



DISPENSING FEE POLICIES IN PUBLIC DRUG PLANS, 2015/16

This reference document provides a summary of dispensing fee reimbursement in 2015/16 for the public drug plans participating in the NPDUIS initiative, as detailed in a *Plan Information Document* published by the Canadian Institute for Health Information. ¹

BRITISH COLUMBIA

The maximum allowable dispensing fee is \$10.00. No dispensing fee is reimbursed for insulins or needles and syringes for insulin therapy. Other reimbursements included pharmacies providing services to long-term care facilities, which received \$43.75 per bed serviced. A rural incentive program provided a per claim subsidy (\$3.00 to \$10.50) to rural pharmacies with monthly claims volumes of less than 1,700. A vaccination administration program reimbursed pharmacies \$10.00 for each publicly funded vaccination administered by an authorized pharmacist.

ALBERTA

A four-year agreement was implemented on April 1, 2014 between the Alberta Pharmacists' Association, Alberta Blue Cross and the Alberta government. The agreement introduced one dispensing fee of \$12.30 for each prescription, except for compounded prescriptions or diabetic supplies. This one fee will apply from April 1, 2014 to March 31, 2018. All injectables, oral contraceptives and insulin medications now follow this dispensing fee model.

SASKATCHEWAN

On September 1, 2015 the maximum dispensing fee increased from \$11.25 to \$11.40.

Saskatchewan provided an additional reimbursement for influenza immunization, trial prescriptions, methadone, compliance packaging and compounding drugs.

MANITOBA

In Manitoba, pharmacy service providers were compensated by a market-based professional fee. The dispensing fee or professional fee is an all-inclusive fee that reimburses for the direct and indirect costs associated with dispensing, distribution, and cognitive service functions including patient counseling and profit. Dispensing fees are regulated under the *Prescription*

Drugs Payment of Benefits Regulation, which defines the professional fee as “the amount regularly charged by a pharmacist to persons who are responsible for paying the fee without reimbursement”.

The Regulation ensures that pharmacy service providers establish a consistent market-based fee for which cash paying customers are provided equivalent services to that of Pharmacare beneficiaries. Other reimbursements included a maximum dispensing fee of \$6.95 for the Employment and Income Assistance Program. For personal care homes, pharmacists were reimbursed \$37.50 per bed per month in Winnipeg and \$38.20 per bed per month for rural areas.

ONTARIO

As of April 01, 2014, the dispensing fee payable to most pharmacies is \$8.83 for each ODB prescription filled. Some pharmacies in rural and remote areas may charge higher dispensing fees as their operating costs are higher. The table below outlines those higher fees and where they apply:

Distance to Pharmacy	Dispensing Fee
There is one pharmacy within 5kms	\$9.93
The nearest pharmacy is within 5 to 10kms	\$9.93
The nearest pharmacy is within 10 to 25kms	\$12.14
There are no other pharmacies within 25kms	\$13.25

Source:

http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_dispensing_fees.aspx

As of October 1, 2015, all dispensing fees for claims for residents of long-term care homes are reduced by \$1.26 and now range from \$7.57 to \$11.99.

Also as of October 1, 2015, pharmacists are encouraged to provide ODB recipients with a 100-day supply of most chronic-use medications. Pharmacies will be entitled to receive a maximum of five (5) dispensing fees per 365-day period, beginning with the first dispensing transaction for identified chronic-use medications. ODB recipients who are deemed to require more frequent dispensing will need to be assessed regularly to verify an ongoing need for more frequent dispensing. For example, a patient on a complex medication regimen may require assistance for a short period of time in order to learn to manage their medications as directed, but once stabilized may be capable of managing 100 day supplies.

NEW BRUNSWICK

The dispensing fees for eligible claims are shown in the table below:

Pharmaceutical equivalent (interchangeable)	Up to \$11.00
Non-pharmaceutical equivalent (non-interchangeable)	Up to \$11.00
Extemporaneous preparations (compounds)	Up to \$16.50
Methadone for chronic pain	Up to \$11.00
Drugs for opioid dependence (e.g., methadone, buprenorphine/naloxone)	Up to \$9.50

A rural pharmacy incentive paid an additional \$2.00 for the first 10,000 prescriptions filled in a fiscal year. This incentive applied to pharmacies that were 25 km or more apart.

NOVA SCOTIA

Dispensing fees increase to \$11.65 for ostomy supplies, to \$17.47 for compounded extemporaneous products (excluding methadone and injectable) and to \$11.65 for all other prescriptions (including methadone).

A rural pharmacy incentive paid an additional \$2.00 for the first 10,000 prescriptions filled in a fiscal year. This incentive applied to pharmacies that were 25 km or more apart.

PRINCE EDWARD ISLAND

The maximum reimbursable professional fee is \$12.18 and the extemporaneous fee is \$18.27. The private nursing home capitation fee is \$75.02.

NEWFOUNDLAND AND LABRADOR

The dispensing fees for eligible claims are shown in the table below:

	Drug Cost	Dispensing Fee
The Access Plan, The Assurance Plan and The Foundation Plan	\$0.00–\$49.99	\$11.96
	\$50.00–\$249.99	\$22.93
	\$250.00 +	\$50.00
The 65Plus Plan	\$0.00–\$249.99	\$12.00
	\$250.00 +	\$40.00

NIHB

Pharmacy reimbursement, which included dispensing fees, was determined by the NIHB or negotiated between the NIHB and pharmacists' associations, and differed by province.

REFERENCES

1. Canadian Institute for Health Information. 2016. NATIONAL PRESCRIPTION DRUG UTILIZATION INFORMATION SYSTEM PLAN INFORMATION DOCUMENT, JULY 2016. Ottawa: CIHI. Available at: <https://secure.cihi.ca/estore/productFamily.htm?pf=PFC3234&lang=en&media=0> (Accessed January 2017).