Dear Pharmacy Owners, Managers, and Pharmacists,

Provincial Drug Programs (PDP) has analyzed claims submitted through DPIN over the past several years and identified significant increases in the proportion of overall drug costs paid for professional fees. For the most part, these increases correspond to a shift in pharmacy professional fees from a standard professional fee independent of the underlying ingredient cost of the drug (e.g. $12.00/prescription), to fees that are a proportion of the ingredient cost (e.g. 10% of ingredient cost/prescription). As a result, professional fees paid by through Pharmacare, Palliative Care Drug Access Program, or the Home Cancer Drug Program can vary from as little as $4.95 to over $900.

Unlike most other provinces where professional fees are a set price for all pharmacies and all products, Manitoba continues to support a market-based approach, in which pharmacies can set a Usual & Customary fee in accordance with its business model, market competition rates, rural or urban dynamics, and customer service standards. Nonetheless, the increasing cost of drugs and specifically, the increasing number of extremely high cost drugs, required a prudent assessment of the professional fees paid by government drug programs and necessary policy changes to ensure sustainability of a publicly-funded drug plan.

As such, amendments to The Prescription Drugs Payment of Benefits Regulation will become effective on August 18th, 2017. These amendments will affect the amount pharmacies can claim for professional fees from the following Provincial Drug Programs: Pharmacare, Palliative Care Drug Access Program, and Home Cancer Drug Program. The amendments are summarized below:

1. Manitoba (Pharmacare, the Palliative Care Drug Access Programs, and the Home Cancer Drug Program) will only reimburse pharmacies for professional fees less than or equal to $30, unless the specified drug is prepared extemporaneously.

2. Professional fees associated with extemporaneous product preparation (compounding) will be reimbursed at a maximum of $1/minute up to a maximum of $30 (30 minutes) for non-sterile preparations, and $2/minute up to a maximum of $60 (30 minutes) for sterile preparations. Additionally, only preparations in which the main therapeutic ingredient is listed on the Specified Drugs regulations (aka “Pharmacare Formulary”) will be considered an eligible benefit.

3. The professional fee charged to Manitoba can not exceed the amount regularly charged by the pharmacist to persons responsible for paying the professional fee without reimbursement.

4. Differential professional fees for blister/compliance packaging or pre-filling syringes are no longer eligible for reimbursement.

5. Manitoba will not reimburse pharmacies for more than two (2) professional fees per 30-day period per drug, if the drug is listed on the Frequency of Dispensing List.
In the attached documents, we've provided you with updated “Claims Submission Procedures” and supporting information. These documents describe the DPIN claims submission procedures for any and all prescriptions submitted for reimbursement through Pharmacare, Palliative Care Drug Access Program, or the Home Cancer Drug Program. These amendments do not apply to claims submitted to Employment and Income Assistance (EIA) or for Drug Utilization Review (DUR).

Please review these policy changes, claims submission procedures, and supporting documents carefully. We will continue to update these documents if and when technical issues are identified and brought to our attention. PDP will monitor the impact of these policy changes on access to prescription medications by beneficiaries across Manitoba and our audit process will carefully consider and respect that some changes require additional time to implement.

On behalf of Provincial Drug Programs, thank you for your continued support of Pharmacare, Palliative Care Drug Access Program, and Home Cancer Drug Program clients and for your work towards the sustainability of these programs.

Sincerely,

Patricia Caetano, PhD
Executive Director, Provincial Drug Program
**Information for Pharmacists**

**Claims Submission Procedure - Professional Fee Cap**

*Effective August 18, 2017*

Please include this Procedure in your Drug Programs Information Network (DPIN) Manual under Section 4: Claims Submission.

- The Prescription Drugs Payment of Benefits Regulation, Manitoba Regulation 60/96 has been amended such that:
  
  1. Manitoba (Pharmacare, the Palliative Care Drug Access Programs, and the Home Cancer Drug Program) will only reimburse pharmacies for professional fees less than or equal to $30 beginning August 18, 2017, unless the specified drug is prepared extemporaneously.
  
  2. Professional fees associated with extemporaneous product preparation (compounding) are reimbursed as per the Claims Submission Procedure - Extemporaneous Products (Compounding).
  
  3. The professional fee can not exceed the amount regularly charged by the pharmacist to persons responsible for paying the professional fee without reimbursement.
  
  4. Differential professional fees for blister/compliance packaging or pre-filling syringes are no longer eligible for reimbursement.

- Please also note that every pharmacy has a Schedule “A” – Confirmation of Professional Fees or Schedule “B” – Notice of Professional Fee Change on file with Manitoba.

- The professional fee on file will continue to be recognized and where necessary, will be adjusted as per the amendment to the Prescription Drugs Payment of Benefits Regulation effective August 18, 2017.

- Professional fee change requests must be submitted to Provincial Drug Programs using the appropriate Schedule “B” - Notice of Professional Fee Change (Schedule “B”) form via email or fax. The form can be found here: [https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html](https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html)

- Pharmacies are responsible for maintaining proof of their Schedule “B” – Notice of Professional Fee Change submission, and any related correspondence.
Professional fee changes can only be applied upon notification from Manitoba that the Schedule “B” – Notice of Professional Fee Change request has been approved by Manitoba and starting on the date specified within this letter. It is the responsibility of the pharmacy to maintain copies of this documentation.

Pharmacies can expect to receive “notification of receipt” of the Schedule “B” – Notice of Professional Fee Change. Notification of receipt is not approval. A separate notification which summarizes the professional fee schedule change(s) that have been reviewed will be sent subsequently. Professional fee schedule changes can only be applied to claims upon receipt of the final approval letter and beginning on the specified effective date.

Manitoba does not allow “mark-ups” – just a professional fee (also referred to as the “Usual and Customary Fee”). For pharmacies that have submitted Schedule “A” or “B” documents that include reference to a percentage (%) “mark-up” + a professional fee – the “mark-up” will be removed.

In the case where the professional fee is noted as:

\[ \text{Drug Costs over } X \text{ – 10% “mark-up” – this will be replaced with:} \]

\[ \text{Drug Costs over } X \text{ – 10% of actual acquisition cost (AAC) if, for whatever reason, the amount submitted in DPIN is less than the AAC, the amount submitted in DPIN will be used for audit purposes.} \]

If your questions are not answered by reviewing the Claims Submission Procedures and FAQs posted at:
https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html

Please send an e-mail to PDPInfoAudit@gov.mb.ca.
Information for Pharmacists

Background and Frequently Asked Questions - Professional Fee Changes

Effective August 18, 2017

1) Why are changes needed?
   - In Manitoba, pharmacists are remunerated for the drug cost and a professional fee which is an all-inclusive fee charged per prescription that provides reimbursement for direct and indirect costs associated with the dispensing, distribution, and cognitive service functions including patient counseling (a mandatory professional service standard), and a profit margin for the pharmacist/pharmacy.

   - *The Prescription Drugs Cost Assistance Act* (PDCAA) governs the administration of the provincial drug programs (Pharmacare, the Palliative Drug Access Program, and the Home Cancer Drug Program).

   - Manitoba is the only jurisdiction in Canada without a fixed (regulatory or contractual) pharmacy fee structure for its provincial drug program - except for individuals that qualify for the Employment Income Assistance (EIA) Program which has a maximum professional fee of $6.95 per prescription. For most pharmacies/pharmacists in Manitoba, the fee charged to Pharmacare is approximately $12.00 (median professional fee for fiscal 2016/17), whereas the average dispensing fee is $17.81.

2) How will the changes impact pharmacy vendors in Manitoba?
   - The amendments will:
     1. Establish the amount that will be paid by Manitoba for professional fees. Pharmacies will be able to submit professional fees in accordance with the amount approved on their Schedule A or Schedule B of their Pharmacy Agreement with Manitoba. The amount submitted to Pharmacare (or the Palliative Care Drug Access Program) cannot be greater than the amount charged to clients who are not receiving a benefit from Pharmacare, and cannot exceed $30. This maximum will continue to allow pharmacists to set a market-based fee based on their service offerings or location.
     2. Establish the amount that will paid by Manitoba for compounding services within the professional fee maximum of $30, but supports additional costs associated with sterile compounding. Where a pharmacist is required to compound a drug (also known as an extemporaneous product) according to a prescription to provide a customized drug product, Manitoba will pay the greater of the amount that will be paid for a prescription as set out in item #1 above or $1.00/minute to a maximum of 30 minutes for non-sterile compounding or $2.00/minute to a maximum of 30 minutes for sterile compounding.
     3. Provide that Manitoba will only pay for an extemporaneous product where the main therapeutic ingredient in the compound is a drug product(s) that is covered by Manitoba;
     4. Establish that Manitoba will only pay for two (2) professional fees in respect of drugs specified by the minister in a 30-day period regardless of how many times it is dispensed in that interval. The drugs that would be specified for this purpose will include drugs that normally do not need to be dispensed more than twice in a 30-day period.
5. Provide that Manitoba will pay the same fee for the dispensing of a drug, regardless of the packaging format in which the drug is dispensed such as a blister pack.

3) **How does Manitoba align with other jurisdictions?**
   - The Regulation changes will allow Manitoba to mitigate the financial impacts to payors and patients associated with the introduction of new, higher cost drugs, to ensure that Manitoba is not charged fees higher than clients without reimbursement, and to create a policy environment similar to other jurisdictions.

<table>
<thead>
<tr>
<th>Province</th>
<th>Regulated Dispensing Fee(s)</th>
<th>Regulated Compounding Fee(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>$10.00</td>
<td>Capped according to dosage form – maximum allowed amount is $40.00</td>
</tr>
<tr>
<td>AB</td>
<td>$12.30</td>
<td>Capped at $45.00</td>
</tr>
<tr>
<td>SK</td>
<td>$11.40</td>
<td>Capped at $0.75 per minute to a maximum of 60 minutes</td>
</tr>
<tr>
<td>MB</td>
<td>Market based up to $30.00</td>
<td>Capped at $30 (non-sterile)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Capped at $60 (sterile)</td>
</tr>
<tr>
<td>ON</td>
<td>$8.83 to $13.25 (depending on location)</td>
<td>Capped at $0.50 per minute</td>
</tr>
<tr>
<td>NB</td>
<td>$11.00</td>
<td>Capped at $16.50</td>
</tr>
<tr>
<td>NS</td>
<td>$11.75</td>
<td>Capped at $17.62</td>
</tr>
<tr>
<td>PEI</td>
<td>$12.36</td>
<td>Capped at $18.54</td>
</tr>
<tr>
<td>NL</td>
<td>Seniors Plan:</td>
<td>Capped at 1.5 times base professional fee for compounds that contain 3 or more ingredients</td>
</tr>
<tr>
<td></td>
<td>$12.00 (drug cost &lt; $250)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$40.00 (drug cost ≥ $250)</td>
<td></td>
</tr>
</tbody>
</table>

4) **How will this change affect the patient?**
   - For the majority of patients, total drug costs will remain the same. For those receiving a high cost drug, the total amount paid for professional fees will decrease.

5) **Does my pharmacy software need to be updated?**
   - Please note that pharmacy software changes may be required by the pharmacy provider. It is the responsibility of the pharmacy provider to contact the pharmacy software vendor.
   - For example, pharmacy providers should check their software solution (e.g. Kroll), as sometimes the software automatically adds a professional fee to each transaction which may not be compliant with Manitoba claim submission procedures.
6) **Can a pharmacy charge a patient for services or fees not covered by Pharmacare or that are outside of the Drug Programs Information Network (DPIN) claim submission procedures or Regulations?**

- There is no existing legislation that would prohibit a pharmacy from charging a professional fee higher than the amount permitted under Section 1.1 of the Regulation or for other fees that are not reimbursed by Manitoba.

- Pharmacy software changes may be required by the pharmacy provider in order to calculate amounts owed by patients that exceed the amount paid by Pharmacare. This is the responsibility of the pharmacy provider.

- Pharmacists or a pharmacy owner must disclose the total price of the drug and professional fee: (a) to a patient at the patient’s request; or (b) to a person responsible to pay for the drug if the person is authorized by law to obtain the information. The requirements were intended to support transparency in professional fees to enable informed decisions by consumers in choosing a pharmacy.

- Patients should be informed that professional fees in excess of that which is covered by Pharmacare will NOT be put towards their deductible and may or may not be eligible for coverage by third party/private insurers.

If your questions are not answered by reviewing the Claims Submission Procedures and FAQs posted at: [https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html](https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html)

Please send an e-mail to PDPInfoAudit@gov.mb.ca.
Information for Pharmacists

Claims Submission Procedure – Extemporaneous Products (Compounding)

Effective August 18, 2017

Please include this Procedure in your Drug Programs Information Network (DPIN) Manual under Section 4: Claims Submission.

The following DPIN claims submission procedure should be used when calculating the final price of an extemporaneous product (compound) that is either a benefit or non-benefit under The Prescription Drugs Cost Assistance Act.

Procedure:

- Claims for Extemporaneous products will be approved and processed as benefits when:
  1. There is no similar commercial drug product marketed in Canada; **AND**
  2. The main therapeutic ingredient is:
     (a) Either listed in Schedule A to the Specified Drug Regulation or approved by the Minister and is commercially available, authorized by Health Canada and assigned a DIN (Drug Identification Number) or is an equivalent raw material concisely identified with a proper scientific name and having a CAS (Chemical Abstracts Service) number showing that the product is approved for use in Canada;
     **OR**
     (b) Provincial Drug Programs has identified a situation of specific patient need, has preapproved an extemporaneous product (compound) recipe and assigned a Product Identification Number (PIN) to that extemporaneous product.

  **NOTE:** No extemporaneous products will be approved when reconstituting a drug with only water.

- The claim for any extemporaneous product should be submitted using one of the following PINs:

<table>
<thead>
<tr>
<th>Description</th>
<th>PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-sterile compound</td>
<td>00911405</td>
</tr>
<tr>
<td>Sterile compound</td>
<td>00911400</td>
</tr>
<tr>
<td>Sterile compound fee (to be used if the total preparation time exceeds 15 minutes)</td>
<td>00911410</td>
</tr>
<tr>
<td>An eligible compound that contains any amount of ketamine</td>
<td>00911415</td>
</tr>
<tr>
<td>An ineligible compound that contains any amount of ketamine</td>
<td>00999336</td>
</tr>
</tbody>
</table>
An eligible compound that contains any amount of one or more drugs listed on the Monitored Drugs Compound List* 00911420
An ineligible compound that contains any amount of one or more drugs listed on the Monitored Drugs Compound List* 00999339
Compound product not eligible 00999333

*monitored drugs included within this PIN are defined in the Monitored Drugs Compound List, as updated and distributed to members from time to time.

- The Pharmacy Claims Submission Manual (also known as the DPIN Manual) requires that when submitting a claim for an extemporaneous product to Manitoba, the pharmacy must enter the 1) Drug Cost and 2) the Preparation Cost or Professional Fee.

- The Drug Cost is the combined cost of all ingredients including excipients (therapeutically inactive components of a medicine including diluents, wetting agents, solvents, fillers, preservatives, absorption enhancers, sweeteners, stabilisers, and colouring and flavouring agents). Pricing for drug ingredients is based on the pricing in the Manitoba Drug Benefits Formulary and the Manitoba Interchangeability Formulary.

- The Professional Fee, for an extemporaneous product, may not exceed the greater of:
  
  (a) $30; or the amount regularly charged by the pharmacist to persons responsible for paying the professional fee without reimbursement,
  OR
  
  (b) the amount determined by multiplying the number of minutes spent on the preparation by:
      (i) $1 in the case of non-sterile preparation, or
      (ii) $2 in the case of a sterile preparation

- The preparation cost (noted as (b) above) is calculated using one of the following rates:
  o Non-sterile extemporaneous products include oral, topical, rectal, vaginal, buccal/sublingual, urethral, transdermal delivery routes prepared as blends, solutions or dispersions in solid, liquid or semi-solid dosage forms. For non-sterile Extemporaneous Product prescriptions prepared in a pharmacy, the preparation cost can be no more than the cost per minute rate specified in Regulations. For clarity, this means $1.00 per minute to a maximum of 30 minutes.
  o Sterile extemporaneous products include ophthalmic or otic solutions or suspensions, injections, and irrigation solutions. For extemporaneous products prepared in a pharmacy and requiring sterile preparation, the preparation cost can be no more than the cost per minute rate specified in the Regulations. For clarity, this means $2.00 per minute to a maximum of 30 minutes.

- In calculating the preparation cost, the amount of time used to calculate the fee must be based on the actual time used and not simply the maximum time allowed.

- For all extemporaneous products prepared in a pharmacy, the pharmacist must use and retain an extemporaneous product (compounding) recipe. Information specific to each extemporaneous product, including preparation cost calculations, must be kept on file in the pharmacy records with the original prescription, including but not limited to:
An itemized list of all extemporaneous product (compound) ingredients and their concentration, dosage form and quantity,
- The itemized cost of each ingredient and total ingredient costs,
- The itemized supply and equipment costs and total costs,
- The detailed calculation of the preparation cost, and
- The amount of time required to prepare this recipe must be consistently applied within the pharmacy for compounds of a similar nature.

- A pharmacy that prepares an extemporaneous product for dispensing from another pharmacy must maintain records specific to each extemporaneous product in the same manner as for extemporaneous products that are prepared and dispensed from the same pharmacy.

- When extemporaneous product services are provided by a pharmacy other than the dispensing pharmacy, the dispensing pharmacy must bill Manitoba in the manner described above.

- Has the authority to audit and recover funds for extemporaneous product claims submitted that are inconsistent with these reimbursement procedures and/or any other Manitoba policy.

“Manitoba is currently reviewing the reimbursement procedure for situations where a pharmacy provider subcontracts compounding services to a third party.

If your questions are not answered by reviewing the Claims Submission Procedures and FAQs posted at: https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html

Please send an e-mail to PDPInfoAudit@gov.mb.ca.
Examples of Extemporaneous Product Reimbursement:

Example #1 Non-Sterile Topical Extemporaneous Product (Compound)

<table>
<thead>
<tr>
<th>Drug Cost Calculation:</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity</td>
<td>Unit</td>
<td>Drug/Supply Name</td>
<td>DIN/PIN</td>
<td>Unit Cost</td>
</tr>
<tr>
<td>----------</td>
<td>------</td>
<td>-----------------------------------</td>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>10</td>
<td>Grams</td>
<td>Analgesic Powder (Benefit)</td>
<td>xxxxxxx7</td>
<td>$6.00</td>
</tr>
<tr>
<td>1</td>
<td>Grams</td>
<td>Hydrocortisone Powder</td>
<td>xxxxxxx8</td>
<td>$3.00</td>
</tr>
<tr>
<td>1</td>
<td>500 mg</td>
<td>Glaxal Base</td>
<td>xxxxxxx1</td>
<td>$16.50</td>
</tr>
<tr>
<td><strong>Total Drug Cost</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$79.50</strong></td>
</tr>
</tbody>
</table>

**Professional Fee Calculation:**

<table>
<thead>
<tr>
<th>Preparation Cost OR</th>
<th>$1.00/minute</th>
<th>9 minutes</th>
<th>$9.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>U&amp;C* Professional Fee</td>
<td>$15.00</td>
<td></td>
<td><strong>$15.00</strong></td>
</tr>
</tbody>
</table>

The compounding/dispensing pharmacy may bill Manitoba as follows:

Using Non-Sterile Compound PIN 00911405 Drug Cost $79.50

Professional Fee (**greater of $9 or $15**) $15.00

Total Amount Claimed $94.50

*U&C refers to Usual & Customary Professional Fee

Example #2 Sterile Ophthalmic Extemporaneous Product (Compound) Solution – Compounding time under 15 minutes.

<table>
<thead>
<tr>
<th>Drug Cost Calculation (Sterile Rates Apply)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity</td>
<td>Unit</td>
<td>Drug/Supply Name</td>
<td>DIN/PIN</td>
<td>Unit Cost</td>
</tr>
<tr>
<td>----------</td>
<td>------</td>
<td>-----------------------------------</td>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>7.5</td>
<td>ml</td>
<td>Antibiotic for Injection</td>
<td>xxxxxxx3</td>
<td>$1.00</td>
</tr>
<tr>
<td>7.5</td>
<td>ml</td>
<td>Artificial Tears</td>
<td>xxxxxxx4</td>
<td>$0.50</td>
</tr>
<tr>
<td><strong>Total Drug Cost</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$11.25</strong></td>
</tr>
</tbody>
</table>

**Professional Fee Calculation:**

<table>
<thead>
<tr>
<th>Preparation Cost OR</th>
<th>$2.00/minute</th>
<th>10 minutes</th>
<th><strong>$20.00</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>U&amp;C Professional Fee</td>
<td>$15.00</td>
<td></td>
<td><strong>$15.00</strong></td>
</tr>
</tbody>
</table>

The compounding/dispensing pharmacy may bill Manitoba as follows:

Using Sterile Compound PIN 00911400 Drug Cost $11.25

Professional Fee (**greater of $20 or $15**) $20.00

Total Amount Claimed $31.25
Example #3 Sterile Irrigation Extemporaneous Product (Compound) Solution — Compounding time over 15 minutes.

<table>
<thead>
<tr>
<th>Drug Cost Calculation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug/Supply Name</strong></td>
<td><strong>DIN/PIN</strong></td>
</tr>
<tr>
<td>5 Grams Antibiotic Powder</td>
<td>xxxxxxxx2</td>
</tr>
<tr>
<td>1 500 ml Sterile Water for Injection</td>
<td>xxxxxxxx1</td>
</tr>
<tr>
<td><strong>Total Drug Cost</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Professional Fee Calculation:**

<table>
<thead>
<tr>
<th>Preparation Cost OR</th>
<th>U&amp;C Professional Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2.00/minute 25 minutes</td>
<td>$15.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$50.00</strong></td>
</tr>
</tbody>
</table>

The compounding/dispensing pharmacy may bill Manitoba as follows:

- Using Sterile Compound PIN 00911400 Drug Cost $32.70
- Professional Fee $30.00
- Using Sterile Compound Fee PIN 00911410 Professional Fee $20.00
- Total Amount Claimed $82.70

This should be entered into DPIN in either of the following manners depending on your pharmacy software:

<table>
<thead>
<tr>
<th>PIN</th>
<th>Claim Date</th>
<th>Dispense Date</th>
<th>Days’ Supply</th>
<th>Quantity</th>
<th>Ingredient Cost</th>
<th>Professional Fee</th>
<th>Prescription #</th>
</tr>
</thead>
<tbody>
<tr>
<td>00911400</td>
<td>2017 08 18</td>
<td>2017 08 18</td>
<td>10</td>
<td>10</td>
<td>$32.70</td>
<td>$30.00</td>
<td>1</td>
</tr>
<tr>
<td>00911410</td>
<td>2017 08 18</td>
<td>2017 08 18</td>
<td>10</td>
<td>10</td>
<td>$0.00</td>
<td>$20.00</td>
<td>2</td>
</tr>
</tbody>
</table>

**OR**

<table>
<thead>
<tr>
<th>PIN</th>
<th>Claim Date</th>
<th>Dispense Date</th>
<th>Days’ Supply</th>
<th>Quantity</th>
<th>Ingredient Cost</th>
<th>Professional Fee</th>
<th>Prescription #</th>
</tr>
</thead>
<tbody>
<tr>
<td>00911400</td>
<td>2017 08 18</td>
<td>2017 08 18</td>
<td>10</td>
<td>10</td>
<td>$32.69</td>
<td>$30.00</td>
<td>1</td>
</tr>
<tr>
<td>00911410</td>
<td>2017 08 18</td>
<td>2017 08 18</td>
<td>10</td>
<td>10</td>
<td>$0.01</td>
<td>$20.00</td>
<td>2</td>
</tr>
</tbody>
</table>
Information for Pharmacists

Monitored Drugs Compound List

Effective August 18, 2017

Please include this List in your Drug Programs Information Network (DPIN) Manual under Section 4: Claims Submission.

The following represents the Monitored Drugs Compound List, as of August 18, 2017:

- Fentanyl
- Oxycontin
- Hydromorphone
- Meperidine
- Morphine
- Codeine
- Gabapentin
- Pregabalin
- Duloxetine
Information for Pharmacists

Claims Submission Procedure – Dispensing Frequency

Effective August 18, 2017

Please include this Procedure in your Drug Programs Information Network (DPIN) Manual under Section 4: Claims Submission.

- Effective August 18, 2017, Manitoba will not reimburse pharmacies for more than two (2) professional fees per 30-day period per drug, if the drug is listed on the Frequency of Dispensing List.

- The Frequency of Dispensing List can be found here:
  
  https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html

- After August 18, 2017, the number of fees for each Pharmacare recipient for each medication on the Frequency of Dispensing List will be tracked and reviewed back to August 18, 2017, regardless of which pharmacy the Pharmacare recipient has attended to receive their medications.

- Pharmacies submitting claims for Pharmacare recipients for whom two (2) dispensing fees have been paid for a medication on the Frequency of Dispensing List will not be entitled to receive additional fees until 30 days after the initial claim for that medication. This is not automatically tracked by DPIN and pharmacists will not receive a DPIN intervention or exception code if this number has been exceeded.

- Pharmacies that are continually non-compliant will be subject to audit and recoveries.

- The form requires the following information:
  - Patient information
  - Frequency of dispensing
  - Pharmacy information
  - Rationale for frequent dispensing
  - Pharmacist declaration of prescriber notification

- Once the form has been completed, fax it to:
  - The original prescriber for notification; and
  - Manitoba at 204-942-2030 or toll free to 1-877-208-3588. Approvals will be faxed directly to the pharmacy.
• Once approved, Frequent Dispensing Authorization Forms are in effect for one (1) year. Renewals are required on an annual basis. Should the prescriber disagree with the clinical assessment and associated dispensing frequency suggested by the pharmacy, approval will be revoked.

• After August 18, 2017, Manitoba will actively monitor claims data for the listed categories in the Frequency of Dispensing List. Manitoba will retain the discretion to audit and recover dispensing fees paid in excess of the established limit. In exercising this discretion, consideration will be given where Pharmacare recipients have attended multiple pharmacies.

• Pharmacists should counsel their patients and determine if and when prescriptions for medications on the Frequency of Dispensing List have been filled at other pharmacies. Pharmacists are strongly encouraged, but not mandated, to provide most Pharmacare clients with greater quantities (eg. 100 days’ supply) of most chronic-use medications.

• Prescribing and dispensing in these quantities should be considered once the medical therapy of a patient is in the maintenance stage. Pharmacies are encouraged to dispense greater total quantities of chronic-use medications for Pharmacare recipients who are capable of managing a larger total quantity.

If your questions are not answered by reviewing the Claims Submission Procedures and FAQs posted at: https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html

Please send an e-mail to PDPInfoAudit@gov.mb.ca.
Scenario #1:

If a client provides the pharmacy with a 30-day prescription for a drug on the Frequency of Dispensing List and the pharmacy dispenses fifteen (15) units of the product on day one (1) and day fifteen (15) with professional fees of $11.99 each time, can the pharmacy dispense the product again and submit a dispensing fee of $11.99 on day 28 if the client returns with a new prescription for the same product?

No. Only the first two (2) dispensations within the 30-day period will be eligible for Pharmacare coverage. Should a pharmacist wish to fill more regularly - they can - however remuneration will only be accepted for the first two (2) dispensations in a 30-day time period regardless of where the prescription is filled. Pharmacists are encouraged to discuss/review their clients' histories to ensure compliance with this procedure.

What if in the previous scenario the pharmacist completed the Frequent Dispensing Authorization Form and received approval from MHSAL for more frequent dispensing?

Yes - in this case the additional dispensing fees for more frequent dispensing would be eligible for Pharmacare coverage as approved by MHSAL.

What if in the previous scenario the client lost their medication and came into the pharmacy on day sixteen (16) requesting the fifteen (15) units that were lost. Can the pharmacy include a professional fee for the extra fifteen (15) units dispensed?

Yes - if the Frequent Dispensing Authorization Form has been completed and approved by MHSAL.

Scenario #2:

Client attends a pharmacy with a renewal for three (3) prescriptions that have previously been blister packaged for them on a weekly basis. The three (3) prescriptions are on the Frequency of Dispensing List, how should the prescription be filled?

Only the first two (2) dispensations within the 30-day period will be eligible for Pharmacare coverage. In this case, the pharmacist can proceed in preparing four (4) weekly blister packages - however may only claim reimbursement from MHSAL for two (2) professional fees for each medication in any 30-day period unless a Frequency of Dispensing Authorization Form has been completed and approved by MHSAL. As noted above - no premiums will be paid for blister packaging. Please refer to the Frequency of Dispensing Procedure for more details.
Information for Pharmacists

Frequency of Dispensing List

Effective August 18, 2017

Please include this List in your Drug Programs Information Network (DPIN) Manual under Section 4: Claims Submission.

The following represents the Frequency of Dispensing List as of August 18, 2017:

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Drug Product Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE Inhibitors</td>
<td>Enalapril, ramipril, quinapril</td>
</tr>
<tr>
<td>Angiotensin II Receptor Blockers</td>
<td>Candesartan, irbesartan, valsartan</td>
</tr>
<tr>
<td>Beta-Blockers</td>
<td>Atenolol, metoprolol, sotalol</td>
</tr>
<tr>
<td>Calcium Channel Blockers</td>
<td>Amlodipine, diltiazem, nifedipine</td>
</tr>
<tr>
<td>Other Drugs Used for Hypertension</td>
<td>Methyldopa, prazosin, terazosin</td>
</tr>
<tr>
<td>Other Cardiac Drugs</td>
<td>Amiodarone, digoxin, isosorbide, pentoxifylline</td>
</tr>
<tr>
<td>Statin Drugs Used to Lower Cholesterol</td>
<td>Atorvastatin, lovastatin, rosvuvastatin</td>
</tr>
<tr>
<td>Other Drugs Used to Lower Cholesterol</td>
<td>Bezafibrate, ezetimibe, gemfibrozil</td>
</tr>
<tr>
<td>Oral Anti-diabetic Agents</td>
<td>Glyburide, metformin, saxagliptin</td>
</tr>
<tr>
<td>Diuretics</td>
<td>Furosemide, hydrochlorothiazide, indapamide</td>
</tr>
<tr>
<td>Drugs Used for GI Conditions</td>
<td>Famotidine, misoprostol, omeprazole, sucralfate</td>
</tr>
<tr>
<td>Drugs Used to Prevent Gout</td>
<td>Allopurinol</td>
</tr>
<tr>
<td>Oral Iron Replacement Therapy</td>
<td>Ferrous fumarate, ferrous gluconate</td>
</tr>
<tr>
<td>Drugs Used for Osteoporosis</td>
<td>Alendronate, raloxifene, risedronate</td>
</tr>
<tr>
<td>Drugs Used for Prostate Conditions</td>
<td>Dutasteride, silodosin, tamsulosin</td>
</tr>
<tr>
<td>Thyroid Preparations</td>
<td>Thyroid, levothyroxine (sodium)</td>
</tr>
<tr>
<td>Drugs Used for HIV, Hep C</td>
<td>Darunavir/cobicistat, sofosbuvir/velpatasvir</td>
</tr>
</tbody>
</table>
# Frequent Dispensing Authorization Form

## Patient Information

<table>
<thead>
<tr>
<th>Patient’s Last Name:</th>
<th>Patient’s First Name:</th>
<th>Personal Health Identification Number (PHIN):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Frequency of Dispensing:</th>
<th>Registration Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Weekly</td>
<td></td>
</tr>
<tr>
<td>☐ Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>

## Pharmacy Information

<table>
<thead>
<tr>
<th>Name of Pharmacy:</th>
<th>Provider Number:</th>
<th>Fax Number (including area code):</th>
</tr>
</thead>
</table>

## Rationale for Frequent Dispensing

To qualify for coverage of additional dispensing fees for more frequent dispensing of a drug(s), a patient must be unable to manage their drug therapy independently. The patient must exhibit one or more of the following (please select all that apply):

- ☐ Cognitive impairment
- ☐ History of abuse or misuse
- ☐ No support structure (to assist with administration of drug therapy)
- ☐ Risk of dependence
- ☐ Susceptible to theft or loss of belongings
- ☐ Complex medication regime
- ☐ Literacy issues
- ☐ Language issues
- ☐ Physical or mental disability

## Pharmacist Declaration of Prescriber Notification – Must Be Initialled

I declare that I have notified the prescriber:

<table>
<thead>
<tr>
<th>name of prescriber</th>
<th>pharmacist’s initials &amp; license number</th>
<th>date signed (dd / mm / yyyy)</th>
</tr>
</thead>
</table>

Pharmacists – Once the form has been completed, fax it to:
- The original prescriber for notification; and
- Manitoba at 204-942-2030 or toll free to 1-877-208-3588. Approvals will be faxed directly to the pharmacy. Approvals will be faxed directly to the pharmacy, usually within 2 business days.

## Prescriber Response (complete only if you disagree with the frequent dispensing for this patient)

The pharmacist for your patient has requested more frequent dispensing because the patient is unable to manage their drug therapy independently. In some circumstances this frequency results in additional fees to either the patient or the Pharmacare program.

- ☐ I disagree with the frequent dispensing service for this patient as shown above.

<table>
<thead>
<tr>
<th>signature of prescriber</th>
<th>date signed (dd / mm / yyyy)</th>
<th>prescriber pract/college ID #</th>
</tr>
</thead>
</table>

Prescribers – ONLY if you disagree with this clinical assessment and associated dispensing frequency, please complete & fax this form to Manitoba Health at (204) 942-2030 or Toll Free at 1-877-208-3588.

Completed copies of this form must be retained on file in the pharmacy in accordance with the record keeping requirements of existing Regulations and the Pharmacy Agreement.

## For Internal Manitoba Health Use Only:

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Date:</th>
</tr>
</thead>
</table>
Information for Pharmacists

Claims Submission Procedure –
Claims with Cost Exceeding $9,999.99

Effective August 18, 2017

Please include this Procedure in your Drug Programs Information Network (DPIN) Manual under Section 4: Claims Submission.

- This process should only be used when the total claim, as written by the prescriber, will exceed $9,999.99.

Procedure:

- Whenever drug costs of $9,999.99 are exceeded, a DPIN message (D6, Maximum Cost is exceeded) will be issued and sent back to the pharmacy.

- In order to allow for online adjudication, claims that will exceed $9,999.99 must be divided and processed as separate transactions as follows:
  - The first transaction should be submitted using the DIN for the product. The quantity should be adjusted to ensure the total cost of the claim, including acquisition cost, and dispensing fee, does not exceed $9,999.99.
  - Any subsequent claim, if required, can be transmitted to pay the acquisition cost. No additional professional fee should be applied to any subsequent claims.

Example: A client provides a pharmacy with a prescription that has a 28-day total drug ingredient cost of $25,000. This should be entered into DPIN in the following manner:

<table>
<thead>
<tr>
<th>Claim Date</th>
<th>Dispense Date</th>
<th>Days’ Supply</th>
<th>Quantity</th>
<th>Ingredient Cost</th>
<th>Professional Fee**</th>
<th>Prescription #</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 08 18</td>
<td>2017 08 18</td>
<td>10</td>
<td>10</td>
<td>$8,928.57</td>
<td>$20.00</td>
<td>1</td>
</tr>
<tr>
<td>2017 08 18</td>
<td>2017 08 18</td>
<td>10</td>
<td>10</td>
<td>$8,928.57</td>
<td>$0.00*</td>
<td>2</td>
</tr>
<tr>
<td>2017 08 18</td>
<td>2017 08 18</td>
<td>8</td>
<td>8</td>
<td>$7,142.86</td>
<td>$0.00*</td>
<td>3</td>
</tr>
</tbody>
</table>

*should your computer program not allow for an entry of $0.00 – please enter the Professional Fee as $19.98 on line 1, $0.01 on line 2 and $0.01 on line 3

**PDP Audit Investigation Unit has identified situations in which pharmacies are unaware that their software automatically enters a professional fee for each claim. Pharmacies are reminded to check with their software vendor to ensure this is rectified.
Days’ Supply:
The days’ supply should be split into quantities that allow for the minimum number of claims given the per unit ingredient cost. For example:
- if a client attends your pharmacy on August 1, 2017 to get their 28-day prescription filled & it has a cost of $25,000, it would be split into three (3) claims of 10, 10 and 8 days’ supply.
- if a client has a 28-day prescription with a cost of $12,000, it would be split into two (2) claims of 14 and 14 days’ supply.

Claim Date/Dispense Date:
The dates entered should be the same date that the prescription was filled. For example – if the client attends your pharmacy on August 1, 2017 to get their 28-day prescription filled & it has a cost of $25,000 – enter the date 2017 08 01, three (3) consecutive times.

Ingredient Cost:
The ingredient cost is the total drug ingredient cost paid divided by the quantity noted under that column. For example – $25,000/10 = $8,928.57 and $25,000/8 = $7,142.86.

Professional Fee:
Only one (1) professional fee will be accepted for remuneration and this should be included in the 1st claim. $0.00 should be entered in every subsequent claim for the relevant prescription. If $0.00 is not possible (depending on the software used), subtract $0.01 for each additional claim from the original professional fee claim.

<table>
<thead>
<tr>
<th>Claim Date</th>
<th>Dispense Date</th>
<th>Days’ Supply</th>
<th>Quantity</th>
<th>Ingredient Cost</th>
<th>Professional Fee</th>
<th>Prescription #</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 08 01</td>
<td>2017 08 01</td>
<td>10</td>
<td>10</td>
<td>$8,928.57</td>
<td>$19.98</td>
<td>1</td>
</tr>
<tr>
<td>2017 08 01</td>
<td>2017 08 01</td>
<td>10</td>
<td>10</td>
<td>$8,928.57</td>
<td>$0.01</td>
<td>2</td>
</tr>
<tr>
<td>2017 08 01</td>
<td>2017 08 01</td>
<td>8</td>
<td>8</td>
<td>$7,142.86</td>
<td>$0.01</td>
<td>3</td>
</tr>
</tbody>
</table>

Prescription #:
Pharmacies must use a different prescription number for each claim. If this is not done – a duplicate claim message will be received on the second and third claim.

If your questions are not answered by reviewing the Claims Submission Procedures and FAQs posted at: https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html

Please send an e-mail to PDPInfoAudit@gov.mb.ca.
Information for Pharmacists

Background and Frequently Asked Questions - Pharmacare Audit and Investigations

Effective August 18, 2017

Background:

- Manitoba continually reviews and updates regulations, policies, and procedures and changes may be made to these from time to time.

- When changes are approved by the minister, Manitoba sends a communication to all Manitoba pharmacies outlining any changes. These notices should be included in your pharmacy’s Drug Programs Information network (DPIN) Manual under “Section 4: Claims Submission”.

- Claims that are not compliant with the effective date noted on the reimbursement procedure(s), are subject to audit and recovery.

- Please note that Pharmacy software changes may be required by the pharmacy provider. This is the responsibility of the pharmacy provider.

- For example, pharmacy providers should check their software solution (e.g. Kroll), as sometimes the software automatically adds a professional fee to each transaction which may not be compliant with Manitoba reimbursement requirements.

- Manitoba may, at its option and at any time, conduct a review or audit the accounts and records of the pharmacy provider relating to any claim submitted by the pharmacy to determine whether the pharmacy has complied with the terms and conditions of the Pharmacy Agreement.

- Compliance with the Pharmacy Agreement includes receipt and approval of Schedule “A” - Confirmation of Professional Fees or Schedule “B” – Notice of Professional Fee Change as described in Section 3 Claims Submission of the pharmacy agreement.

- Any review or audit will be conducted by Manitoba’s auditors, inspectors or representatives in accordance with Section 6.1.2 of the pharmacy agreement.

NOTES:

- Currently accepted/approved Schedule “A” or Schedule “B” documents on file with Manitoba will continue to be recognized and capped accordingly as per the amendment to The Prescription Drugs Payment of Benefits Regulation effective August 18, 2017. Please see specific Claims Submission Procedures for additional information.

- Manitoba does not allow “mark-ups” – just a professional fee (also referred to as the “Usual and Customary Fee”). For pharmacies that have submitted Schedule “A” or “B” documents that include reference to a percentage (%) “mark-up” + a professional fee – the “mark-up” will be removed.
In the case where the professional fee is noted as:

*Drug Costs over $X – 10% “mark-up” – this will be replaced with:*

*Drug Costs over $X – 10% of actual acquisition cost (AAC) if, for whatever reason, the amount submitted in DPIN is less than the AAC, the amount submitted in DPIN will be used for audit purposes.*

The following are some examples of remuneration of professional fees not compliant with established policy and subject to recovery. If any of these fees are listed on existing Schedule “A” or Schedule “B” documents – they will be eliminated:

- Fees of a cognitive services nature and may be noted as fees for pharmacists’ time (this includes but not limited to counselling [smoking cessation, diabetes counselling, diabetes meter training, exceptionally difficult patient etc.], in-house consultations ["house-calls"], care plans, chronic and special disease state management, patient based written pharmacist opinion with references, patient assessment in medication related emergency, continued care, assessment fee for exempted codeine products, medication reviews etc.)
- Additional fees for packaging formats such as blister packaging, pre-filled syringes, etc. – all packaging formats will be on parity with existing usual and customary professional fees
- Additional fees for small quantities or special order pharmaceuticals
- Fees for “flavouring” – i.e. reflavouring of an existing marketed product
- Fees for the inclusion of over-the-counter medications (OTCs) in blister packaging
- Fees for injection administration (NOTE: publicly funded vaccines to be processed as per current process/policy)
- Fees for pharmacist prescribing including the prescription for minor ailments
- Fees for nurse practitioner or homecare visits, family consultations or case management conference etc.
- Fees for dose witnessing
- Fees for manual billings
- Fees for “other value added services”, “other clinical fees that may be charged from time to time”
- Fees for medication reconciliation for physicians, applying for Exception Drug Status (EDS)
- Fees for telephone/fax/e-mail communications with prescribers
- Fees for clozapine monitoring
- Fees for “staff, doctor, family rates”, “competitive match or competitive fee rates”, “compassionate reasons”, professional courtesy etc.
- Fees for refusal to fill
- Fees for medical supplies and equipment retail that includes BOTH a percentage (%) of cost, and a professional fee
- Fees for after hour service or emergencies
- Any fee differentials for cash paying customers

What happens if there is a discrepancy between the Schedule “A” or “B” on file with Manitoba and the Schedule A or B being used by a pharmacy?

- In the case of a discrepancy in the records related to Schedule “A” and/or “B” that a pharmacy has and what is on file with Manitoba. The Schedule “A” and/or “B” of record held with Manitoba will be the official information that will be referred to. This information supersedes all other records.
• It is the responsibility of the pharmacy to keep and maintain all records related to submitting the original Schedule “A” and subsequent Schedule “B”. This would include but not limited to date stamped, fax confirmation and e-mails.

• In addition, all notifications related to the approval or rejection of a Schedule should be retained by the pharmacy. In any case the copy on record with Manitoba will be the official records and supersedes all other records.

**What is the Pharmacy Claims Audit Policy?**

• Any services, specified drugs or benefits provided by Manitoba and all claims that are adjudicated to, or reimbursed in whole or in part by any Manitoba programs are subject to audit to confirm compliance with the provisions of the Pharmacy Agreement and applicable Manitoba policies, procedures and regulations.

**What is the purpose of the Audit Policy?**

• The purpose of the audit policy is to establish the process to confirm that the details of a claim submitted under the programs comply with the corresponding prescription on file in the pharmacy and to support overall effective operations of the programs. Prescriptions are audited by Manitoba to:
  o Verify that claims have been paid for valid prescriptions
  o Verify that the claimed item was dispensed as per the prescribers dispensing instructions
  o Ensure that claims were submitted in accordance with program policies and procedures, applicable legislation and any agreements

**Who will be conducting the primary and comprehensive audits?**

• Audits are performed by Manitoba Audit Investigation Unit staff and appointed by the minister as a duly authorized inspector under *The Prescription Drugs Cost Assistance Act* and *The Health Services Insurance Act* for the purposes of conducting audits.

**How will I be notified if my pharmacy will be audited?**

• Pharmacies will be sent a formal notice of an audit – identifying the type of audit that has been identified. They will be asked to schedule primary and comprehensive audits within two (2) weeks and have them completed within six (6) weeks (suggested dates and times will be provided). Once the primary or comprehensive audit has been scheduled, a notification letter confirming the auditor and audit date and time will be sent to the pharmacy. As a reminder, the pharmacy will be contacted a few days prior to the audit, to confirm the audit details.

• Manitoba will take all reasonable steps to ensure that a primary or comprehensive audit is not conducted during Pharmacare year end or during major holidays.

**How are pharmacies selected for Audit?**

• Selection of a pharmacy for audit may be made by statistical analysis and comparison of claims data, random selection, and/or direct selection.

**What type of Audits will be conducted?**

1. Desk Audit – this is a random or direct selection audit where pharmacies will be asked to provide copies/faxes which pertain to or substantiate the sampled claims.

2. Routine Compliant Audit – this is a random or direct selection audit to identify potential compliance issues where pharmacies will be asked to provide copies/faxes which pertain to or substantiate the sampled claims.
3. Special Purpose Audit – this audit is based on statistical analysis and comparison of data claims such as:
   - High volume claims
   - High dollar value claims
   - General data analysis (abnormal billing patterns)
   - Close proximity claims
   - Extemporaneous preparation (compounds)

4. Primary Audit – Sample sizes for this audit will be based on the volume of annual claims submitted by the pharmacy provider. Claims are randomly selected for review. This size may increase depending on the scope of the review and the sampling methodology required to test compliance with Manitoba billing procedures or policies. If significant billing issues are found, the audit proceeds to a comprehensive audit.

5. Comprehensive Audit – this audit reviews approximately double the number of primary audit claims. The size may increase depending on the scope of the review and the sampling methodology required to test compliance with Manitoba billing procedures or policies.

6. New Pharmacy Audit – this audit may be done to identify and correct billing issues at an early stage. They will be conducted at approximately 6-12 months after the pharmacy has commenced operations.

7. Closed Pharmacy Audit - this audit may be conducted after a pharmacy has closed permanently, or when there is a change of ownership or sale. Manitoba will withhold the pharmacy's last electronic fund transfer (EFT) payment until an audit is conducted of the claims submitted. Once complete, the funds will be forwarded to the pharmacy plus/minus any irregularities found.

How often can I be audited?
- Primary and Comprehensive Audits will be limited to once every two (2) years per pharmacy owner, per location. Desk audits, routine compliance audits and special purposed audits may be conducted at any time and as often as necessary to ensure compliance with Manitoba billing procedures and policies.

If I am audited - how will I be notified of the audit results?
- Manitoba prepares a Draft Audit Report for all audits it performs. A written report of the audit will be sent to the pharmacy within 60 days of the date of such an audit. The Draft Audit Report identifies:
  - The results of the audit and the methodologies used to determine the results;
  - An audit recovery amount due to Manitoba for all disallowed or overbilled claims and the methodology used to calculate the recovery (if required); and
  - Corrective action plan (if required).

What happens if a pharmacy claim is disallowed?
- If no records exist to support a claim, or the documentation supporting a claim is incomplete or insufficient, the claim will be disallowed and any amount associated with the claim will be owing to Manitoba.

Can a pharmacy dispute disallowed claims identified in the draft audit report?
- If there are findings in the report that may result in Manitoba recovering any claim, the pharmacy will have up to 30 days to submit a written response disputing any or all of such findings with information or documentation to support the disallowed claims, or additional information that may be relevant, or that may have been overlooked during the audit. Please note:
  - Information a pharmacy solicits from a prescriber or pharmacy after an audit, cannot be used to support a disallowed prescription claim.
Pharmacy responses to Draft Audit Reports are reviewed, in all or in part, for inclusion in the Final Audit Report.

When will I receive the Final Audit Report?
- Manitoba will send a Final Audit Report to the pharmacy within 60 days of receiving the written response from the pharmacy. Please note that results of audits may be referred to the College of Pharmacists of Manitoba (CPhM) or other regulatory bodies, if deemed appropriate.

How do I repay a disallowed claim?
- In the event that an audit results in a recovery of paid claims, the pharmacy has up to 30 days in which to pay Manitoba the full amount of the overpayment identified by Manitoba. If the pharmacy fails to remit payment in full to Manitoba within such 30-day period, Manitoba may, in addition to any other remedies available, withhold payment of any future claims to the pharmacy until such time that the overpayment is paid in full to Manitoba. Once a recovery amount is 30 days overdue it becomes subject to interest.

What will happen to the information that is provided during an audit?
- Manitoba has security policies and procedures governing the storage and destruction of information obtained during the course of business. Manitoba must also adhere to strict confidentiality policies and procedures. These policies are designed to provide a high level of assurance that all information received as part of an audit will be kept in strict confidence.

- Should an auditor remove any records from a pharmacy (or the location where the records are kept) they will complete a Temporary Removal of Documents form and leave a copy with the pharmacy manager. The records will be returned within five (5) business days.

If your questions are not answered by reviewing the Claims Submission Procedures and FAQs posted at: [https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html](https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html)

Please send an e-mail to PDPInfoAudit@gov.mb.ca.
## NOTICE OF PROFESSIONAL FEE CHANGE

| PHARMACY NAME: | |
| CORPORATE NAME: | |
| MANITOBA HEALTH (MH) Provider No. P | |
| PHARMACY MAILING ADDRESS: | |
| PHARMACY PHONE NUMBER: | |
| PHARMACY FAX NUMBER: | |
| PHARMACY E-MAIL ADDRESS: | |
| PHARMACY MANAGER: | |

I, the Pharmacy Manager for the above-named Pharmacy, do hereby inform Manitoba Health, Seniors and Active Living (MHSAL) of the intention of the Owner of this Pharmacy to revise the “Usual and Customary Professional Fees” (as that term is defined in the Pharmacy Agreement between The Government of Manitoba and the Pharmacy Owner) that the Owner will charge its cash paying customers as Professional Fees.

Professional fee changes can only be applied upon notification from Manitoba that the Schedule “B” – Notice of Professional Fee Change request has been approved by Manitoba and starting on the date specified within this letter. It is the responsibility of the pharmacy to maintain copies of this documentation.

### SERVICE PROVISION

<table>
<thead>
<tr>
<th>SERVICE PROVISION</th>
<th>EXISTING PROFESSIONAL FEE</th>
<th>REVISED PROFESSIONAL FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>as of ___________ d/m/y</td>
<td>as of ___________ d/m/y</td>
<td>$ ___________</td>
</tr>
</tbody>
</table>

Signature Pharmacy Manager  
Print Name  
Date

Send to Pharmacy Agreement Coordinator by E-mail: PDPInfoAudit@gov.mb.ca or Fax: 204-786-8560