ODB Changes

Effective October 1st 2015
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ODB Changes

The Ontario Ministry of Health and Long Term care have made changes to the Ontario Drug Benefit Act, which take effect on October 1, 2015. This document provides a summary of these changes as defined and the effect on your daily pharmacy operations.

These changes are available in Kroll Version 10 Service Pack 4.

Reduction of Dispensing Fee for LTC Homes

- The ODB dispensing fee will be reduced by $1.26 ($7.57 total fee).
- To simplify the process for Kroll users, the fee reduction will take place automatically without any user intervention.

During the filling process, any prescription for a patient in an LTC home will have a subplan code of ODBNH, and the appropriate fee of $7.57 will be submitted automatically.

Below screenshot displays a patient setup in an LTC Nursing Home with the current ODB plan information.
When a prescription is filled for a patient in an LTC home, the filling screen will display a subplan code of **ODBNH** and the reduced fee of **$7.57** automatically.

If a patient is moved to a non-accredited home, for example a retirement home, group home, or assisted living, Kroll will automatically calculate an **$8.83** fee.
6% ODB Markup for Drug Costs > $1000

A reduction in the ODB markup from 8% to 6% will automatically apply when the drug cost is greater than or = to $1000.00.

5 Fees/Year Restrictions for Non-LTC Patients

A restriction of five fees per year will be enforced for all Non-LTC patients for any drugs designated by the Ministry of Health as chronic use medications. This restriction also applies to retirement homes, group homes, assisted living, and compliance pack patients.

Chronic use medications are now flagged in the drug’s ALT + G, Drug Formulary screen under the ‘Extra Info’ column as Chronic Dispensing.
Patient Consent along with fax notification to the prescribing physician must be documented if prescriptions are dispensed less than the prescribed quantity and dispensed more than five fees per year. **Documentation is valid for one year.** After one year, the continuation of the frequency of dispense must be renewed with the patient resigning the consent form and fax notification must be sent again to the prescriber.

If an exception has **NOT** been selected in Kroll, then the user will get a warning message on the sixth fill for the patient.

![Warning Message](image.png)

**NOTE:** This is a warning message ONLY. The user will still be able to proceed if the Reason for Exception is **NOT** updated.
Applying an ODB Frequency of Dispensing Exception

When a clinical decision is made by the pharmacist to reduce the dispensing quantity, (i.e. increasing the number of fees per year), this must be documented in the patient record under Consents.

To record an **ODB Frequency of Dispense Exception**, do the following:

**Step 1**

Call up a Patient Record and select **Consents** from the right navigation pane.
Step 2

Click **Ins** and select **ODB Frequency of Dispensing.**

The **ODB Frequency of Dispensing Exception** form will appear. Select an option from the **Reason for Exception** menu and select the person who authorized the consent from the **Given by** menu. Options in the **Given by** menu will depend on your clinical reason for this exception.
When you select Patient Safety, Risk of Abuse or Diversion, or Medication Management Issue from the Reason for Exception menu, the Print Prescriber Notification and Print Patient Consent buttons will appear at the bottom of the form. The pharmacist can record notes in the ‘Pharmacy Notes’ free form section. The Notification for Frequency of Dispensing Change form must be submitted to the doctor.

Pharmacist notes will print on the notification form sent to the prescriber.

NOTE: Pharmacist notes will NOT print on the Patient Consent form.

Recorded on: This field is populated with the date the consent record is recorded.

Recorded by: This field records the user who created the consent.
**Reasons for Exceptions**

The following options are available from the *Reasons for Exception* menu:

- Patient Safety
- Risk of Abuse or Diversion
- Medication Management Issue

**Given by**

The *Given by* field suggests who is initiating the change in the frequency of dispense. It will most commonly be the Pharmacist who initiates the change, but the physician could also be the initiator.

The following options are available from the *Given by* menu:

- Prescriber
- Pharmacist
Consent by

The Consent by field is defaulted to the patient. Select F2 or Del to bring up the Patient Search screen to change to a different patient/agent.

Expires on

The Expired on field is defaulted to one year from the Recorded on date and this field is only visible when the Reason for Exception is other than ‘No Exceptions’.

Pharmacists Notes

The pharmacist has the ability to record additional notes in free form text. The notes entered here will print on the Notification for Frequency of Dispensing Change form.
Print Prescriber Notification

When you select the **Print Prescriber Notification** button, the **ODB Frequency of Dispensing Prescriber Report** form will appear. The **Print Prescriber Notification** screen will show all prescribers who have prescribed medication to the patient within the last 365 days.

To add a prescriber to this list, click **Ins**, this will bring up the prescriber search screen. Select the appropriate prescriber to add to the form.
Options Tab

The Issues section in the Options tab varies depending upon the type of Reason for Exception that has been selected in the ODB Frequency of Dispensing Exception form. The different options available within each Reason for Exception are given below:

**Patient Safety**

![Options Tab Image]

- **Print store logo**: Enable this option if you have a (.jpg file type) store logo in your system. Disable this field if you do not.

- **Print cover page**: Enable this option if you wish to print a fax cover page for the prescriber.

- **Days supply**: Set this field to the days supply being dispensed to the patient. The value entered here becomes part of the dialog printed on the Notification for Frequency of Dispensing Change form.

- **Issues**: Enable the appropriate issue(s) pertaining to the reason for exception. The options enabled here will be part of the dialog printed on the Notification for Frequency of Dispensing Change document that you fax to the prescriber(s).
Risk of Abuse or Diversion

- Dependence/Abuse as the patient has been known to take more than prescribed and/or for periods longer than suggested
- Prescription drug diversion as the patient has been known to lose/misplace their medication
Medication Management Issue

- Their current medication regimen is complex
- There is evidence of a Physical/Cognitive/Sensory impairment that prevents them from managing their medication
- There is evidence of literacy issues
- There is little/no support within the home to assist with the administration of their medications
Fax/Print Reports

If all the prescribers have a listed fax number, then a fax can be sent to all prescribers at the same time. If some prescribers do not have a fax number, then they must be sent separately (once for the prescribers with fax numbers and once for the prescribers without fax).

Send to Fax

If the prescriber has a fax number on file, click the Send to Fax radio button. The notification will be faxed to the selected prescriber(s).

Send to Printer

If the prescriber does not have a fax number on file, click the Send to Printer radio button. Print the notification and manually fax, email or mail it to the prescriber(s).
Document Repository

Printed and or faxed prescriber notifications are automatically added to the patient document center. Printed patient consents must be scanned back into the system using the Document Scan Utility.

They can be viewed or reprinted by going to the Patient Card > View Patient Documents.

2 Generics/ Prior to ADR (No Sub)

The conditions by which ODB will pay for a No Sub has changed. Patients must have tried at least 2 generic brands with a documented adverse reaction before you can submit a No Sub (ADR) claim to ODB. In order to accommodate this change, the previous ‘Is this No Sub due to an adverse reaction’ prompt now has a vocabulary change. Answer ‘Yes’ to submit the claim to ODB or select ‘No’ if the patient has not tried two other generics.
Appendix

Sample Prescriber Notifications

Patient Safety:

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**Notification for Frequency of Dispensing Change**
Kroll Store, 220 Duncan Mill Road, Toronto ON M3B 3J5
Phone: (555) 555-5555  Fax: (444) 444-4444

**Date:** 01-Oct-2015

Regarding Patient Safety issue for patient **John Doe**

**Patient DOB:** 03-Mar-1975
**Health Card Number:** 99999999999
**Patient Address:** 100 Yonge St
Toronto ON
M1M 1M1
(222) 222-2222

**Dear Dr. Test Doctor,**

After reviewing the profile and history of the above mentioned patient, I have come to the conclusion that his/her safety could come under question if prescriptions are dispensed in quantities as prescribed. The patient has been known to do the following:

- Place all tablets/capsules into a single vial that is NOT labelled
- Take more than the prescribed dose
- Take less than the prescribed dose
- Miss taking doses
- Taken/shared medication from/with other patients

As a mechanism to manage this situation, I will be dispensing John Doe's prescriptions in 11 Days supply and will be closely monitoring their fill frequency to ensure that the medications are being consumed correctly. Any safety issues identified will be addressed and shared with yourself.

If there are any questions, please do not hesitate to contact me at (444) 444-4441.

**Regards,**

**Pharmacist: Test Pharmacist**
Risk of Abuse:

Notification for Frequency of Dispensing Change
Kroll Store, 220 Duncan Mill Road, Toronto ON M3B 3J5
Phone: (555) 555-5555  Fax: (444) 444-4444

Date: 01-Oct-2015

Regarding Risk of Abuse or Diversion Issue for patient John Doe

Patient DOB: 03-Mar-1975
Health Card Number: 9999999999
Patient Address: 100 Yonge St
Toronto ON
M1M 1M1
(222) 222-2222

Dear Dr. Test Doctor;

After reviewing the profile and history of the above named patient, along with the nature of their medication, I am concerned that there exists an increased risk of:

- Dependence/Abuse as the patient has been known to take more than prescribed and/or for periods longer than suggested
- Prescription drug diversion as the patient has been known to lose/misplace their medication

As a mechanism to manage this situation, I will be dispensing John Doe’s prescriptions for any Narcotic, Controlled or Targetted medication in 30 Days supply and will be closely monitoring their fill frequency to ensure that the medications are being consumed correctly. Any issues identified will be addressed and shared with yourself.

If there are any questions, please do not hesitate to contact me at (444) 444-4444.

Regards;

Pharmacist: Test Pharmacist
Medication Management Issue:

Notification for Frequency of Dispensing Change
Kroll Store, 220 Duncan Mill Road, Toronto ON M3B 3J5
Phone: (555) 555-5555 Fax: (444) 444-4444

Date: 01-Oct-2015

Regarding Medication Management issue for patient John Doe
Patient DOB: 05-Mar-1975
Health Card Number: 9999999999
Patient Address: 100 Yonge St
Toronto ON
M1M 1M1
(222) 222-2222

Dear Dr. Test Doctor

During the course of our interactions with the above named patient and/or discussions with their caregiver, I have come to the conclusion that John Doe is incapable of managing their medication regimen on their own for the reasons noted below:

- Their current medication regimen is complex
- There is evidence of a Physical/Cognitive/Sensory impairment that prevents them from managing their medication
- There is evidence of literacy issues
- There is little/no support within the home to assist with the administration of their medications

As a mechanism to manage this situation, I will be dispensing John Doe’s prescriptions in 7 Days supply and will be closely monitoring their fill frequency to ensure that the medications are being consumed correctly. Any issues identified will be addressed and shared with yourself.

If there are any questions, please do not hesitate to contact me at (444) 444-4444.

Regards;

Pharmacist Test Pharmacist
Patient Agent Confirmation:

Patient Signature

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Notification for Frequency of Dispensing Change
Patient/Agent Consent

Kroll Store, 220 Duncan Mill Road, Toronto ON M3B 3J5
Phone: (416) 383-1010  Fax: (416) 383-0001

Date: 24-Sep-2015

Regarding ODB Frequency of Dispensing Change for patient Mickey Mouse

Patient DOB: 01-Apr-1918
Health Card Number: 9897269012
Patient Address: 220 Duncan Mill Road
               Suite 201
               Toronto ON
               M3B 3J5
               (416) 383-1010

I, Mickey Mouse, after discussing with the pharmacist, agree to having prescriptions dispensed in quantities less than prescribed. This consent expires on 23-Sep-2016.

_________________________________________  ____________________________________________
Patient Signature                              Day/Month/Year
Patient Agent Confirmation:

Pharmacist Signature

Notification for Frequency of Dispensing Change

Patient/Agent Consent

Kroll Store, 220 Duncan Mill Road, Toronto ON M3B 3J5
Phone: (416) 383-1010 Fax: (416) 383-0001

Date: 24-Sep-2015

Regarding ODB Frequency of Dispensing Change for patient Mickey Mouse

Patient DOB: 01-Apr-1988
Health Card Number: 9897289012
Patient Address: 220 Duncan Mill Road
Suite 201
Toronto ON
M3B 3J5
(416) 383-1010

I, Patient Fake acting on behalf of Mickey Mouse, after discussing with the pharmacist, agree to having prescriptions dispensed in quantities less than prescribed. This consent expires on 23-Sep-2016.

__________________________    _________________________
Agent Signature                   Day/Month/Year
Sample Patient Consents

Consent accepted by the patient:

Notification for Frequency of Dispensing Change
Patient/Agent Consent

Kroll Store, 220 Duncan Mill Road, Toronto ON M3B 3J5
Phone: (555) 555-5555 Fax: (444) 444-4444

Date: 01-Oct-2015

Regarding ODB Frequency of Dispensing Change for patient John Doe
Patient DOB: 03-Mar-1975
Health Card Number: 9999999999
Patient Address: 100 Yonge St
Toronto ON M1M1M1
(222) 222-2222

I, John Doe, after discussing with the pharmacist, agree to having prescriptions dispensed in quantities less than prescribed.

__________________________  ____________________________
Patient Signature               Day/Month/Year
Consent accepted on behalf of the patient:

Notification for Frequency of Dispensing Change
Patient/Agent Consent
Kroll Store, 220 Duncan Mill Road, Toronto ON M3B 3J5
Phone: (555) 555-5555 Fax: (444) 444-4444

Date: 01-Oct-2015

Regarding ODB Frequency of Dispensing Change for patient John Doe
Patient DOB: 03-Mar-1975
Health Card Number: 9999999999
Patient Address:
100 Yonge St
Toronto ON
M1M 1M1
(222) 222-2222

I, Marianne Doe, acting on behalf of John Doe, after discussing with the pharmacist, agree to having prescriptions dispensed in quantities less than prescribed.

__________________________  __________________________
Agent Signature               Day/Month/Year