

SUMMARY OF REQUESTS  
MEETING WITH ONTARIO MOHLTC  
AUGUST 25, 2008

1. **Enable patients currently receiving one or more exempted medications to be eligible for multiple dispensing for all medications on their profile,** subject to the direction of the prescriber or the professional judgment of the pharmacist. This eliminates the added complexity of two separate compliance packages for these patients...one for exempted medications and a second for non-exempted medications.
2. **Expand exemptions to consider other locations that include ODB recipients residing in any type of group, nursing or retirement home.** With an interest in assisting patients with multiple medications lead relatively independent lives, pharmacists believe that weekly dispensing of all medications, when appropriate, will increase adherence rates, improve patient outcomes and ultimately lessen their likelihood of entering long-term care facilities or acute care institutions.
3. **Adjust the frequency of dispensing from twice per calendar month to a 14-day cycle.** Recognizing that compliance packages are constructed in 7-day increments, this shift will ensure that there are no gaps in pharmacotherapy and will allow for the provision of a full 52 weeks' worth of medication to ODB patients versus the current 48-week model.
4. **Defer further implementation of the regulation until such a time when both the Ministry's adjudication system (HNS) and pharmacy software vendors are able to manage the complexities of adjudication.** In many situations, pharmacy software is unable to override the billing of the third, fourth and fifth dispensing fees. In addition, where secondary private plans exist, pharmacies are unable, under the current implementation, to coordinate claims for unpaid fees for private adjudication. These secondary plans require a rejection message from ODB in order to process the pharmacy claim.
5. **Expand the regulations governing the use of professional allowances to authorize expenditures incurred with the provision of compliance packages, where the decision for such packaging was made using pharmacists' professional judgment.** According to the March 6, 2008 Notice from the Executive Officer, professional allowance dollars may only be used in cases where such packaging is authorized by the prescriber. It would be helpful if this item in particular could be resolved for this reporting period just closing.
6. **Expand and/or reclassify the list of exemptions to more accurately capture patient-specific needs and diagnoses.** As one example, Category 9 ("Psychotherapeutic Medications") omits anticonvulsant medications such as Divalproex Sodium, indicated for use in patients with acute mania. Similarly, this category omits medications for the treatment of Alzheimer's Disease, where patients are the epitome of cognitive impairment. Pharmacists advocate that exemptions should be patient-specific rather than product-specific and should reflect the indications being treated.

