

Executive Officer Notice:

Changes to the Dispensing of Publicly Funded Approved Non-Prescription Drugs for Long-Term Care Home Residents

September 11, 2023

The purpose of this notice is to inform pharmacy operators of upcoming changes to the Ministry of Health (ministry)'s Approved Non-Prescription Drugs Program (the "Program").

Effective October 1, 2023, the Ontario Government Pharmaceutical and Medical Supply Services (OGPMSS) will no longer distribute Approved Non-Prescription Drug (ANPD) products to long-term care (LTC) homes and LTC home pharmacy service providers (PSPs), except in limited circumstances. As a result, the current process of ordering ANPD products from the OGPMSS will be discontinued and the current process of obtaining ANPD Emergency Authorization (EA) numbers will be discontinued.

Approved Non-Prescription Drug (ANPD) Products Dispensing Policy, 2023

Currently, LTC homes and LTC home PSPs order ANPD products from the OGPMSS. Products received by PSPs are dispensed by the PSPs for LTC home residents at no cost to the residents or their LTC home. If the OGPMSS is unable to fulfill an order made by a LTC home or its PSP, the OGPMSS will provide the PSP with an Emergency Authorization (EA) number, which enables the PSP to acquire the ANPD product directly from a supplier (e.g., wholesaler) and submit a claim for payment for that ANPD product through the Health Network System (HNS).

Effective October 1, 2023, PSPs will acquire all ANPD products directly from their suppliers (e.g., wholesaler), dispense ANPD products for residents of LTC homes at no cost to residents or their LTC homes, and submit claims for payment (claims) to the HNS. PSPs will dispense ANPDs for individual residents of LTC homes as directed by a prescriber as

well as dispense bulk bottles of particular ANPDs to LTC homes, as requested by the LTC homes.

Pharmacies will be paid up to the maximum reimbursable cost of the ANPD product and up to an 8% mark up (see Tables 2 and 3 below for details). No amount can be charged to or paid by the LTC home or a resident of the LTC home for the supply of an ANPD.

ANPDs can only be dispensed by a PSP that has a contract with a LTC home. Claims submitted to the HNS in respect of supplying an ANPD for a LTC home resident can be submitted as follows:

- by submitting a claim through the HNS for each ANPD product dispensed for a LTC home resident (i.e., an individual claim) OR
- by submitting a claim through the HNS for each ANPD product dispensed for a LTC home as stock for that LTC home's subsequent supplying of the product to residents of the home (i.e., a bulk claim).
 - A claim for dispensing ANPD product(s) in bulk must be submitted as a bulk claim and cannot be duplicated in an individual claim. Similarly, a claim for dispensing an ANPD product for an individual resident of a LTC home must be submitted as an individual claim and cannot be duplicated in a bulk claim. Duplicate claims cannot be submitted through the HNS and are subject to recovery if paid.

The Product Identification Numbers (PINs) noted in Table 1 below must be used for all claim submissions. These PINs are listed in an updated Appendix B of the Ontario Drug Programs (ODP) Reference Manual.

Table 1: List of Approved Non-Prescription Drug Products and PINs for HNS billing purposes

PIN	Product
9857143	Acetaminophen 325mg Tab
9857144	Acetaminophen 500mg Tab
9850759	Aluminum Hydroxide & Magnesium Hydroxide & Dimethylpolysiloxane 40mg & 40mg & 5mg O/L
9854320	Aluminum Hydroxide & Magnesium Hydroxide 40mg & 40mg/mL O/L

PIN	Product
9854312	Aluminum Hydroxide 64mg/mL O/L
9850732	Analgesic Rub
9857238	Ascorbic acid 500mg Tab
9857148	Bisacodyl 10mg Sup
9857149	Bisacodyl 5mg Ent Tab
9850953	Body Lotion
9850961	Calamine Lotion
9850929	Cascara Sagrada O/L
9850783	Chlorpheniramine Maleate 4mg Tab
9857151	Cyanocobalamin 1mg/mL Inj Sol
9850775	Cyproheptadine HCl 4mg Tab
9857152	Dextromethorphan HBR 3mg/mL O/L
9850856	Dimenhydrinate 100mg Sup
9850872	Dimenhydrinate 3mg/mL O/L
9850864	Dimenhydrinate 50mg Sup
9850848	Dimenhydrinate 50mg Tab
9850996	Dimethylpolysiloxane 20% Cr (aka Silicone 20% cream)
9850791	Diphenhydramine 25mg Tab or Caplet or Capsule
9850805	Diphenhydramine 50mg Tab or Caplet or Capsule
9857153	Docusate Sodium 100mg Cap or tablet
9857154	Ferrous Gluconate 300mg Tab
9851267	Ferrous Sulfate 300mg Tab
9854339	Glycerin 2.7g Adult Sup (or 2.34g)

PIN	Product
9850945	Guaifenesin 20mg/mL O/L
9850821	Hydrogen Peroxide 3% Sol
9851011	Isopropyl Rubbing Alcohol
9857156	Magnesium Hydroxide 80mg/mL O/L
9857157	Methylcellulose 0.5% Oph Sol
9857158	Methylcellulose 1% Oph Sol
9851178	Multivitamin Tab
9857160	Nitroglycerin 0.6mg SL Tab
9857161	Potassium Chloride 1.33mEq/mL O/L
9854347	Potassium Chloride 8mEq LA Cap
9857239	Potassium Chloride 8mEq LA Tab
9854355	Povidone-Iodine 10% Top Sol
9857163	Psyllium Mucilloid Oral Pwd
9857164	Sennosides A & B 8.6mg Tab
9857165	Sodium Biphosphate & Sodium Phosphate 160mg & 60mg/mL Enema
9851259	Sodium Chloride 0.9% Sol for Irrigation
9851119	Sterile Water for Irrigation
9851208	Vitamin A & D & C & B Complex Ped O/L
9851194	Vitamin B Compound & C Cap or Tab
9851135	Water for Injection
9851046	White Petroleum Oint
9854394	Zinc Oxide 15% Oint
9857167	Zinc Sulfate 0.5% Oint

Approved Non-Prescription Drug Claim Requirements for Individual Claims

Aside from including the fields as indicated in [Section 5.1](#) of the Ontario Drug Programs Reference Manual, there are additional fields required (or certain exceptions applicable to specific fields) when submitting ANPD claims, as set out in Table 2 below:

Table 2:

Fields	Required (Y/N)	Explanation
Intervention/ Exception Code	N	Leave blank
Group Number or Code	Y	LTC home number
Client ID # or Code	Y	Enter ODB eligibility number
Patient First Name	Y	ODB recipient's first name
Patient Last Name	Y	ODB recipient's last name
Drug Cost/Product Value	Y	Enter the actual cost per unit (equal to manufacturer or wholesaler's invoice amount minus discounts) up to the maximum reimbursable cost. Do not include mark-ups here.
Cost Mark-up	Y	Enter the mark-up amount Note: Up to 8% of the drug cost mark-up is payable.
Professional Fee	Y	Enter "0" for allowed professional fee
DIN/GP#/PIN	Y	Enter the ANPD PIN
Quantity**	Y	Enter the quantity to be billed by units (e.g., # of tablets or total millilitres or total grams dispensed)

****Note** that the quantity field must be populated with a value greater than zero. If the product quantity field is zero, left blank, or completed with an invalid value, the claim will be rejected with the response code “58 – Quantity Error”.

Approved Non-Prescription Drug Claim Requirements for Bulk Claims

Aside from including the fields as indicated in [Section 5.1](#), there are additional fields required (or certain exceptions applicable to specific fields) when submitting ANPD claims, as set out in Table 3 below:

Table 3

Fields	Required (Y/N)	Explanation
Intervention/ Exception Code*	Y	Enter “MJ”
Group Number or Code	Y	Enter the number for the LTC home receiving services
Client ID # or Code	N	Leave blank
Patient First Name	N	Leave blank
Patient Last Name	N	Leave blank
Pharmacist ID*	Y	Enter the Pharmacist ID
Drug Cost/Product Value	Y	Enter the actual cost per unit (equal to manufacturer or wholesaler’s invoice amount minus discounts) up to the maximum reimbursable cost. Do not include mark-ups here.
Cost Mark-up	Y	Enter the mark-up amount Note: Up to 8% of the drug cost mark-up is payable
Professional Fee	Y	Enter “0” for allowed professional fee
DIN/GP#/PIN	Y	Enter the ANPD PIN

Quantity**	Y	Enter the quantity to be billed by units (e.g., # of tablets or total millilitres or total grams dispensed)
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The asterisk () indicates additional fields.*

****Note** that the quantity field must be populated with a value greater than zero. If the product quantity field is zero, left blank, or completed with an invalid value, the claim will be rejected with the response code “58 – Quantity Error”.

Pharmacy Documentation Requirements

Eligible pharmacies must keep a record of their dispensing of ANPDs and claims submissions through the HNS.

For purposes of post-payment verification, pharmacy records (including manufacturer or wholesaler invoices) related to claims for ANPDs must be maintained in a readily available format for the purpose of ministry inspection for a minimum of 2 years from the day the invoice was received.

Please be reminded that claims submitted to HNS are subject to post-payment verification. Overpayments due to inappropriate or incorrect claim submissions are subject to recovery.

For dispensers: Please call ODB Pharmacy Help Desk at: 1-800-668-6641 for any assistance.