **Miscellaneous** The pharmacist can also adapt a prescription dose, quantity, formulation or regimen if the information provided; • A5 Is incomplete but the pharmacist determines what the intended treatment is through consultation with the patient and a review of the records (locally and/or on the DIS). **Exclusions** • No adaptation of prescriptions for narcotics and controlled substances, targeted substances. • No adaptation for prescriptions where the original prescriber has been contacted for consultation. The service is paid only where the pharmacist has made a decision, becomes the prescriber of record and assumes the responsibility for the adaptation. **Notes** • The pharmacist takes responsibility for the adapted prescription as well as the authorized refills. The pharmacist can choose to provide an initial adaptation of the prescription but reduce or eliminate the authorized refills. If this is done the pharmacist would need to provide the rationale for their decision in their documentation and inform the patient that they will need to return to their physician earlier than intended (note: a pharmacist cannot add refills that were not initially authorized by the prescriber). Whatever the final decision is, it must be properly documented and provided in the notification to the prescriber.	1.3 x Dispensing Fee The dispensing fee refers to the maximum dispensing fee allowed as identified in the Pharmacy Services Agreement.

- "No Adaptation" pre-printed prescription pads are not acceptable. The prescriber must in some way identify on the individual prescription their intent for "No Adaptation". This would be accomplished by the prescriber writing the words out or checking a checkbox beside the designation.
- Missing or incomplete information in the "sig" field (adjudication process) will result in the reversal of the claim for "Prescription Adaptation**". If the "sig" field is blank, the claim will be reversed, and the pharmacy will see the reversal on their Pharmacy Claims Detail Report. If the information is incomplete the pharmacy would be contacted/consulted prior to any reversal.**

The decision to provide an adaptation of a prescription is at the discretion of the individual pharmacist. However, once a pharmacist adapts a prescription, they take full responsibility for and assume liability for that prescription.

For further guidance please refer to the Process to Follow/Consider When Providing Professional Pharmacy Services.

Adjudication steps

- Submit the adapted prescription identifying the pharmacist as the prescriber

After the above step is completed:

- Submit a claim for "Prescription Adaptation", using the PIN (93899918), to the eligible PEI Pharmacare Program.
- Process as per a regular claim with the following consideration:
    - Quantity of one (1)
    - Days supply of one (1)
    - The "sig" field must contain, in the following order:
        - Prescription number of the prescription that has been adapted
        - DIN of drug adapted
        - Name of drug adapted
        - Reason for the adaptation
            - Use one of the codes A1 through A5 identified above
            - If A3, A4 or A5 is used, provide additional description in the sig field
    - Claimed amount for the service is to be submitted in the drug cost field
    - Identify the pharmacist as the prescriber

Documentation

The pharmacist must document in the patient's record any "Prescription Adaptation"/ "Therapeutic Substitution" of the prescription, the rationale for the decision, and any appropriate follow-up plan. The documentation must always relate back to the original prescription and include (if applicable) reference to any and all previous adaptation/therapeutic substitution.

1. Documentation must include:

	a. Patient (including PHN number) and Pharmacist (including signature and name of Pharmacy) information b. Original prescription information (including prescribers name and contact information) c. A description of the adaptation/therapeutic substitution (including all relevant prescription details) d. The rationale for the decision to adapt/therapeutically substitute the prescription (including pertinent details of your assessment and patient history along with any instructions to the patient and relevant follow-up plan) e. Acknowledgment of informed consent f. The date and name of practitioner(s) notified **Notification of Other Health Professionals** The pharmacist must notify the original prescriber (and the general practitioner if appropriate) as soon as reasonably possible (preferably within 24 hours of dispensing) and this must be recorded in the patient's record or directly on the prescription hard copy.	

REFUSAL TO FILL		**Effective Date: July 5th, 2023**
Eligibility	**Description / Scope / Documentation**	**Reimbursement Rate**
1. Patient must be enrolled in one of the following PEI Pharmacare programs: a. Children-In-Care b. Family Health Benefit c. Financial Assistance d. Nursing Home e. Seniors f. Substance Use Harm Reduction Drug Program 2. Medication must be a benefit of the PEI Pharmacare program for which the patient is enrolled.	**The medications considered are limited to prescriptions for narcotics, controlled drugs, and targeted substances.** Codes (for billing purposes): • R1 Double doctoring (where inappropriate) • R2 Multiple pharmacies involved (where inappropriate) • R3 Prescription is falsified/altered • R4 Where there is evidence of overuse/abuse **Exclusions** • Early refills/part fills (where patient orders refill/part fill early, lost or stolen medication). **Note** • Missing or incomplete information in the "sig" field (adjudication process) will result in the reversal of the claim for "Refusal to Fill**". If the "sig" field is blank, the claim will be reversed, and the pharmacy will see the reversal on their Pharmacy Claims Detail Report. If the information is incomplete the pharmacy would be contacted/consulted prior to any reversal.** **Adjudication steps** • Submit a claim for "Refusal to Fill", using the PIN (93899917), to the eligible PEI Pharmacare Program. • Process as per a regular claim with the following consideration: o Quantity of one (1) o Days supply of one (1) o The "sig" field must contain, in the following order: ▪ DIN of drug refused ▪ Name of drug refused ▪ Reason for the rejection • Use one of the codes R1 through R4 identified above • If R4 is used, provide additional description in the sig field o Claimed amount for the service is to be submitted in the drug cost field o Identify the pharmacist as the prescriber • Keep a hardcopy of the refused prescription (original or photocopy)	1.3 x Dispensing Fee The dispensing fee refers to the maximum dispensing fee allowed as identified in the Pharmacy Services Agreement.

	Documentation • The pharmacist must document in the patient's record any "Refusal to Fill", the rationale for the decision, and any appropriate follow-up plan. • This information could be captured on the hardcopy (original or photocopy of the prescription) used to document the billing of the "Refusal to Fill" claim or in an easily retrievable electronic format on the patient's file.	

THERAPEUTIC SUBSTITUTION		Effective Date: July 5th, 2023
Eligibility	**Description / Scope / Documentation / Notification**	**Reimbursement Rate**
1. Patient must be enrolled in one of the following PEI Pharmacare programs: a. Children-In-Care b. Family Health Benefit c. Financial Assistance d. Generic Drug Program e. Nursing Home f. Seniors 2. Both medications must be benefits of the PEI Pharmacare program for which the patient is enrolled.	A "Therapeutic Substitution" is when the pharmacist substitutes the drug prescribed with a different drug that is expected to have an equivalent therapeutic effect, as long as that drug is from within the same therapeutic class. When making a therapeutic drug substitution, the pharmacist must be satisfied that the dose and the dosing regimen of the new drug selected will have an equivalent therapeutic effect. **The pharmacist must be satisfied that the following conditions are met when making a "Therapeutic Substitution" decision** 1. The decision: a. Addresses the health needs of that patient, b. Maintains or enhances the safety or effectiveness of drug therapy, c. Does not place the patient at increased risk, d. Considers formulary or payer restrictions and other patient-related information, and e. Ensures the drug is approved for the intended indication by Health Canada or strong evidence supports using the drug for the intended indication (e.g., clinical practice guidelines); 2. Professional independence has been maintained and the pharmacist avoids conflict of interest. If a decision is made based on economic benefit to the pharmacist or pharmacy, this will be considered professional misconduct; 3. The pharmacist has considered all relevant information about the patient, the condition and the drug, and the pharmacist has effectively communicated this to the patient to ensure they agree with the decision; and 4. The pharmacist takes full responsibility for their decision. PEI Pharmacare will reimburse for "Therapeutic Substitution" where a drug from the "Non-Reference Drugs" list within a class/category is substituted for a drug from the "Reference Drugs" list within the same class/category. **Four classes/categories of drugs are considered for reimbursement of this service through PEI Pharmacare Programs:** • Angiotensin converting enzyme inhibitors (ACE inhibitors) • Dihydropyridine calcium channel blockers (dihydropyridine CCBs) • Histamine 2 receptor blockers (H2 blockers) • Nitrates **Angiotensin converting enzyme inhibitors (ACE inhibitors)** <u>Reference Drugs</u> — <u>Non-Reference Drugs</u> Captopril — Benazepril Ramipril — Enalapril Quinapril — Fosinopril	1.3 x Dispensing Fee The dispensing fee refers to the maximum dispensing fee allowed as identified in the Pharmacy Services Agreement.

	Cilazapril Lisinopril Trandolapril Perindopril **Dihydropyridine calcium channel blockers (dihydropyridine CCBs)** Reference Drugs Non-Reference Drugs Felodipine Amlodipine Nifedipine **Histamine 2 receptor blockers (H2 blockers)** Reference Drugs Non-Reference Drugs Cimetidine Famotidine Ranitidine Nizatidine **Nitrates** Reference Drugs Non-Reference Drugs Isosorbide dinitrate Isosorbide mononitrate extended release **Notes** • "No Therapeutic Substitution" pre-printed prescription pads are not acceptable. The prescriber must in some way identify on the individual prescription their intent for "No Therapeutic Substitution". This would be accomplished by the prescriber writing the words out or checking a checkbox beside the designation. • Missing or incomplete information in the "sig" field (adjudication process) will result in the reversal of the claim for "Therapeutic Substitution". **If the "sig" field is blank, the claim will be reversed, and the pharmacy will see the reversal on their Pharmacy Claims Detail Report. If the information is incomplete the pharmacy would be contacted/consulted prior to any reversal.** • **Pharmacies can continue to bill PEI Pharmacare programs for the drugs on both the "Reference Drugs" list and the "Non-Reference Drugs" list and reimbursement will occur as it does now. The only change, at this time, is if the pharmacist makes a substitution of a drug from the 'Non-Reference Drug" list with a drug from the "Reference Drug" list in the same class/category the pharmacist is eligible to bill a fee for "Therapeutic Substitution".** **The decision to provide a "Therapeutic Substitution" of a prescription is at the discretion of the individual pharmacist. However, once a pharmacist undertakes the "Therapeutic Substitution" of a prescription, they take full responsibility for and assume liability for that prescription.** **For further guidance please refer to the Process To Follow/Consider When Providing Professional Pharmacy Services.**	

Adjudication steps

- Submit the prescription that has been therapeutically substituted identifying the pharmacist as the prescriber.

After the above step is completed:

- Submit a claim for "Therapeutic Substitution", using the PIN (93899916), to the eligible PEI Pharmacare Program.
- Process as per a regular claim with the following consideration;
    - Quantity of one (1)
    - Days supply of one (1)
    - The "sig" field must contain, in the following order;
        - Prescription number of the prescription that has been therapeutically substituted
        - DIN then name of the original drug
        - DIN then name of the substituted drug
    - Claimed amount for the service is to be submitted in the drug cost field
    - Identify the pharmacist as the prescriber

Documentation

The pharmacist must document in the patient's record any adaptation/therapeutic substitution of the prescription, the rationale for the decision, and any appropriate follow-up plan. The documentation must always relate back to the original prescription and include (if applicable) reference to any and all previous adaptation/therapeutic substitution.

1. Documentation must include:
    a. Patient (including PHN number) and Pharmacist (including signature and name of Pharmacy) information
    b. Original prescription information (including prescribers name and contact information)
    c. A description of the adaptation/therapeutic substitution (including all relevant prescription details)
    d. The rationale for the decision to adapt/therapeutically substitute the prescription (including pertinent details of your assessment and patient history along with any instructions to the patient and relevant follow-up plan)
    e. Acknowledgment of informed consent
    f. The date and name of practitioner(s) notified

Notification of Other Health Professionals

The pharmacist must notify the original prescriber (and the general practitioner if appropriate) as soon as reasonably possible (preferably within 24 hours of dispensing) and this must be recorded in the patient's record or directly on the prescription hard copy.

PROCESS TO FOLLOW/CONSIDER WHEN PROVIDING PROFESSIONAL PHARMACY SERVICES

This document/process is NOT inclusive of all regulations/standards of practice governing these professional services, which would be determined by the PEI Pharmacy Board. Please ensure you are familiar with all regulations/standards of practice governing these new services before implementing them into your practice.

In certain situations, the pharmacist may have the authority to dispense a drug contrary to the terms of an existing prescription (examples: adapt/therapeutic substitution of a prescription) if the action is intended to optimize the therapeutic outcome of treatment with the prescription drug and where the pharmacist has addressed all of the following seven fundamental elements:

1. Individual Competence
The pharmacist has "appropriate knowledge and understanding" of the condition and the drug being dispensed in order to adapt/therapeutically substitute the prescription.

2. Appropriate Information
The pharmacist has sufficient information about the specific patient's health status to ensure that adapting/therapeutically substituting the prescription will maintain or enhance the effectiveness of the drug therapy and will not put the patient at increased risk.

3. Prescription
The pharmacist has a prescription that is current, authentic, and appropriate for the patient. Pharmacist may not adapt/therapeutically substitute a prescription if the original prescription has expired.

4. Appropriateness of the Professional Pharmacy Service
The pharmacist determines whether adaptation/therapeutic substitution of the prescription is appropriate for the patient under the current circumstances, and will, in their professional judgment, optimize the therapeutic outcome of treatment.

5. Informed Consent
The pharmacist must obtain the informed consent of the patient or patient's representative before undertaking any adaptation/therapeutic substitution activity.

1. Must ensure that the consent has been voluntarily given to the proposed treatment by a capable adult patient.
2. Must also provide the patient with enough information to enable the patient to make an informed decision.
    a. The specific condition for which the prescription adaptation/therapeutic substitution is proposed;
    b. The nature of the proposed adaptation/therapeutic substitution; and
    c. The risks and benefits of the adaptation/therapeutic substitution that a reasonable patient would expect to be told about.

6. Documentation
The pharmacist must document in the patient's record any adaptation/therapeutic substitution of the prescription, the rationale for the decision, and any appropriate follow-up plan. The documentation must always relate back to the original prescription and include (if applicable) reference to any and all previous adaptation/therapeutic substitution.

2. Documentation must include:
    a. Patient (including PHN number) and Pharmacist (including signature and name of Pharmacy) information
    b. Original prescription information (including prescribers name and contact information)

c. A description of the adaptation/therapeutic substitution (including all relevant prescription details)
d. The rationale for the decision to adapt/therapeutically substitute the prescription (including pertinent details of your assessment and patient history along with any instructions to the patient and relevant follow-up plan)
e. Acknowledgment of informed consent
f. The date and name of practitioner(s) notified

7. Notification of Other Health Professionals

The pharmacist must notify the original prescriber (and the general practitioner if appropriate) as soon as reasonably possible (preferably within 24 hours of dispensing) and this must be recorded in the patient's record or directly on the prescription hard copy.