



DISPENSING FEE POLICIES IN PUBLIC DRUG PLANS, 2017/18

This reference document provides a summary of dispensing fee reimbursement in 2017/18 for the public drug plans participating in the NPDUIS initiative, as detailed in the *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 include pharmacies providing services to long-term care facilities, which receive \$43.75 per bed serviced. A rural incentive program provides 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 reimburses pharmacies \$10.00 for each publicly funded vaccination administered by an authorized pharmacist.

ALBERTA

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

SASKATCHEWAN

From September 1, 2015, to October 31, 2018, the maximum dispensing fee was \$11.40. An additional reimbursement is provided for influenza immunization, trial prescriptions, methadone, compliance packaging, and compounding drugs.

¹ Canadian Institute for Health Information. 2017. *National Prescription Drug Utilization Information System Plan Information Document*, July 2017. Ottawa: CIHI. Available at: <https://secure.cihi.ca/estore/productFamily.htm?pf=PFC3490&lang=en&media=0>

MANITOBA

Effective August 18, 2017, Manitoba introduced a cap on dispensing fees. Pharmacies are able to charge provincial drug programs up to \$30 per prescription, or up to \$60 if the specified drug is a sterile compound, regardless of the base cost of a drug or how it is packaged. Pharmacy service providers are compensated by a market-based professional fee. The dispensing fee or professional fee is an all-inclusive fee that reimburses 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”. This 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 include a maximum dispensing fee of \$6.95 for the Employment and Income Assistance Program. For personal care homes, pharmacists are reimbursed \$37.50 per bed per month in Winnipeg and \$38.20 per bed per month for rural areas.

ONTARIO

The dispensing fee payable to most pharmacies is between \$8.83 and \$13.25 for each Ontario Drug Benefit (ODB) prescription filled, depending on the location. Higher fees are paid to pharmacies in rural areas. The table below outlines those higher fees and where they apply:

Distance to nearest pharmacy	Dispensing fee
Only one pharmacy within 5 km	\$9.93
Within 5 to 10 km	\$9.93
Within 10 to 25 km	\$12.14
No other pharmacies within 25 km	\$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 were reduced by \$1.26 and now range from \$7.57 to \$11.99.

Beginning October 1, 2015, pharmacists were encouraged to provide ODB recipients with a 100-day supply of most chronic-use medications. Pharmacies are entitled to receive a maximum of five 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 need to be assessed regularly to verify an ongoing need. 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 days' supply.

NEW BRUNSWICK

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

Drug category	Dispensing fee
Drugs on the Manufacturer List Price (MLP) List	Up to \$11.00
Drugs on the Maximum Allowable Price (MAP) List	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 pays an additional \$2.00 for the first 10,000 prescriptions filled in a fiscal year. This incentive applies to pharmacies that are 25 km or more apart.

NOVA SCOTIA

Effective April 1, 2017, dispensing fees increased from \$11.75 to \$11.85 for ostomy supplies, from \$17.62 to \$17.77 for compounded extemporaneous products (excluding methadone and injectables), and from \$11.75 to \$11.85 for all other prescriptions (including methadone).

PRINCE EDWARD ISLAND

The maximum reimbursable professional fee is \$12.36, and the compounding fee is the usual and customary charge times 1.5 to a maximum of \$18.54. The private nursing home capitation fee is \$76.52.

NEWFOUNDLAND AND LABRADOR

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

Plan	Drug cost	Dispensing fee
The Access Plan, The Assurance Plan, and The Foundation Plan	\$0.00–\$49.99	\$11.96
	\$50.00–\$249.99	\$23.93
	\$250.00+	\$50.00
The 65Plus Plan	\$0.00–\$249.99	\$12.00
	\$250.00+	\$40.00

YUKON

There is an allowable professional fee of up to \$8.75.

NON-INSURED HEALTH BENEFITS (NIHB)

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