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ASSOCIATION

Advocating Excellence  
in Practice and Care

# OPA Online Town Hall Meetings

September 28, 2015  
8 – 9 a.m.

October 1, 2015  
6 – 7 p.m.

# Agenda

1. Introductions
2. Regulatory amendments
  - Background
  - What changes come into effect October 1?
  - What does this mean for pharmacists?
  - What does this mean for patients?
  - Next steps
3. Advocacy update
4. Membership renewal reminder
5. Questions



# Introductions

- Sean Simpson  
Chair, Board of Directors
- Dennis Darby  
CEO
- Allan Malek  
SVP, Professional Affairs



# Regulatory Amendments: Background

- April 2015 – Ontario government announces plans to implement policies to yield significant savings to help offset its large budget deficit
- May 2015 – OPA, NPAC and MOHLTC representatives join an implementation table with the goal of identifying strategies for the Ontario Public Drug Program that would yield significant savings to the ministry while having minimal impact on patient care and pharmacy operations



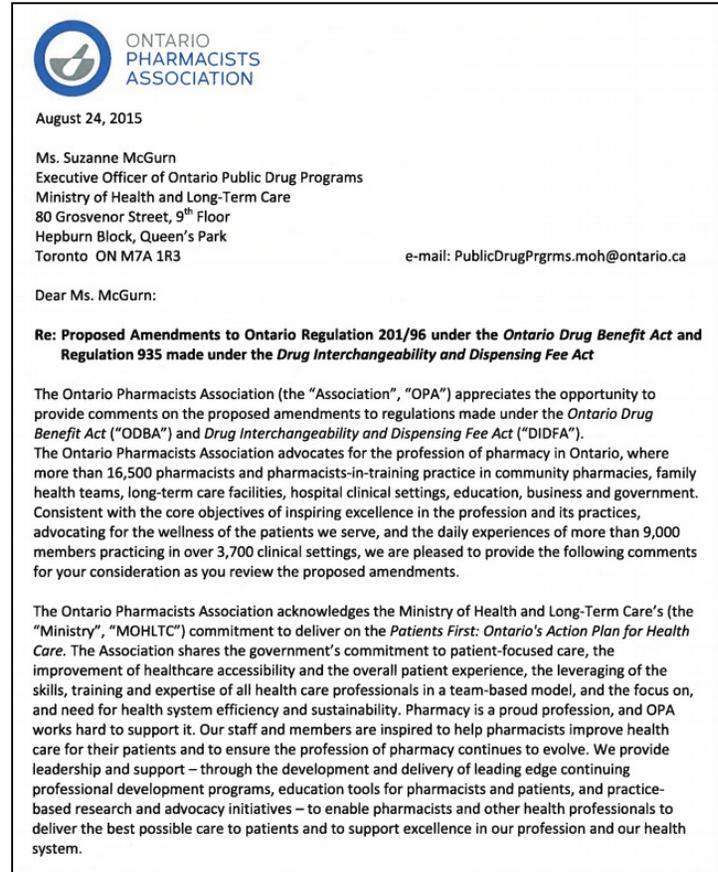
# Regulatory Amendments: Background

- Ministry was instructed to examine areas where expenditures were outpacing normal system growth:
  - Payments to long-term care (LTC) pharmacy, and formulary management for LTC residents
  - Short-term dispensing of specific chronic disease medications
  - Mark-up paid by the government to pharmacy for high-cost drugs
  - No substitution claims



# Regulatory Amendments: Background

- July 2015 – Proposed amendments are released for public consultation
  - OPA’s 23-page submission:
    - Mitigating impacts to patient care and practice sustainability
    - Ensuring pharmacists in Ontario achieve a scope of practice that is consistent with leading jurisdictions worldwide, and that their skills and services provide value to, and are valued by payors
- Sept. 18 – Passage of regulations



# Effective October 1, 2015

**MARK-UP ON  
HIGH COST DRUGS  
(DRUG COST  $\geq$  \$1,000)**

**LTC PHARMACY DISPENSING  
& FORMULARY  
MANAGEMENT**

**REGULATORY  
CHANGES TO ODBA  
& DIDFA**

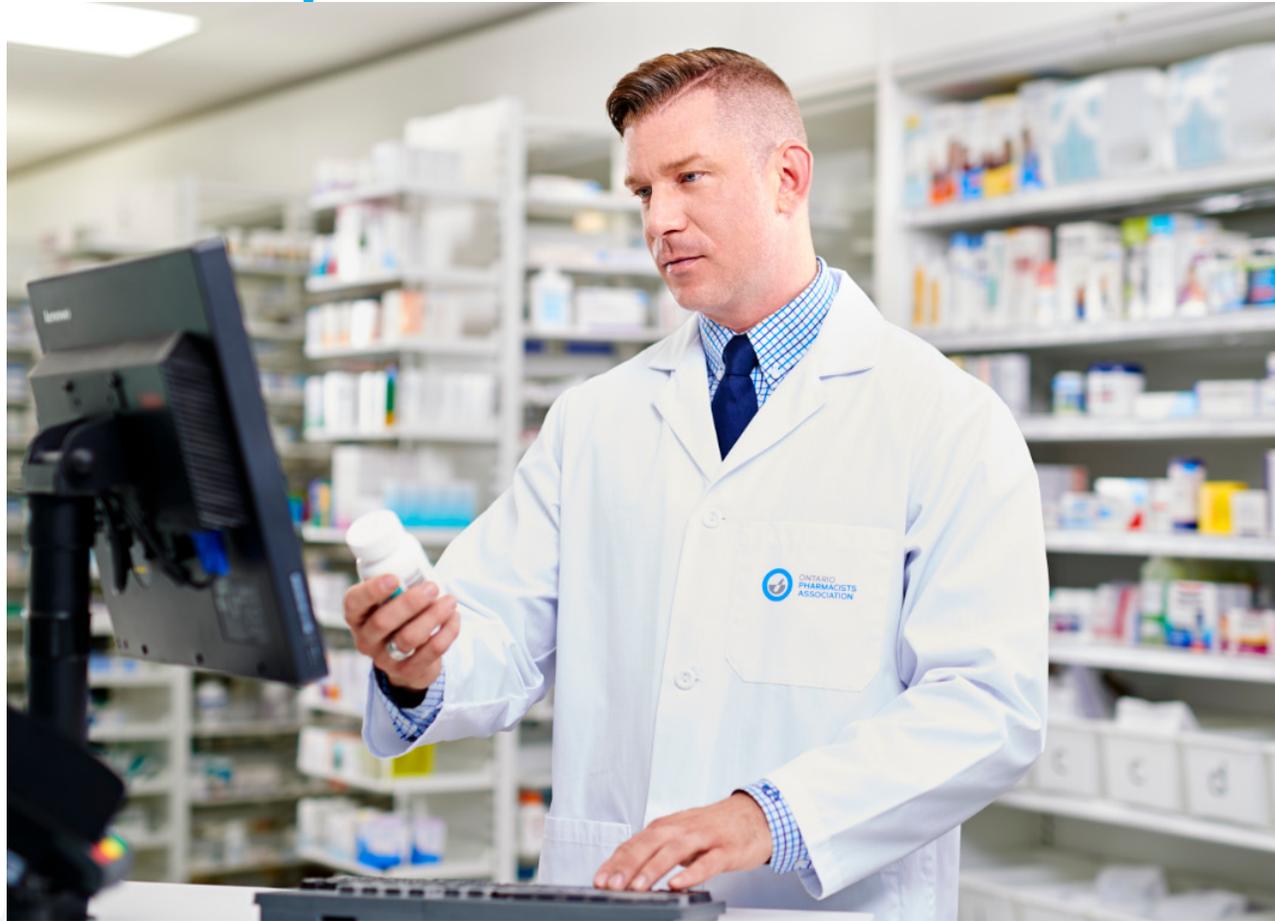
**NO SUBSTITUTION  
CLAIMS  
("2 GENERIC RULE")**

**CHRONIC MEDICATION  
DISPENSING & FREQUENCY  
OF DISPENSING**



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# What does all this mean for pharmacists?



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# Mark-up on High Cost Drugs

- Immediate reduction from 8% to 6% for high-cost drugs only
  - Where total drug cost is equal to or greater than \$1,000



# Mark-up on High Cost Drugs

- Nothing much to do operationally except to determine how to best manage and optimize your inventory so that your carrying costs are not excessive
  - “Just-in-time” inventory procurement
  - Working with patients to allow extra time for refills processing
  - Working with prescribers to optimize prescribed quantities



# LTC Dispense Fee & Formulary Mgmt

- Immediate reduction by \$1.26 of the dispensing fee for claims for LTC residents processed at any pharmacy and across all geographic zones
  - Additional savings are to accrue from formulary management initiatives, which may include:
    - Delisting of certain medications
    - Deprescribing initiatives
    - Potential creation of a distinct LTC Formulary



# LTC Dispense Fee & Formulary Mgmt

## Cont'd.

- Immediate fee reduction
  - Substantial impact
  - Accounts for more than 50% of the savings target
- Formulary management
  - Will make up the balance of the LTC savings target
  - Still in discussion with MOH and Medicine
  - Must ensure no negative impact to patient care



# No Substitution

- 2-Generic Rule (where more than one generic exists)
  - For “No Sub” claims to be paid by ODB in full, two different generics must be tried AND each must have a documented ADR on file
  - “Grandparenting” for patients currently on the brand with only one generic previously tried and an ADR form on file
- If prescriber or patient simply prefer the brand, no ADR is required and previous protocols should apply
  - Patient and/or 3<sup>rd</sup> party payor will be responsible for cost difference



# No Substitution - Cont'd.

- 2-Generic Rule
  - Simpler if pt has had all Rx's from your pharmacy
  - More difficult for multi-pharmacy users
- No Ministry technical changes or messaging
  - OPA seeking pharmacy access to Drug Profile Viewer (DPV)
    - Not a solution for the short or even intermediate term.
- Increased audits for ADR forms
  - Must be completed by prescriber
  - Must be faxed to pharmacy
    - Addition of "ODB NO SUBSTITUTION" to the form
  - Pharmacy to submit completed forms to HC
  - ADRs to be retained on file
- No new ADR forms are required if there is a change in the prescriber
  - Properly documented ADR forms carry no expiration and become a permanent part of the patient record.



# No Substitution - Cont'd.

## Tips and Best Practices

- Push back (politely) on prescribers and patients who ask you to complete the ADR forms
- Don't bother asking the prescriber which other generics have been tried
- Ask patient about other pharmacies where Rx's may have been filled
  - Name/phone number
  - Obtain transfer of ADR form or of the last generically-filled Rx transaction
- Play it by the book
  - If ADRs are not in your possession, do not assume they are coming – charge patient the difference until forms are received
  - If no ADRs from any other source, require the patient pay the difference
  - Brand cards can still be used in cases where ADR forms are not applicable.



# Chronic Medication Dispensing

- 5/365 Rule
  - Maximum of 5 fees per patient per drug per 365-day period
  - Strictly for the 112 identified chronic medications (15 drug classes)
  - No impact on other meds, including those previously identified on the Short-Term Dispensing List of 2008
  - Included in the count is the mandatory 30-day Trial Prescription Program



# Chronic Medication Dispensing – Cont'd.

- 5/365 Rule
  - Difficult to argue with the concept of chronic med dispensing frequency from a payer perspective
    - Actually, this is a strengthening and enforcement of existing dispensing policies
  - Biggest challenge will be operationalizing this rule
    - No HNS changes until mid-2016
    - Manual tracking of your chronic med claims
    - Nothing to force prescriber buy-in
    - Complication of compliance pack (C-pack) processing
    - Risk of audit and recovery
  - Check first with software vendors and/or head offices for guidance on best practices
    - OPA will also post a “Best Practices” document very shortly



# Chronic Medication Dispensing - Cont'd

## Important Preamble:

- 5/365 rule is not about C-packs
  - But it will impact how you provide them
  - Frequency of dispensing  $\neq$  Compliance packaging
- C-packaging is an uninsured professional pharmacy service
  - MOH has never paid for this service
    - MOH pays only for the frequency of dispensing
  - Billable service to patients and private payors
- 5/365 rule only impacts dispensing of the 112 chronic meds



# Chronic Medication Dispensing - Cont'd

## Chronic Medication List is an “inclusionary” list

Drugs that MUST be dispensed in chronic, maintenance (up to 100 day) supplies, **with some notable *PROCESS* exceptions**

### PROCESS EXCEPTIONS

- If the maximum quantity of the drug that the pharmacist is authorized to supply at one time is less than the 100-day supply allowed per OPDP rule
- If patient is on *Ontario Works* (OW) Program with a monthly D-card or M-card
  - Max quantity = 35 days for D and M cards
- Note: There are NO exemptions for:
  - ODSP (C-card) patients – max supply is 100 days; **5/365 rule applies**
  - Home Care (P-card) patients – max supply is 100 days; **5/365 rule applies**



# Chronic Medication Dispensing - Cont'd

MRS SMITH  
RAMIPRIL 10MG  
1 CAP DAILY  
M: 60 CAPS REPEAT: 0

- Goal (ODB maximum):
  - 100 days supply = 100 caps
- Total prescribed quantity on Rx
  - 60 caps (original amt + all refills)
- Max qty p'cist can dispense at one time:
  - 60 caps
  - **(NO MD OVERRIDE POSSIBLE)**
- Amount remaining on Rx
  - 0 capsules

MR. JONES  
METFORMIN 500MG  
1 TAB BID  
M: 60 TABS REPEAT: 11

- Goal (ODB maximum):
  - 100 days supply = 200 tabs
- Total prescribed quantity on Rx
  - 720 tabs (original amt + all refills)
- Max qty p'cist can dispense at one time:
  - 200 tabs
  - **MD OVERRIDE IS PERMISSIBLE**
- Amount remaining on Rx
  - 520 tablets

**YOU CAN OVERRIDE THE PRESCRIBER'S QUANTITY to comply with the 5/365 rule IF there is room on the Rx in terms of the total amount prescribed including all refills.**

Documentation required on Rx record that the quantity was increased per pharmacist's professional judgement.



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# Chronic Medication Dispensing - Cont'd

Chronic Medication List is an “inclusionary” list

Drugs that MUST be dispensed in chronic, maintenance (up to 100 day) supplies, ***with some notable PATIENT-BASED exemptions***

## PATIENT-BASED EXEMPTIONS

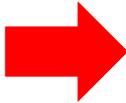
Deliberately kept vague, these are all related to patient safety:

- Physical impairment
- Cognitive impairment
- Sensory impairment
- Complex medication regimen

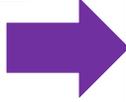


# DOCUMENTATION

- OPA created an all-in-one form\*\* to mitigate audit and recovery

1. Documentation of your clinical decision 

2. Obtaining patient/agent consent to more frequent dispensing 

3. Prescriber notification 

- Please Note: This is **not** a request for prescriber “permission” or “authorization”

**Frequent Dispensing – Documentation/Consent/Notification Form** 

**Patient Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ OHIP No. or Date of Birth: \_\_\_\_\_

**PROFESSIONAL ASSESSMENT**

It is my professional opinion that the patient above requires a more frequent medication dispensing interval to help him/her achieve desired health outcomes, as he/she is incapable of managing his/her medication regimen as a result of a:

<input type="checkbox"/> Physical impairment Nature: _____	<input type="checkbox"/> Cognitive impairment Nature: _____	<input type="checkbox"/> Sensory impairment Nature: _____	<input type="checkbox"/> Complex medication regimen Details: _____
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The dispensing regimen will be:  
 every 7 days     every 14 days     every 28 days     Other: \_\_\_\_\_

*\*Regular assessment is required to verify the ongoing need for more frequent dispensing, and to determine if the patient is stabilized and capable of managing 100 day supplies.*

The rationale/reason(s) for my assessment of the clinical or safety risks to the patient if larger quantities were dispensed, is/are: \_\_\_\_\_

Pharmacist's name (print): \_\_\_\_\_ OCP #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pharmacy Information**

Pharmacy Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Patient/Agent Consent**

I consent and authorize to have my medication(s) dispensed in reduced quantities from what was originally prescribed, as per the assessment, rationale and dispensing regimen outlined above.

I consent to have this form sent to the prescriber(s).

Date: \_\_\_\_\_ Agent's Name (if applicable): \_\_\_\_\_  
 Patient's Signature: \_\_\_\_\_ Agent's Signature (if applicable): \_\_\_\_\_

**Prescriber Notification**

Dear Prescriber: This notification is being sent to you to comply with regulations made under the Ontario Drug Benefit Act and policies under the Ontario Drug Benefit program, whereby I am required to notify you in writing with my determination and rationale noted above for your records.

Prescriber's Name: \_\_\_\_\_ Date of Notification (DD/MM/YYYY): \_\_\_\_\_  
 Method of Notification:  Fax: \_\_\_\_\_  Other: \_\_\_\_\_

It is required to be updated annually and, is to be maintained as part of the patient's permanent pharmacy health record.

\*\*This form is available for download from the member's section of the OPA website and clicking on Resources/Tools and Forms/Frequency of Dispensing & Compliance Packaging

# What does this mean for patients?



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# Next steps

- We will continue to work with NPAC and the Ministry to ensure the tools and supports are in place to effectively and efficiently implement these changes
- The Ministry has committed to making significant changes to the Health Network System (HNS) over the next several months to help ease the implementation of the changes while delivering the data required to effectively measure success
- OPA will be part of a systems management working group to help identify challenges and solutions throughout the implementation period



# Tools and Information

- <https://www.opatoday.com/professional/resources/for-pharmacists/tools-and-forms>
- [https://www.opatoday.com/Media/Default/Eblast/Ministry\\_FAQ\\_with\\_OPA\\_Clarifications\\_pdf.pdf](https://www.opatoday.com/Media/Default/Eblast/Ministry_FAQ_with_OPA_Clarifications_pdf.pdf)
- [http://www.health.gov.on.ca/en/pro/programs/drugs/opdp\\_eo/notices/fq\\_exec\\_office\\_20150917\\_1.pdf](http://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/fq_exec_office_20150917_1.pdf)



# Advocacy Update: Queen's Park Day

- September 29
- Meetings were scheduled with more than 25 MPPs including the Minister of Health and Long-Term Care
- Evening reception gave MPPs and their staff a chance to learn more



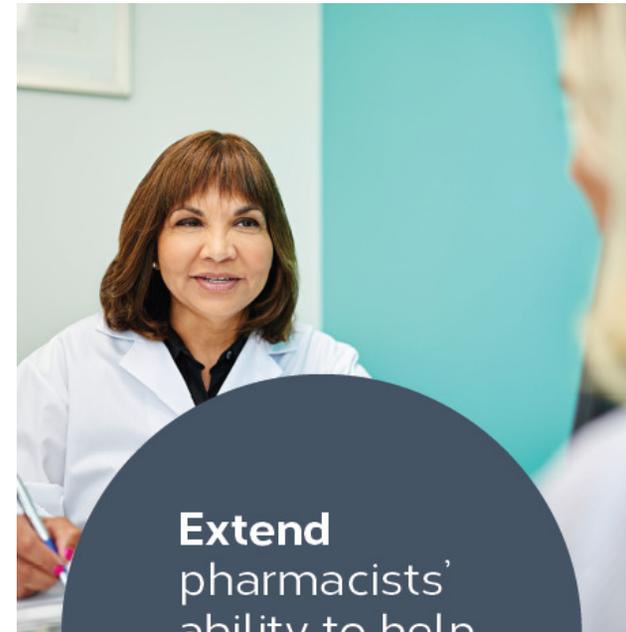
Expand the immunizations and vaccines pharmacists can administer.



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# Advocacy Update: Queen's Park Day

- Key focus areas:
  - Enable pharmacists to assess and treat minor ailments
  - Expand the list of pharmacist-administered immunizations and injections beyond influenza
  - Extend pharmacists' ability to help Ontarians quit smoking



**Extend**  
pharmacists'  
ability to help  
Ontarians quit  
smoking.



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# 2016 Membership Renewal

- Reminder: Your 2015 OPA membership and insurance expire December 31<sup>st</sup>
- Online renewal will be open in a few weeks
- Renew by December 15<sup>th</sup> and get the early bird bonus – a one year subscription to RxFiles.ca



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# Questions?



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# Contact OPA

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