

PHARMACY *update*

FEBRUARY 2016

What is the Maintenance Medication Fill Limit Policy?

As you know, most common maintenance medications are prescribed for a three-month supply, with multiple refills. GSC has implemented a new policy to limit the number of fills to five per year for a defined list of maintenance drugs. (This new policy does not apply to plan members residing in Quebec.)

When did this new reimbursement policy start?

February 1, 2016. GSC began communicating this policy to pharmacies on October 30, 2015. The Winter 2015 Pharmacy Update was also posted on our providerConnect™ website on December 8, 2015, which referenced our new reimbursement policy.

How does this work?

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

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.

A complete list of the maintenance drugs included in this new reimbursement policy is published on GSC's providerConnect website. This is the *Maintenance Medication List*.

Frequently Asked Questions:

What should I do if the quantity of the maintenance medication prescribed or the remaining refill amount is less than the three-month supply?

Pharmacists have options to adjust a prescription in these cases. They can extend the prescription themselves, (in provinces where pharmacists are authorized to extend or renew prescriptions for continuity of care), or contact the prescriber to extend the prescription for additional refills.

If these first two options are not available, the pharmacist can use the override codes or complete a Fill Limits Exception Request form (see below for more detail).

Why doesn't GSC administer this policy like the Ontario Drug Benefit (ODB) program?

The purpose of this policy is to prevent plan members from having to pay the out-of-pocket costs of an unapproved dispensing fee. Since pharmacies in most provinces may not be aware of the patient's entire dispensing history, this can lead to confusion about how many previous fees have been paid for that particular patient. Not allowing claims for less than three months' supply eliminates the confusion and avoids retraction of claim payments after a claim has been paid, as is the process followed by ODB. This proactive approach will result in a better experience for plan members and pharmacies.

When should I complete the *Fill Limits Exception Request* form on providerConnect?

For patients that may require more frequent dispensing (i.e., compliance packaging), due to a cognitive impairment or other issue, pharmacists are required to submit the form, outlining the clinical rationale supporting the request.

Notes:

- GSC's pharmacy team will review and limit approvals to requests only when **valid clinical evidence is provided**.
- Approvals will ONLY be considered for **seven or 14-day supply requests**.

Requests will be considered for approval when...

- Less than five maintenance medications are taken and more frequent dispensing is clinically required to facilitate compliance
- The physician indicates compliance packaging is required – supported by documentation of a valid clinical reason
- If a patient is taking five or more maintenance medications, without GSC being aware due to coordination of benefits billing

When can I use an intervention code?

Use of an intervention code should be a last resort, as the options outlined above are available to pharmacists to adjust a prescription for a maintenance medication when the quantity prescribed is less than a three-month supply.

Valid scenarios for using an intervention code are outlined below. If an intervention code is used, the claim is subject to our audit process. This may result in a retraction of claim payment if the process is not followed.

YOU CAN USE AN INTERVENTION CODE FOR THE FOLLOWING SCENARIOS...
Compound claims: An exception to this policy is permitted for compounded maintenance medications. Use the "ER" intervention code.
Dosage change: Use of an intervention code for the current claim is approved, noting the requirement for future fills. Use the "MN" intervention code.
Residents of long-term care facilities: An exception to this policy is permitted. Use the "MY" intervention code.
Interim hospital-issued prescription: Use of an intervention code for the current claim is approved, as future refills will be discussed with the regular physician. Use the "ER" intervention code.
Dispensing the last refill with no intent to continue taking the medication: Use of an intervention code for the current claim is approved. Use the "ER" intervention code.
Initial fill intervention code required with the balance to satisfy this policy submitted as a separate claim: Use the "NF" intervention code (when applicable). This use of an additional intervention code for the current claim is also approved. Use the "ER" intervention code, in addition to the "NF" intervention code.

INTERVENTION CODES ARE NOT PERMITTED FOR THE FOLLOWING SCENARIOS...
Pre-packaged medication from the wholesaler: To fill according to the policy, divide the packaging and dispense a three-month supply. No intervention code required, adherence to the policy is required.
Compliance Packaging: When approved, there are two options for compliance packaging, seven or 14 days. Quantities other than seven or 14 days will not be considered compliance packaging. No intervention code required, adherence to the policy is required.
Injections: Enter one injection according to the correct days' supply – not as a one-day supply. No intervention code required, adherence to the policy is required.