

MAINTENANCE MEDICATION FILL LIMIT POLICY

Informational Webinar for Pharmacists



To
create

INNOVATIVE SOLUTIONS THAT IMPROVE

ACCESS TO BETTER HEALTH.

WHAT IS THE MAINTENANCE MEDICATION FILL LIMIT POLICY?

- Maintenance medications are typically prescribed for a three-month supply, with multiple refills
- Effective **February 1, 2016**, GSC has implemented a new policy that requires dispensing of a three-month supply for a defined list of *maintenance* drugs
- This policy does not apply to plan members residing in Quebec

WHICH DRUGS ARE INCLUDED IN THIS POLICY?

- A **complete** list of the maintenance drugs included in this new reimbursement policy is published on GSC's providerConnect™ website
 - <https://providerconnect.ca/>
- This is called the ***Maintenance Medication List***
 - https://providerconnect.ca/Carriers/GreenShield/Pharmacy/PharmacyManuals/en_CA/GSCMaintenanceMedicationFillLimit.pdf



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GOOD NEWS!

Your providerConnect™ home is getting a new look.

Don't have a providerConnect Secure Services online account yet? Signing up is now easier than ever!

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Welcome to providerConnect™!

providerConnect is a web-based portal for health care providers offered in partnership with the following participating health benefit carriers.



With providerConnect, you can:

Extended Health Service (EHS) Providers	Dental Providers
<ul style="list-style-type: none"> ✓ Instantly check your patient's eligibility and coverage information ✓ Submit claims online for immediate adjudication of your patient's claim ✓ Assign payment directly to you or to your 	<ul style="list-style-type: none"> ✓ Send and view dental predeterminations in real time ✓ Generate individual plan member statements ✓ Sign up for direct deposit

Pharmacy Manuals

Select a document below to view (in PDF) or print a copy:

[Enhanced Generic Substitution](#)

[Frequently Used PINs for Billing Purposes](#)

[Intervention Codes](#)

[Maintenance Medication List](#)

[Pharmacy Claims Manual](#)

[Topical Extemporaneous Compounds Policy](#)



For more detailed inquiries about drug eligibility, criteria, other Green Shield Canada policies, etc., please contact our Customer Service Centre at 1-888-711-1119.



Green Shield Canada (GSC) Maintenance Medication Fill Limits

Effective February 1, 2016, GSC will limit the number of fills to five per year for maintenance drugs included in the list below. Claims for drugs that GSC has deemed to be maintenance will be denied if dispensed for less than a three-month supply; the response code from the GSC system for these claims will be: **"DR = days supply lower than minimum allowable."** The use of an applicable intervention code will be allowed in individual situations where dispensing of a three-month supply may not be appropriate at that time. Use of the intervention codes listed below will be subject to audit and must be supported with relevant documentation on the prescription hard copy.

ER = override days supply limit for period

MN = replacement claim due to dose change

MY= long term care Rx split for compliance

For patients requiring ongoing, more frequent dispensing – due to a cognitive impairment or other issue – an exception request form (available on GSC's providerConnect website) must be submitted outlining the clinical rationale supporting the request. GSC's pharmacy team will review the request, and where appropriate, grant an exemption to the policy.

Applicable maintenance drugs

AHFS Description	Generic Name
5 ALFA REDUCTASE INHIBITORS	Dutasteride
5 ALFA REDUCTASE INHIBITORS	Finasteride
ALDOSTERONE RECEPTOS ANTAGONISTS	Eplerenone
ALDOSTERONE RECEPTOS ANTAGONISTS	Spironolactone
ALDOSTERONE RECEPTOS ANTAGONISTS	Spironolactone & hydrochlorothiazide

WHICH DRUGS ARE INCLUDED IN THE POLICY?

- Applies to most maintenance drugs used to control and manage a variety of chronic conditions
 - Examples: high cholesterol, high blood pressure, and diabetes
- Does **not** apply to certain types of maintenance medications where it would not be reasonable to dispense large quantities
 - Anti-psychotic agents
 - Drugs with the potential for abuse (e.g. long acting pain-killers)
 - Drugs that require frequent lab monitoring and/or dose adjustments (e.g. warfarin)

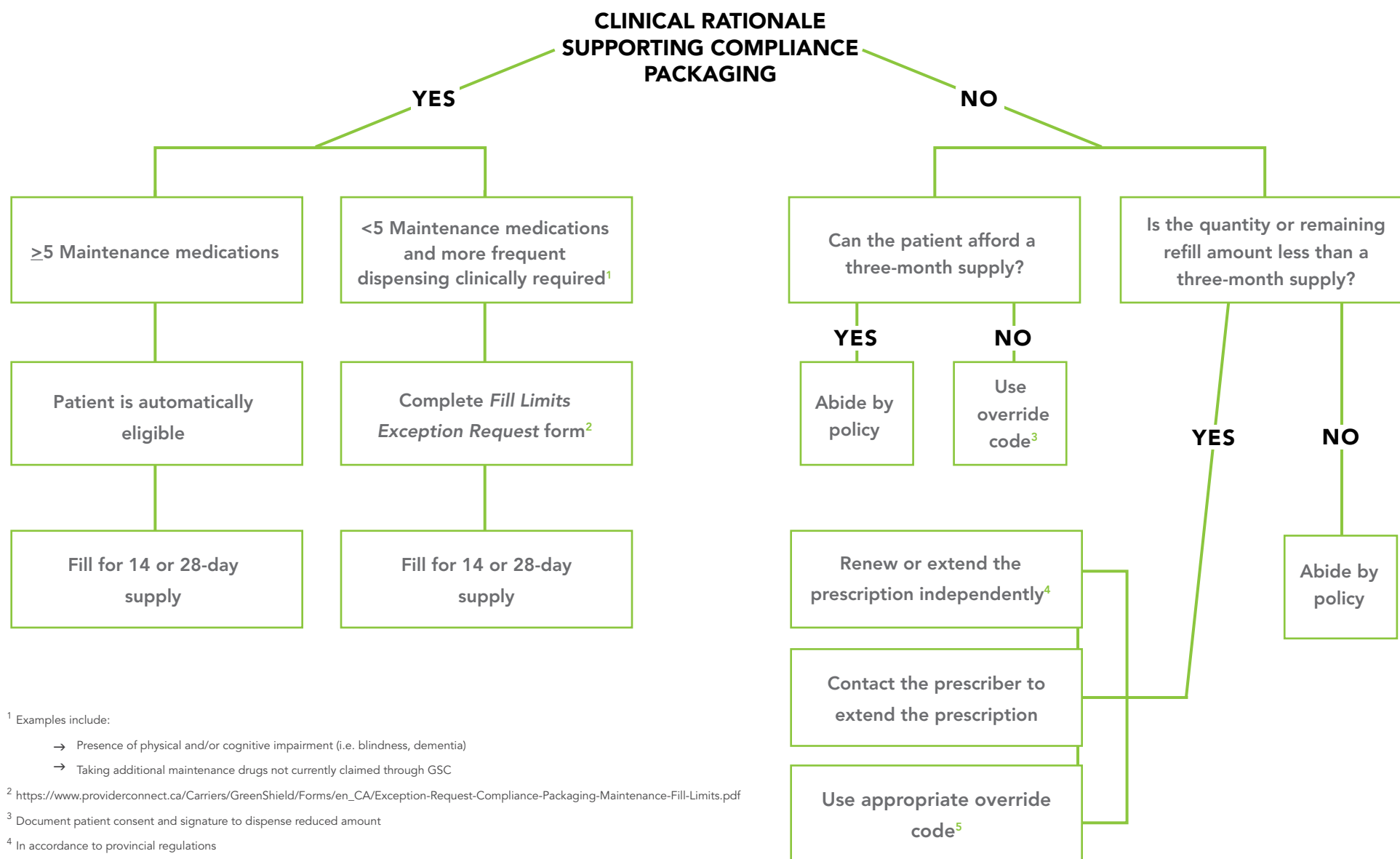
HOW DOES THE POLICY WORK?

- For the applicable maintenance drugs, GSC will deny claims that are dispensed for less than a three-month supply
- Response code from the GSC system for these claims will be: **“DR = days supply lower than minimum allowable.”**

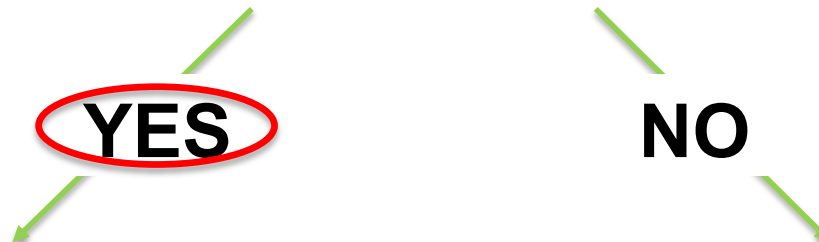
WHAT ARE THE EXEMPTIONS?

1. Residents of nursing homes
2. Patients requiring compliance packaging due to complexity of drug therapy and/or a physical/cognitive impairment
3. Patients unable to afford the co-pay associated with a three-months supply
4. Plan members whose plan sponsor has elected not to implement this policy
5. New medication starts – i.e. initial days supply

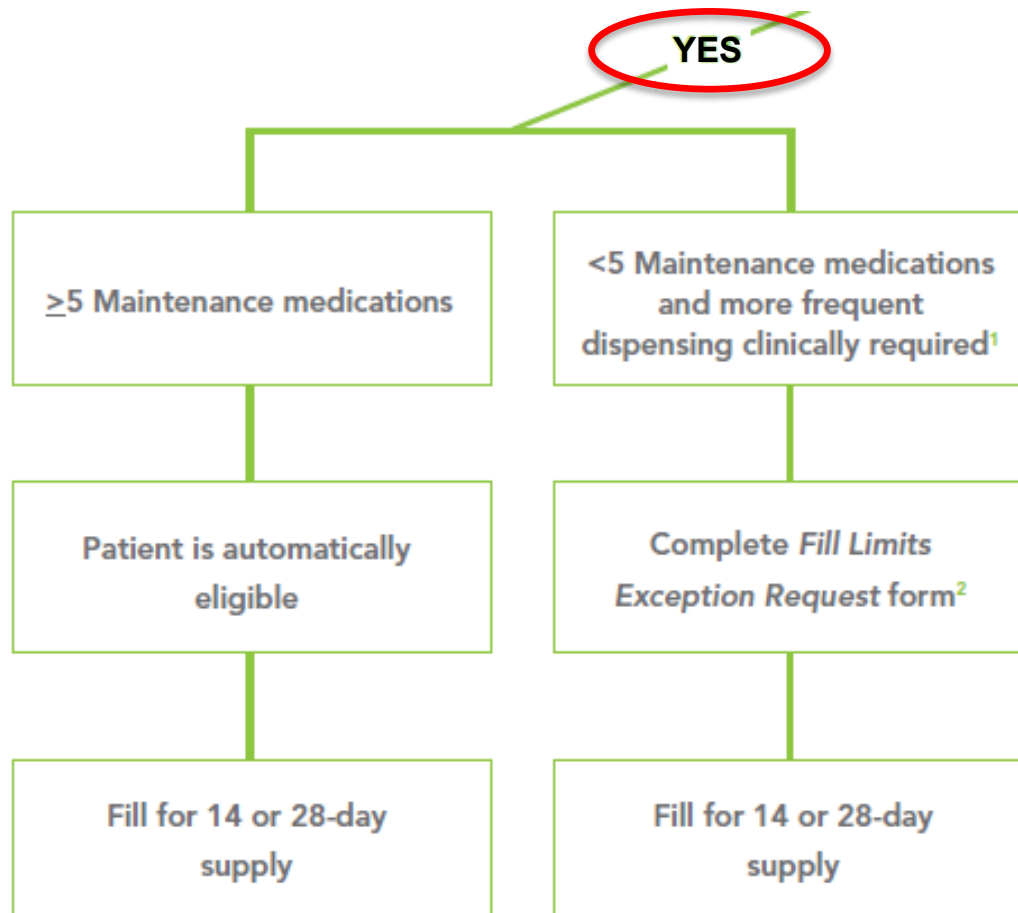
MAINTENANCE MEDICATION POLICY



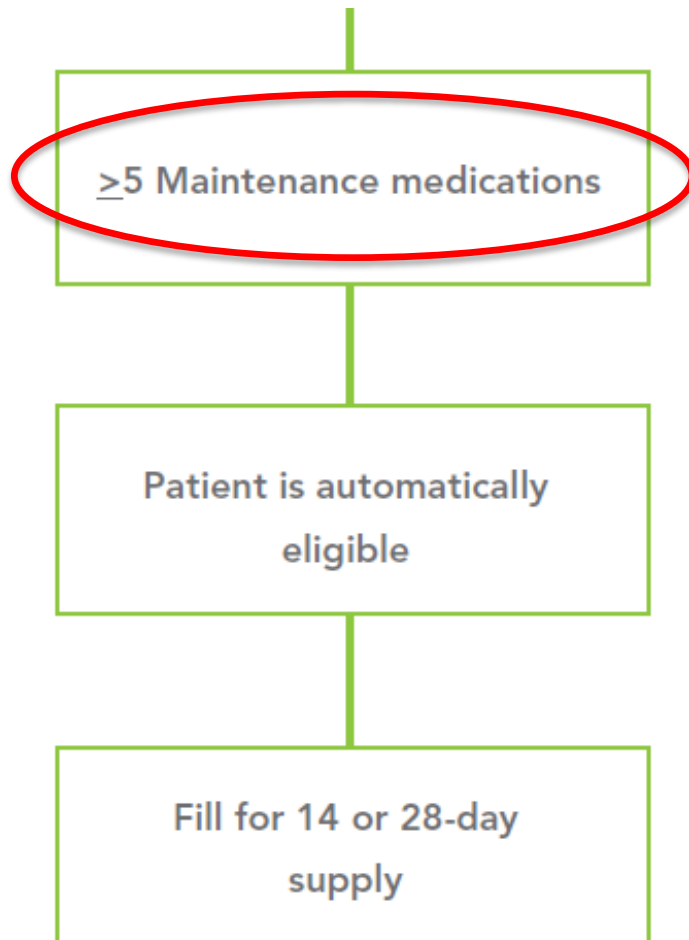
CLINICAL RATIONALE SUPPORTING COMPLIANCE PACKAGING



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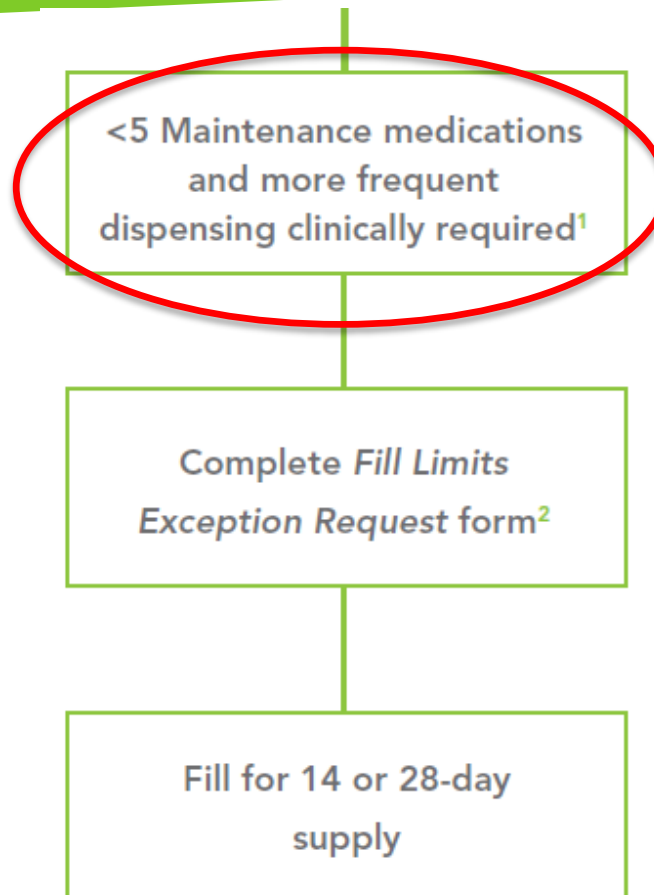


CLINICAL RATIONALE SUPPORTING COMPLIANCE PACKAGING



- If the plan member is on five or more maintenance drugs, less than a three-month supply will ***automatically*** be allowed by the system
 - A *Fill Limits Exception Request Form* is **not** required
- Ensure the medication is filled for a **14 or 28-day supply**

CLINICAL RATIONALE SUPPORTING COMPLIANCE PACKAGING



¹ Examples include:

- Presence of physical and/or cognitive impairment (i.e. blindness, dementia)
- Taking additional maintenance drugs not currently claimed through GSC

² https://www.providerconnect.ca/Carriers/GreenShield/Forms/en_CA/Exception-Request-Compliance-Packaging-Maintenance-Fill-Limits.pdf

EXAMPLE SCENARIO

- MW has been diagnosed with mild dementia and is currently on three maintenance medications. MW currently lives alone but has a caregiver visit twice a week. Upon discussion with MW's caregiver, he informs you that MW is experiencing more difficulties remembering daily tasks. On occasion, she has forgotten to take her medications.
- You suggest compliance packaging to help with adherence, however when the claim is submitted, the response code from the GSC system returns the message “**DR=days supply lower than minimum allowable.**” and the claim is denied.

COURSE OF ACTION

- Pharmacists are required to complete the ***Fill Limits Exception Request*** form on ProviderConnect
- Use of the intervention code is **not** appropriate in this case
- Approvals will only be granted for 14 or 28-day supply requests

WHEN SHOULD THE *Fill Limits Exception Request Form* BE USED?

1. If the plan member is taking less than five maintenance medications AND more frequent dispensing (i.e., compliance packaging) is *clinically* required due to a physical or cognitive impairment or other issues
 - Pharmacists are required to provide the clinical rationale supporting the request
 - GSC's pharmacy team will review and approve only when **valid clinical evidence is provided**
2. If a patient is taking five or more maintenance medications, without GSC being aware due to coordination of benefits billing and/or out-of-pocket payments

Please Note

- Approvals will ONLY be considered for 14 or 28-day supply requests

CLINICAL RATIONALE SUPPORTING COMPLIANCE PACKAGING



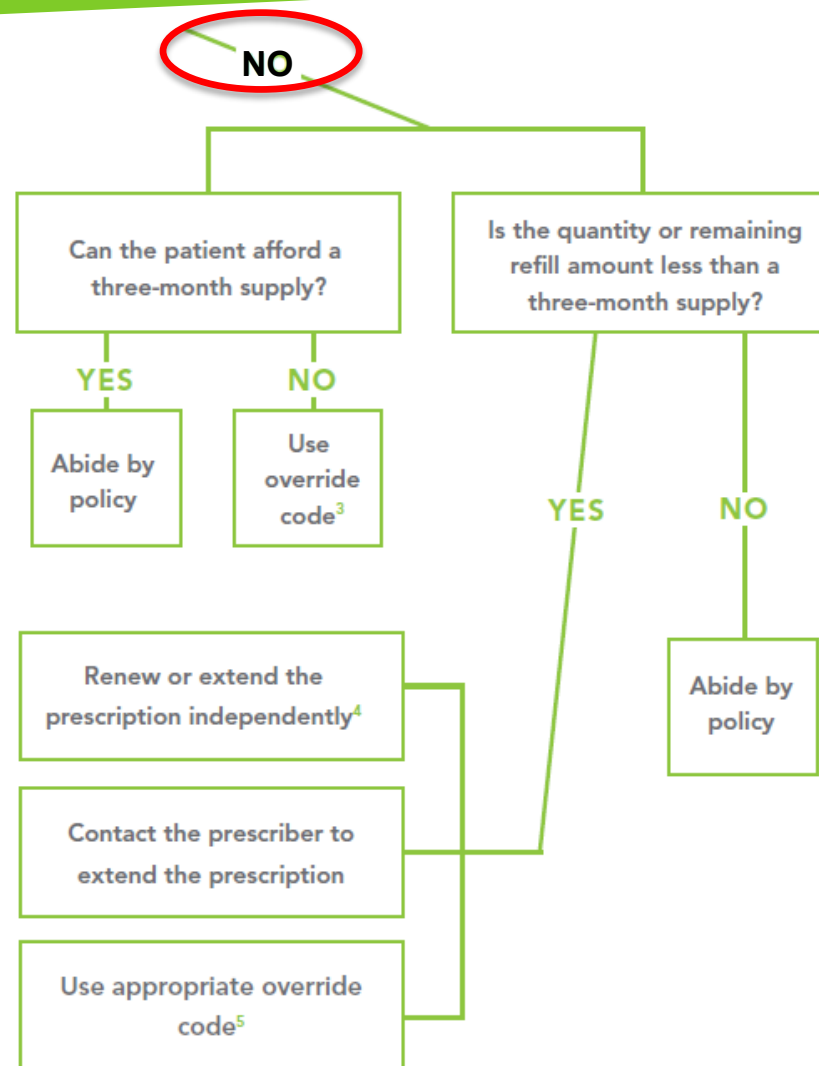
YES



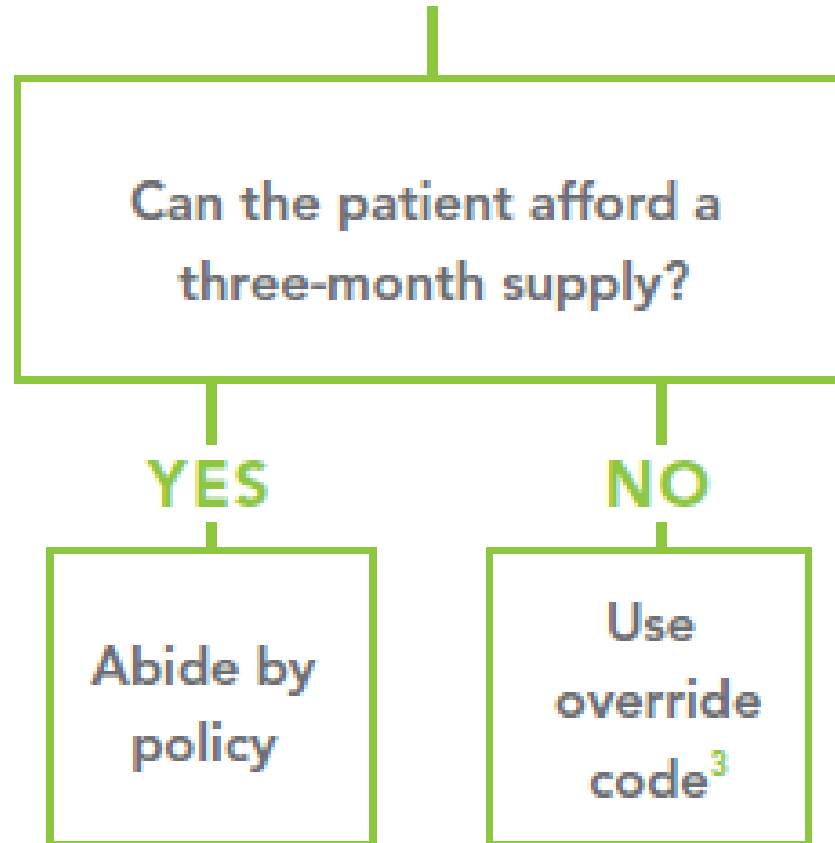
NO



CLINICAL RATIONALE SUPPORTING COMPLIANCE PACKAGING

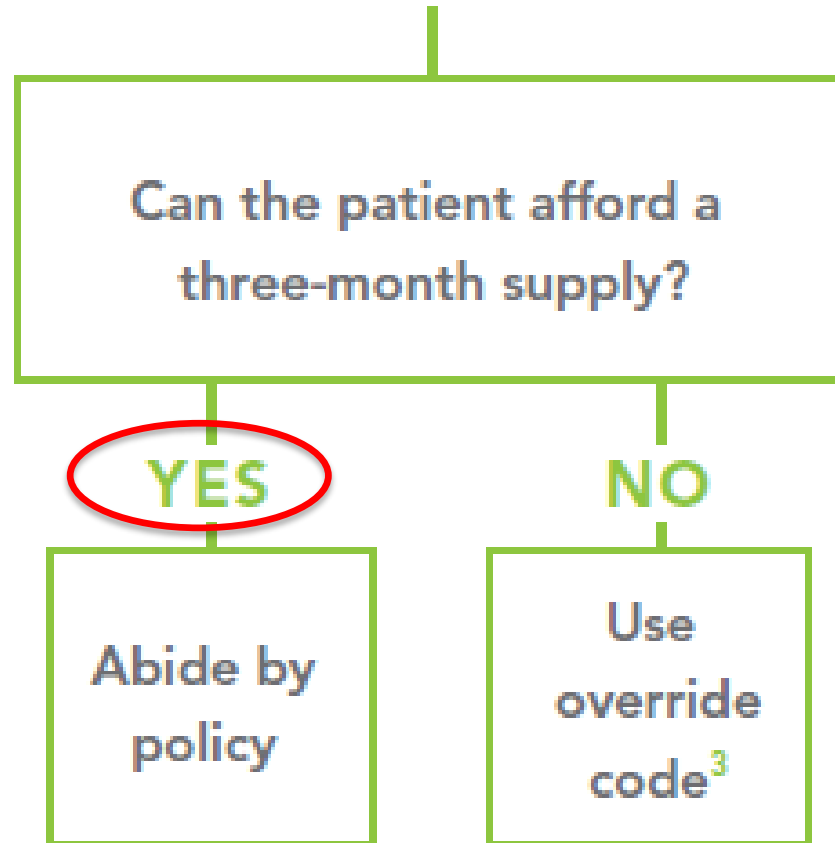


AFFORDABILITY OF THREE MONTHS SUPPLY



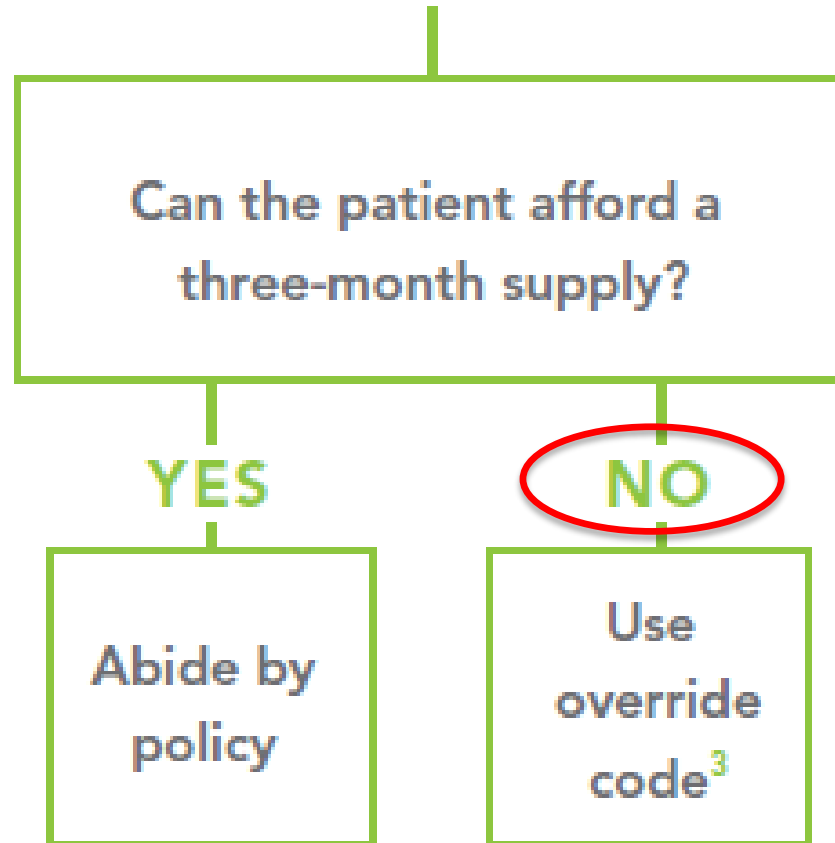
³ Document patient consent and signature to dispense reduced amount

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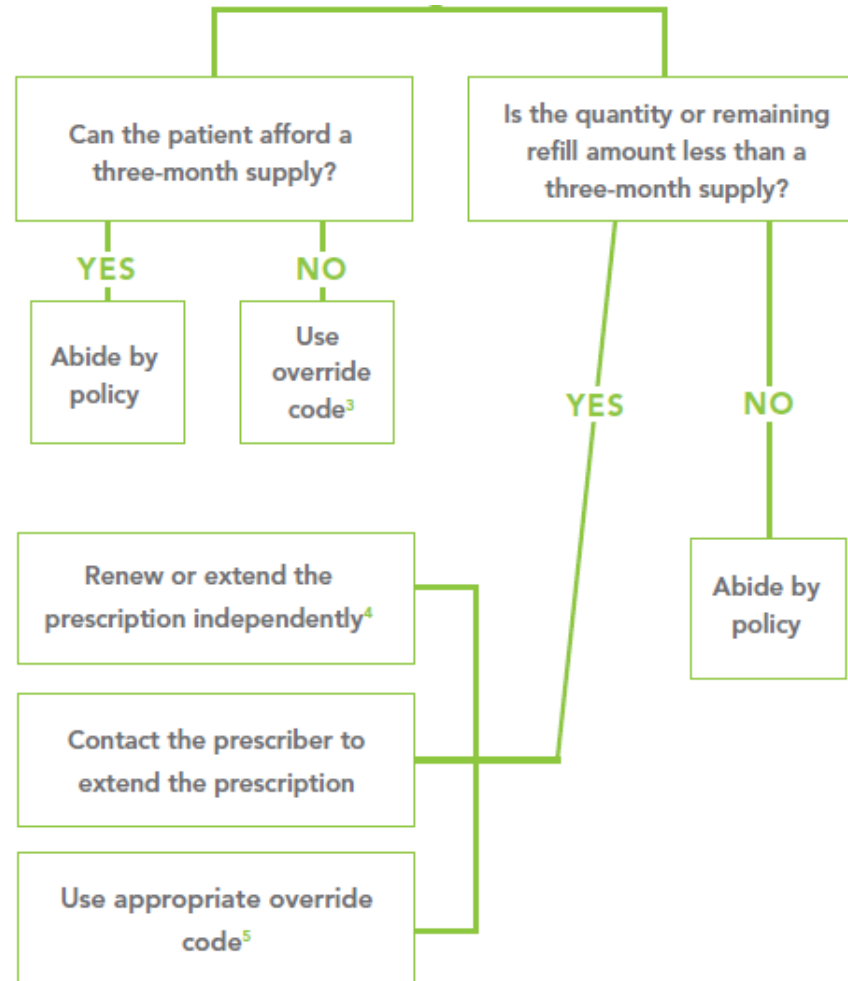
EXAMPLE SCENARIO

- SH returns to the pharmacy for a refill of his blood pressure medication. He is currently on four maintenance medications to treat his high blood pressure and diabetes. His drug plan requires a 20% co-pay on these medications.
- Upon discussion with SH, he informs you that he has been financially stretched this past year due to his family situation and is unable to afford the co-pay associated with the three-month supply of his medication.

COURSE OF ACTION

- Use of the intervention code is appropriate in this case
- ER = override days supply limit for period
- ***Document patient consent and signature to dispense shorter days supply***
- ***Note: patient preference alone is not an acceptable rationale for dispensing a shorter days supply***

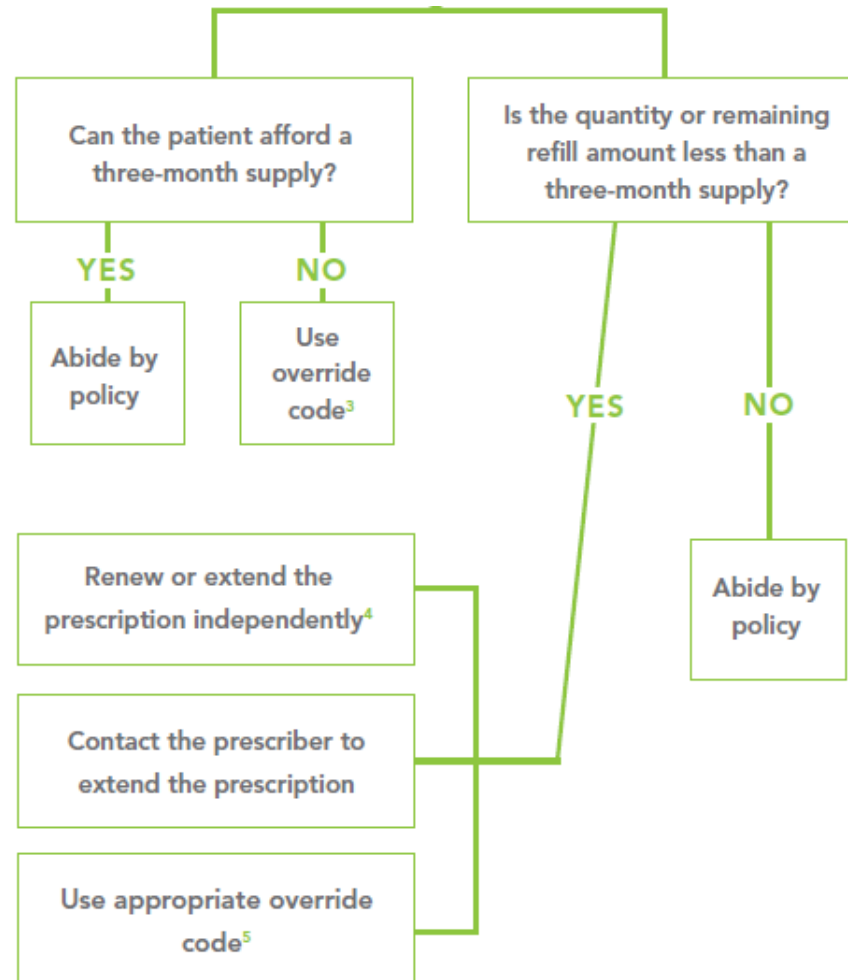
QUANTITY OR REFILLS REMAINING



⁴ In accordance to provincial regulations

⁵ Use of override code MUST be accompanied by documentation of a valid clinical rationale.

INADEQUATE QUANTITY / REFILLS REMAINING



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INADEQUATE QUANTITY / REFILLS REMAINING

Possible Solutions

- 1. Extend the prescription independently**
 - Provinces where permitted in scope of practice
 - Assuming extension is a clinically appropriate course of action
- 2. Contact the prescriber to extend the prescription for additional refills**
- 3. Educate patient to request future prescriptions for a three-month supply and three refills**

EXAMPLE SCENARIO

- KS comes to the pharmacy to fill her atorvastatin 40mg once daily for high cholesterol. KS has been stable on this medication for the past two years with no changes. KS only has 30 tablets remaining on her prescription. Upon discussion with KS, the pharmacist discovers that she has no planned appointment with her family physician and has not been experiencing any adverse effects to the medication.

COURSE OF ACTION

- Use of the intervention code is **not** appropriate in this case
- In provinces where pharmacists are authorized to extend or renew prescriptions for continuity of care, this should be the preferred option
- **Alternatively**, contact the prescriber to extend the prescription for additional refills
- Educate patient to request future prescriptions for a three-month supply and three refills

WHAT IF IT'S A NEW PRESCRIPTION?

- For any **new** prescriptions for maintenance medications, the initial dispensing quantity will still be limited to a 30-day supply to provide you with an opportunity to properly assess patient tolerance of the drug
- Once tolerance is established, the GSC system will require all future refills to be dispensed in a three-month supply

WHEN CAN I USE AN INTERVENTION CODE?

- Use of an intervention code should be the **last resort**
 - Multiple options are available to pharmacists to secure a three months supply
- **If an intervention code is used, the claim is subject to our standard audit process**
- **Pharmacists should not be concerned about audit, assuming the necessity of override is clearly documented**
 - Key is have valid supporting documentation to justify the use of the intervention code

SUMMARY

- In the end, use **professional judgment**, *do what is most clinically appropriate for the patient* and document the encounter
- **Do what is in the best interest of the patient**
 - Fear of exposure to audit is NOT an appropriate justification

DID YOU KNOW...

**GREEN SHIELD CANADA HAS
REIMBURSED PHARMACY
PROGRAMS TO HELP YOU HELP
YOUR PATIENTS**



GSC REIMBURSED PHARMACY SERVICES

1. Pharmacist Health Coaching: Cardiovascular

- Providing health coaching and adherence support to GSC plan members with high cholesterol and high blood pressure

2. Pharmacist Health Coaching: Smoking Cessation

- Assist GSC plan members in quitting smoking by providing counselling and cessation aids

3. Refusal to Fill

- Use your professional judgment to determine whether or not a prescription should be filled (e.g. due to therapeutic duplication)

4. Facilitating Prior Authorization

- Assist plan members in accessing special authorization forms for specific drug products

QUESTIONS?

For more detailed inquiries please contact our
Customer Service Centre at 1-888-711-1119.

