

 Saskatchewan Ministry of Health Drug Plan and Extended Benefits Branch	Section: <i>Pharmacy Professional Services</i>	Reference DP-PPS-4
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Level I - PRESCRIPTIVE AUTHORITY PROGRAM (PAP) POLICY and PROCEDURES		

POLICY

- Effective March 4, 2011, the Drug Plan and Extended Benefits Branch (DPEBB) will pay community pharmacies, under the Prescriptive Authority Program (PAP), a Prescriptive Authority Fee (PAF) for activities listed in Appendix I of this Policy.
- The amount of the PAF paid is in accordance with Schedule B of the Pharmacy Proprietor Agreement that is in effect on the date the prescription is issued.
- The PAF is paid when a pharmacist prescribes a Schedule I drug according to the *Regulatory Bylaws of the Saskatchewan College of Pharmacy Professionals (SCPP)*.
- **No incentives shall be provided** by the Proprietor or an agent on behalf of the Proprietor to any other person in relation to the provision of PAF.
"Incentives" means any money, gifts, donations to a charity, rebates, refunds, customer loyalty programs, points, coupons, discounts, goods, dividends and/or rewards which can be redeemed for a gift or other benefit.

PURPOSE

- To improve public access to the Saskatchewan healthcare system by matching a pharmacist's expertise to patient clinical need.

LEGISLATIVE AUTHORITY

- *The Pharmacy and Pharmacy Disciplines Act*
- *The Prescription Drugs Act (Saskatchewan)*
- *The Drug Schedules Regulations, 1997 Amendment regulations*
- *The Health Administration Act*

PROGRAM DESCRIPTION

- The PAP pays a pharmacy for decision making and prescribing by pharmacists under a collaborative practice environment and for communicating with the general practitioner after a pharmacist prescribes under prescriptive authority.

- The cost of the prescription for the Schedule I drug is subject to the eligible patient's usual medication coverage.

ELIGIBILITY

- A Saskatchewan resident with a valid Health Services Number.

PROCEDURE

The Pharmacist will:

- Adhere to the *Regulatory Bylaws of the Saskatchewan College of Pharmacy Professionals* (SCPP).
- Follow the SCPP Reference Manual (General Provisions for Prescribing Authority, Level I Prescribing Authority (Practitioner-Initiated)).
- Fully complete all sections on the SCPP Pharmacist Assessment Record (PAR).
- When required, provide the PAR to the patient's primary and/or prescribing practitioner.

The Pharmacy will:

- Submit the drug claim for the medication prescribed electronically for adjudication or capture before the PAF claim (paper claims will not be accepted).
- Submit the PAF on the same day as the drug claim.
- Match the prescriber in the PAF to the prescriber submitted for the prescribed medication claim.
- Ensure the dispensed prescription is captured on the Pharmaceutical Information Program (PIP).
- Retain copies of the Pharmacist Assessment Record (PAR) as SCPP's [*Record Retention and Destruction*](#) guidelines.
- Provide copies of the PAR upon DPEBB's request as part of its review of adherence to the PAP Policy and Procedures within two business days.

The Drug Plan and Extended Benefits Branch will:

- Provide pharmacies with the PAP Policy and Procedures.
- Pay pharmacies the PAF upon receipt of the electronic claim.
- Request and review the PAR to confirm pharmacists and pharmacies have adhered to the PAP Policy and Procedure.
- Recover the PAF, if DPEBB determines, based on its review, that there was non-adherence to the PAP Policy and Procedures.

BILLING PROCEDURE:

- Steps for pharmacist when prescribing under the bylaws:
 1. Dispense the eligible medication(s) and submit the claims for adjudication or capture electronically via the DPEBB on-line claims system.
 2. Adjudicate the PAF electronically via the DPEBB on-line claims system using the appropriate pseudoDIN to the DPEBB.

Billing should occur on a real-time basis, using the Prescriptive Authority Billing Codes listed in Appendix I.

STEP 1: Dispensing the medication (as prescribed by the pharmacist under the Prescriptive Authority Program):

- Use "SKCP" and your pharmacist ID number in the Health Provider fields
- Use "D" in front of your own pharmacist ID number.
- Ensure the following fields are completed as follows:
 - **PATIENT IDENTIFIER** = nine-digit Health Services Number (HSN)
 - **DISPENSING DATE** = date of the activity (e.g., March 4, 2011)
 - **RX NUMBER** = enter the sequential RX#
 - **HEALTH PROVIDER ORGANIZATION ID** = SKCP
 - **HEALTH PROVIDER ID** = Pharmacist ID number (e.g. D1234)
 - **PHARMACIST ORGANIZATION ID** = SK
 - **PHARMACIST ID** = Pharmacist ID number (e.g. D1234)
 - **DIN** = enter the DIN of the product prescribed and dispensed
 - **COMPOUNDING FEE (CF)** = \$0.00
 - **COMPOUND NAME** = blank (unless dispensing a compound)
 - **QUANTITY (QTY)** = enter quantity dispensed
 - **DAYS SUPPLY** = enter days supply dispensed
 - **ACQUISITION COST (AC)** = enter actual acquisition cost
 - **DISPENSING FEE (DF)** = enter usual and customary fee
 - **MARKUP** = tiered as per Pharmacy Proprietor Agreement
 - **TOTAL RX COST** = enter total cost
 - **PATIENT PAID** = as appropriate
 - **ADJUDICATION FLAG** = Y/N

Step 2: Submitting the Prescriptive Authority Fee (PAF) as the prescriber:

1. Submit the PAF electronically via the DPEBB on-line claim system on the date the prescription is issued.

DPEBB pays 100% of the PAF to the pharmacy.

Ensure the following fields are completed as follows:

• PATIENT IDENTIFIER	= nine-digit Health Services Number (HSN)
• DISPENSING DATE	= date of the activity (e.g., March 4, 2011) *must be the same date as the prescription claim in Step 1
• RX NUMBER	= enter the sequential RX#
• HEALTH PROVIDER ORGANIZATION ID	= SKCP
• HEALTH PROVIDER ID	= Pharmacist ID number (e.g., D1234) *must match the provider ID from the prescription claim in step 1
• PHARMACIST ORGANIZATION ID	= SK
• PHARMACIST ID	= Pharmacist ID number (e.g., D1234)
• DIN	= enter appropriate billing code (pseudoDIN) for service provided (see Appendix I)
• COMPOUNDING FEE (CF)	= \$0.00
• COMPOUND NAME	= blank
• QUANTITY (QTY)	= 1 (limitations are as noted in Table 1)
• DAYS SUPPLY	= enter days supply dispensed
• ACQUISITION COST (AC)	= as per Appendix I
• DISPENSING FEE (DF)	= \$0.00
• MARKUP	= 00 / 00 / 00
• TOTAL RX COST	= total fee
• PATIENT PAID	= \$0.00
• ADJUDICATION FLAG	= Y

- *The DPEBB will not accept paper claims for the PAF.*
- *If you are unable to submit either the record of the medication prescribed and dispensed or the PAF electronically through your Practice Management System, use the secure DPEBB **WEB page** by logging on to <https://www.drugplan.health.gov.sk.ca> .*
- *If you are not sure how to install the WEB certificate, contact your software vendor.*
- *The Level 1 Prescriptive Authority billing codes will not appear on:*
 - *PIP;*
 - *the Formulary; and*
 - *requested patient profiles.*

APPENDIX I:
Prescriptive Authority Billing Codes (Limitations)

Billing Code	Prescriptive Authority Fee	Level I Prescriptive Authority Service and Related Bylaws	Limitations
00951077	\$6.00	Continuing Existing Prescriptions (Part K Section 5(1)(2)(3): Patient requires <u>interim supplies</u> because remaining supplies will not be sufficient until the date of his/her next appointment with a practitioner.	Maximum of FOUR (4) in a 28-day period per patient
00951078	\$6.00	Continuing Existing Prescriptions (Part K Section 5 (4)(5): Patient is <u>unable to access his/her supplies</u> due to distance or other reasons.	Maximum of FOUR (4) claims in a 28-day period per patient
00951079	\$10.00	Continuing Existing Prescriptions (Part K Section (8)(9)(10) (11): Patient is in an <u>emergency situation</u> -that is Life Threatening and requires supplies until he/she can consult a practitioner.	Maximum of ONE (1) claim in a 28-day period per patient
00951384	\$6.00	Continuing Existing Prescriptions (Part K Section 5 (8)(9)(10)(11): Patient is in an <u>emergency situation</u> where an Interruption In Drug Therapy will result in serious or imminent harm to the patient's health or well-being and requires supplies until they can consult a practitioner.	Maximum of FOUR (4) claims in a 28-day period per patient
00951080	\$6.00	Insufficient Information (Part K Section 6) : Pharmacist may alter <u>missing information</u> in order to dispense the drug.	Maximum of ONE (1) in a 28-day period per patient
00951081	\$6.00	Increasing Suitability of Drug (Part K Section 7): Pharmacist may alter <u>dosage form</u> if more beneficial for the patient.	Maximum of FOUR (4) claims in a 28-day period per patient
00951385	\$6.00	Enhancing Safety and Drug Effectiveness (Part K section 8): Pharmacist may alter the dosage amount to dosage regimen to enhance safety and drug effectiveness	Maximum of ONE (1) in a 28-day period per patient
00951082	\$25.00	Drug Reconciliation (Part K Section 9) Pharmacist may prescribe a drug to a patient recently discharge if patient has not obtained a continuing prescription while in hospital, licensed special care home or personal care home. Pharmacist may prescribe a drug if patient has been admitted to a hospital, licensed special care home or personal care home and the pharmacist determines the patient should receive the drug.	Maximum of ONE (1) in a 28-day period per patient

Exemption(s) for Extraordinary Circumstances (at the call of the Registrar)

00951374	\$18.00	Therapeutic Substitution (Bylaw Part K Section 2 (3)(e)): If in the opinion of the Registrar, extraordinary circumstances exist which demonstrate that it is in the public interest to do so, the Registrar may, according to the terms and conditions prescribed by Council, authorize pharmacists to make a therapeutic substitution for a drug without complying with the practice, training and competency requirements for Level II Prescriptive Authority.	Maximum of SIX (6) in a 365-day period per patient. May be subject to change depending on circumstances.
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