

March 2020







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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.

File Edit	Patient	Profile	Reports	Utilities	NH C	ards Sess	ion Help	Versio	n 10 (Fluorite)				
F3 - Pat	tient	F5 -	Drug	F7	- Doctor	F9	- Workflov	V F	11 - Drop-o	ff F1	.2 - New Rx		Alt-X - Start
<u>L</u> ast Name	\$mith			First Na	ime John	1	Salut	ation	•	ОК		Sav	e 🗙 Scan
Address 1	100 You	ng St			P <u>h</u> one N	umbers (1) E2	Ins Del	<u>B</u> irthdate	01/01/194	1		
Address 2					Descriptio	on Phor	1e		Age	74 years			
City	Toronto		▼ Prov	ON 🕶	nome	(222)	222-2222		Gender	Male	-	No im	age available
Postal		Countr	y Canada	• •					Language	English	. '	10 111	lage available
Email			(Send	Family Doo	ctor			Height				
Quick Code							E	Clear	Weight			[Load Delete
C <u>o</u> mment	s (0)						F2	Ins Del	ODB ODB	v 12	23456789		
Topic		Comment							Diane (1)				[2] [10]
									Plans (1)	Codel Crow		ID	Evpin
										Code Grou	1 1 2245	1U 6790	Expiry
									I ODB		12545	0709	
<u>A</u> llergies (2)	Add	Drug F2	Ins Del	General	Family	<u>N</u> ursing H	ome	opays Con	nmunicatio	ns Other	1	E Ctrl 🔿
Dayquil					Hanna					-	15 /00 /001	-	
Peridex					nome	_ Kroll Te	st Home		Admit	t Date	15/09/201	5	Inactive 🛄
					Ward				 Disch 	arge Date			
					Cycle	<defau< th=""><th>lt></th><th></th><th></th><th>MR Date</th><th></th><th></th><th></th></defau<>	lt>			MR Date			

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.





<u>F</u> ile <u>E</u> dit <u>R</u> x <u>V</u> iew <u>L</u> abels Pr <u>o</u> file Report	ts <u>U</u> tilities <u>N</u> H	Centr <u>a</u> l Fil	l <u>C</u> ards	Sess <u>i</u> on <u>H</u> e	lp							
F3 - Patient F5 - Drug F7	- Doctor	F9 - Workfl	kflow F11 - Drop-off F12 - Fill Rx Alt-X - Star									
New Rx Pending Adj	Rx Start Da 10/09/15	ate Late	st Fill	Qty	1	init 📖 🔽	Lookup 🔀 Cancel					
Priority Default Wait Time F2 Due	in 19 mins	Forward P	tx F2	Work Order	0	F2 Delivery P	Pickup 💌					
<u>Patient Search</u>	<u>D</u> rug Search		Pack 90	-	D <u>o</u> c Sear	ch l	Loc					
Name Smith, John Age:40	Brand Lipitor		20	mg	Name							
Address 100 Yonge St Male	Generic Atorvast	tatin Calcium	1	PFC (Pfiz	Address							
City Toronto Prov ON	Pack 90 Fo	orm TAB S	ched 1		City		Prov					
Phone Home (222) 222-2222	ODB(BAP) \$20	0.02 OnHan	d 0		Phone							
Plan ODBNH Client ID 123456	DIN 0223071	3 Min Qt	у О	-	Lic#	Alt. Lie	c#					
Allergies (2)	Sig				Testa		Auth Oty 10 1					
Dayquil	219						Rem Oty 10 1					
Peridex					Disp <u>O</u> ty		G.P. % 28.57					
					Days		Acg Cost \$23.45					
Conditions (1)					Prod Sel	1 - Prescrit 🔻	Cost \$22.22					
Heart disease, unspecified		Quel			0/W	-	Markup \$1.78					
	Route of Admin	Urai			<u>L</u> abels	1 F2	Fee \$7.57					
	Dosage Form	Tablet		•			Total \$32.83					
Plans Pricing Dates Comments Indications	Images Other	ECtrl 🗲	<u>W</u> arnings	Counselling	NH	(Alt-N):						
Rx Plans Plan Pays Extra Info (F2	Rx Plans Plan Pays Extra Info (F2 Edits)						*					
ODBNH 🚽 Not Adjud.				octor specifi	ed							
Cash 🚽 Not Adjud. Deduct: \$0.00	Cash Vot Adjud. Deduct: \$0.00					You must enter a days supply.						

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.

File Edit	Patient	Profile F	Reports	Utilities	; NH Ca	irds S	ession	Help Ve	rsion	10 (Flu	uorite)					
F3 - Pa	tient	F5 - E	Drug) Fi	7 - Doctor		F9 - W	orkflow	F1	1 - D	rop-o	ff F1	2 - N	New Rx		t-X - Start
<u>L</u> ast Name	Smith			First N	ame John			Salutation	۱ 		•	ОК		🛛 🖉 S	ave	🗙 Scan
Address 1	100 You	ng St			Phone N	umbers	5 (1)	F2 Ins	Del	<u>B</u> irth	date	01/01/194	1			
Address 2		-			Descriptio	on Pl	hone			Age		74 vears				
City	Toronto		Prov		Home	(2	22) 222-	2222		Gend	ler	Male	-			
Bostal	Toronto	Country	Conada	_						Land		English		No	image a	available
FUSIAI		country	Canada							Lang	uage	English	_			
Email				Send	Family Doc	tor				Heig	ht					
Quick Code								F2 CI	ear	Weig	ht				Loa	d Delete
C <u>o</u> mment	s (0)							F2 Ins	Del	ODB	ODB	▼ 12	3456	5789		
Topic		Comment								Pla	ns (1)					F2 Ins Del
										s	ubPlan	Code Grou	p ID	Client ID		Expiry
										1 0	DB			12345678	9	
Allergies (2)	Add Dr	ug] (F2)(Ins][Del]	Conoral	Family	Nure	ing Home			L con	municatio		Other		Ctrl 🖂
Dayquil	-				General	<u>r</u> amiiy	/ <u>It</u> ura	ing nome	-100	pay <u>s</u>		nm <u>u</u> nicatio	ns	Other	_	
Peridex					Home	Kroll	Retiren	nent Home	2	-	Admit	Date	15/0	09/2015	Ina	active 🔲
					Ward					-	Disch	arge Date				





<u>F</u> ile <u>E</u>	dit <u>R</u> x <u>V</u> iew	/ <u>L</u> abels P	r <u>o</u> file Repo	ts <u>U</u> tiliti	ies <u>N</u> H	Centr <u>a</u> l Fil	l <u>C</u> ards	Sess <u>i</u> on	He	lp				
F3 -	Patient	F5 - Dru	ig F	7 - Docto	or	F9 - Workfl	kflow F11 - Drop-off F12 - Fill Rx Alt-X - Sta					X - Start		
	New	Rx Pen	ding Adj	F 1	8x Start Da 0/09/15	ate Late	st Fill	Qty		1	init 🗌		Lookup	X Cancel
Priorit <u>v</u>	Default Wait T	ime 💌	F2 Due	in 19	mins	Forward F	tx F2	Work Or	der	0	F2	Delivery	Pickup	•
<u>P</u> atient S	earch			<u>D</u> rug Se	arch		Pack 90		•	D <u>o</u> c Sear	ch		Loc	-
Name	Smith, John		Age:40	Brand	Lipitor		20	Omg		Name				
Address	100 Yonge St		Male	Generic	Atorvast	tatin Calcium	I	PFC (F	Pfiz	Address				
City	Toronto		Prov ON	Pack	90 Fo	orm TAB	iched 1	-244		City			Pr	ov
Phone	Home	(222) 222-22	222	ODB(BA	AP) \$20	0.02 OnHan	d 0			Phone				
Plan	ODBNH Clie	ent ID 12345	6	DIN	DIN 02230713 Min Qty 0					Lic#		Alt. Li	ic#	
Allergies	s (2)			Sia						Init	KRI	KRI	Auth Ot	/ 10 1
Dayqui	I			219					-	IIIII.	10		Rem Otv	10 1
Peride	ĸ									Disp <u>O</u> ty	10	(<u>Retilis(+</u>)	G.P. %	28.57
										Days			Aca Cos	t \$23.45
Conditio	ons (1)									Prod Sel	1 - Pre	escrit 🔻	Cost	\$22.22
Heart o	disease, unspe	cified				Qual				0/W		-	Markup	\$1.78
					of Admin	Urai			_	<u>L</u> abels	1 F	2	Fee	\$8.83
					Form	Tablet			•				Total	\$32.83
Pl <u>a</u> ns	Prici <u>ng</u> Dat <u>e</u> s	<u>C</u> omments	Indications	Images	Other	🗲 Ctrl 📄	<u>W</u> arnings	Counsel	lling	NH	(Alt-N)	:		
Rx Plan	Rx Plans Plan Pays Extra Info (F2 E						Messag	e						*
ODB	ODB 👻 Not Adjud.							octor spe	ecifi	ed				
Cash	Cash 🗸 Not Adjud. Deduct: \$0.00				You must enter				r a days supply.					

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**.



<u>F</u> ile <u>E</u> dit <u>E</u>	<u>)</u> rug <u>R</u> eports <u>U</u> tilities <u>N</u>	H <u>C</u> ards Se	ess <u>i</u> on <u>H</u> e	elp <u>V</u> e	ersion 10								
F3 - Patie	ent F5 - Drug	F7 - Doc	tor	F9 - W	/orkflow	F1	.1 - Drop-off	F12 -	New Rx	Alt-X - St	tart		
Na <u>m</u> e	Altace		DIN	•	02221829			ок	🖉 Save	🗙 Scan			
Generic	Ramipril		Strength		1.25mg	s	iched 1 (S	hedule 🛨	🔲 Reportable 📄 Methadone				
Description	Yellow/White Cap 1.25 Altac	e	Followup	(Days)			Dral/Written Not	Dispense	e as Pack				
Description 2			Form		CAP (Caps	ule)	_	- -	Trial	DCK			
Equivalent To					Oral (Defai	, (+)			Device				
		Koule .				1.1.1.		Immuniz	ation				
Default Sig		Manufact	urer	VCN (Vale	ant Ca	inada Ltd.)	_	Print cor	ior coupon	dar			
Location	▼ H			Instr.					Flavor R	(
Generic Type	Brand Multi Source Gener 🔻	Priority	Price Grou	р	None			-	📃 Health Ir	nform/Rx Cana	da		
- Labels / Wo	rkflow Packaging	-	Departme	nt	<none></none>			_	Class		_		
Drug line 1	Default (Brand) 🛛 🗖 H	lalf-size Sig	Marketing		< None>				24.32.04.0	0			
Drug line 2	Default (Generic) 🔽	rack Lot Num	marketing	, wisg	SNOTE				Clinical Forr	n			
	T	rack Expiry	Fee for Sv	с.	<none></none>				Capsule				
		lefrigerated	Drug S	ub				Clear	Narcotic	Monitoring			
C <u>o</u> mments (0)			F2(Ins Del G	roups	(0)	F2 Ins Del	📃 Is Media	n Drug			
Topic	Plain Text Comment								View Re	ason Codes			
											_		
🐨 Drug Form	nulary									Ē	×		
	Ra	mipril 1.25r	ng CAP ((Caps	sule)				🗸 Select	🛛 🗶 Cance	el		
Pri DIN	Drug			Manu	facturer		Unit Cost	On Han	Extra Inf				
02387387	Auro-Ramipril 1.25mg			AUR (4	Auro Pharma	Inc)	0.127	4	0 Chronic D	spensing			
02420457	Mar-Ramipril 1.25mg			MAR (I	Marcan Phar	macel	0.127	4	0 Chronic D	spensing			
02301148	3 Mylan-Ramipril 1.25m	9		MYL (N	Aylan Pharma	aceutic	0.127	4	0 Chronic D	spensing			
02310503	8 Ran-Ramipril 1.25mg			RAN (F	Ranbaxy Pha	rmace	0.127	4	0 Chronic D	spensing	=		
02295369	9 Pms-Ramipril 1.25mg	Pms-Ramipril 1.25mg		PMS (F	Pharmascien	ce Inc	0.127	4	0 Chronic D	spensing			
02331101	Jamp-Ramipril 1.25mg			JPC (Ja	amp Pharma	Corpo	0.127	4	0 Chronic D	spensing			
02251515	Apo-Hamipril 1.25mg	Apo-Ramipril 1.25mg			potex Incorp	iorated	0.127	4	U Chronic D	spensing			
02287692	Ratio-Rampril 1.25mg				eva Lanada Sandoa Cara	Limite da Jace	0.127	4	0 Chronic D	spensing			
02231336	Co-Bamipril 1.25mg	Co Remini 1,25mg			ianuuz caha iabalt Pharm	ua mo acauti.	0.127	4	0 Chronic D	spensing			
022233402	Altace 1.25mg			VCN N	/aleant Cana	da Ltc	0.72	4	0 Chronic D	ispensing	-		
0111/010	i intere meening				all share wall to		0.12	1					

Kroll





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.



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.

<u>File Edit Patient Profile Reports Utiliti</u>	es <u>N</u> H Centr <u>a</u> l Fill <u>C</u> ards Sess <u>i</u> on <u>H</u> elp		
F3 - Patient F5 - Drug	F7 - Doctor F9 - Workflow F11 - Drop-off	F12 - New Rx Alt-X - Start	
Last Name Smith First	Name John Salutation Mr.	OK 🖉 Save 🔀 Scan	V Profile
Address 1 100 Yonge St Address 2 City Toronto Prov ON Postal M1M 1M. Country Canada Email Send Quick Code Comments (0) Topic Comment	Phone Numbers (1) F2 [Ins]080 Birthdate 0.3/ Description Phone Age 40 Home (222) 222-2222 Gender Ma Family Doctor Height 6'00 F2 F2 Clear Weight 200 F2 F2 SubPlan Cot 1	/03/1975 years ale ▼ Ilish ♥ Ilish	All Rxs Active Rxs Active Rxs w/Passtimes Refillable Rxs Pricing Profile Not Disp./OTC Rxs Rxs Filled in Error Suspended Rxs Perform FDB Analysis View Alternate Addresses
Allergies (2) Add Drug (F2) Ins) De Dayquil Peridex Medical Conditions (1) (F2) Ins) De Heart disease, unspecified Groups (0) (F2) Ins) De	Ggneral Eamily Nursing Home Copays Commu Patient Image: Communication of the second of	nications Other Ctrl Consent Unknown Unit Dose Type <none> Cycle <none> Price Group <default> (<none>) Rx Totals Rx Count 4 Dollar value 5133.69 Reset date</none></default></none></none>	AR Profile Batches Charting Consents Credit Cards Documents History Medication Review/Dialogs (3) Rx Counseling History Special Authority Drugs To Do Items Work Orders





Step 2

Click Ins and select ODB Frequency of Dispensing.

<u>F</u> ile <u>E</u> dit	<u>P</u> atient Pr <u>o</u> file <u>R</u>	eports <u>U</u> tilities	<u>N</u> H Centr <u>a</u>	al Fill <u>C</u> ard	s Sess <u>i</u> on	n <u>H</u> elp						
F3 - Pa	i tient F5 - D	rug F7	/ - Doctor	F9 - Wo	orkflow	F11 - Dro	p-off	F12 - I	New Rx	Alt-	X - Start	
Last Name	Smith	First N	ame John		Salutation	Mr.	1	ОК	√ Sa	ve	X Scan	[⊗] Profile
	100 1/ 01		Phone Numb	pers (1)	F2 Ins	Del provo		00 // 075				All Rxs
Address 1	100 Yonge St		Description	Phone			ate 03	/03/1975			s.	Active Rxs
Address 2			Home	(222) 222-2	2222	Age	40	years				Active Rxs w/Passtimes
City	Toronto	Prov ON -				Gende	r Ma	ale 💌	Noi	mage av	ailable	Refillable Rxs
Postal	M1M 1M: Country	Canada 👻				Langu	age En	glish 🔹 👻				Pricing Profile
Email		Send	Family Doctor			Height	6'0	"				Net Dire (OTC Pre
Quick Code					F2 CI	ear Weigh	t 20	Olbs	1	Load	Delete	
							_					Rxs Filled in Error
Consen	it											Suspended Rxs
Items (0)											F2 Ins Del	Perform FDB Analysis
Туре					Program		Conse	nt			Privacy Cons	ient 📃
											PASI Enrolme	ent
											MediResourc	e PatientConnect Enrolment
											Telus Pharma	aspace Enrolment
											Antiviral Con	isent 📃
											Central Fill C	onsent
											ODB Frequer	ncy of Dispensing
												Credit Cards

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.

♂ ODB Frequency of Dispensing Exception	
Record	
Type ODB Frequency of Dispens	ing
Created on Last c	nanged on
Reason for Exception	
Patient Safety	Given by Prescriber 👻
No Exceptions	Consent by Mouse, Mickey F2 Del
Risk of Abuse or Diversion	
Medication Management Issue	
Pharmacist Notes	
	^
	-
✓ OK X Cancel Print Pres	criber Notification Print Patient Cons <u>e</u> nt





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.

ODB riequenc	y of Dispensin	g Exception			
Record					
Тур	e ODB Frequ	uency of Dispensi	ng		
Cre	ated on 24/0	09/2015 Last ch	anged on 24	/09/2015	
Reason for Ex	ception				
Patient Safety	,	•	Given by	Prescriber	•
Recorded on	24/09/2015	by MA	Consent by	Mouse, Mickey	F2 De1
Expires on	23/09/2016				
Patient is kno	wn to not fol	llow dosing regim	ien.		*
					-

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.

Record	
	Type ODB Frequency of Dispensing
	Created on Last changed on
Reason f	or Exception
No Exce	ptions 🚽 Given by Prescriber 🗸
Recorde	d on 24/09/2015 by MA Consent by Unknown
	Prescriber Pharmacist

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.

Consent by	Test, ODP	F2 Del
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**'.

Recorded on	24/09/2015
Expires on	23/09/2016

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.

election <u>Options</u> Cover	Page Comments					
	0	11-11-1- D1-				
	Sen	a letter to Docto	rs			_
<u>S</u> elect / deselect all		0/0 selected				Ins
Doctor	Fax	Location		Designation	Specialty	
Dr. Test Doctor	(555) 555-5555	Office	3 Rxs	Family Doctor		
🔲 Kroll Pharmacist 1	(444) 444-4444	Fax	1 Bx	Pharmacist	Allergist	
🔲 Kroll Pharmacist 2	(333) 333-3333	Fax	1 Rx	Pharmacist	Allergist	
		1				
					1	
nter \\PRNTSRV03\Lexmark C	S310 - Printer 02			•	Copies	1
ay (Default tray)				-	Collate	Dupl
				_	-	





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

or ODB Frequency of Dispensing Prescriber Report - Patient Safety		Ē	
Eile Version 10			
Selection Options			
Print store logo Print cover page Days supply 11			
Issues			
 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 			
Printer \\PRNTSRV03\Lexmark CS310 - Printer 02	•	Copies	1
Tray (Default tray)	•	Collate	Duplex
Restore Defaults			

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

or ODB Frequency of Dispensing Prescriber Report - Risk of Abuse or Diversion	
<u>File V</u> ersion 10	
Selection Options	
Print store logo Print cover page Days supply 30 Issues Dependence/Abuse as the patient has been known to take more than prescribed and/or for periods longer	er than suggested
Prescription drug diversion as the patient has been known to lose/misplace their medication	er man suggesteu
Printer \\PRNTSRV03\Lexmark CS310 - Printer 02	Copies 1
Tray (Default tray)	🗸 Collate 📃 Duplex
Restore Defaults	





Medication Management Issue

or ODB Frequency of Dispensing Prescriber Report - Medication Management Issue	
Eile Version 10	
Selection Options	
Print store logo Print cover page Days supply 7 Issues Their current medication regimen is complex	
 There is evidence of a Physical/Cognitive/Sensory impairment that prevents them from managing their m There is evidence of literacy issues There is little/no support within the home to assist with the administration of their medications 	edication
Printer \\PRNTSRV03\Lexmark CS310 - Printer 02	Copies 1
Tray (Default tray)	🗹 Collate 🛛 Duplex
Restore Defaults	





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 letter to Doctors Send letter to Doctors Select / deselect all 0/0 selected Designation Specialty Doctor Fax Location Designation Specialty Dr.Test Doctor (555) 555-5555 Office 3 Rxs Family Doctor V Kroll Pharmacist 1 (444) 444-4444 Fax 1 Rx Pharmacist Allergist Kroll Pharmacist 2 (333) 333-3333 Fax 1 Rx Pharmacist Allergist Printer \PRNTSRV03\Lexmark CS310 - Printer 02	Selection Options Cover	Page Comments				
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	Fax Tray (Default tr	ay)			•	🗹 Collate 📃 Dup

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).

of ODB Frequency of Dis	pensing Prescribe	r Report - Patient	t/Agent Co	nfirmation			
<u>F</u> ile							
Selection Option	s Cover Page	e Comments					
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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 <u>Document Scan Utility</u>.

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

😽 Patient -	- Mouse, N	lickey											
File Edit	Patient	Profile Netw	vork Repo	rts Utilities N	IH Cards	Session	Help Ve	sion 10)				
F3 - Pa	tient	F5 - Drug) [F	7 - Doctor	F9 - W	orkflow	F11 - Di	op-of	f F12 -	New Rx	Alt-X - Start	t	
<u>L</u> ast Name	Mouse		First I	Name Mickey		Salutation		-	ОК	Sav	ve 🛛 🗙 Sca	n	[⊗] Profile
Address 1	220 Dun	can Mill Road		Phone Numb	ers (1)	F2 Ins	Del <u>B</u> irth	date	01/04/1918				All Rxs Active Rxs
Address 2	Suite 20	1		Home	(416) 383-	1010	Age	2	97 years	1			Active Rxs w/Passtimes
Postal	M3B 3J5	Country Car	nada 🗸				Lang	uage	English	No ir	nage available		Refillable Rxs
Email			Send	Family Doctor			Heig	nt		-			Pricing Profile
Quick Code				Wongx, Jane	Yee-Chin	g J F2 Cle	ar Weig	ht			Load Delet	te	Rxs Filled in Error
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Notification	n for Frequ	ency of Dispen	sing Chang	e - Patient Safety	r		N	1A R	eport	28/09/2015			Batches
MedsCheck	k Annual H	eview					N		fed Review	04/09/2015			Charting
Prescription	n Authoriz	ation Kequest					N	IA R	ероп	04/09/2015			Consents
												E	Credit Cards
													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.

Are you sure?				23
Is this No Sub at least 2 gene	due to a documente ric brands?	d Adverse Dru	g Reaction	to
		Yes	N	0





Appendix

Sample Prescriber Notifications

Patient Safety:

	Notification for Frequency of Dispensing Change Kroll Store, 220 Duncan Mill Road, Toronto ON M3B 335 Phone: (555) 555-5555 Fax: (444) 444-4444
Date: 01-Oct-2015	
Regarding Patient Sa	fety Issue for patient John Doe
Patient DOB: Health Card Number:	03-Mar-1975 9999999999
Patient Address:	100 Yonge St Toronto ON M1M 1M1 (222) 222-2222
Dear Dr. Test Doctor	
After reviewing the pr could come under qu the following:	ofile and history of the above mentioned patient, I have come to the conclusion that his/her safety estion if prescriptions are dispensed in quantities as prescribed. The patient has been known to do
Place al	I tablets/capsules into a single vial that is NOT labelled
 Take me 	ore than the prescribed dose
 Take less 	as than the prescribed dose
 Miss tak 	ing doses
 Taken/s 	hared medication from/with other patients
As a mechanism to m closely monitoring the identified will be addr	nanage this situation, I will be dispensing John Doe's prescriptions in 11 Days supply and will be eir fill frequency to ensure that the medications are being consumed correctly. Any safety issues essed and shared with yourself.
If there are any quest	tions, please do not hesitate to contact me at (444) 444-4444.
Regards;	
Pharmacist: Test Pha	rmacist





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 Al	buse or Diversion Issue for patient John Doe
Patient DOB: Health Card Number Patient Address:	03-Mar-1975 9999999999 100 Yonge St Toronto ON M1M 1M1 (222) 222-2222
Dear Dr. Test Docto	ər ;
After reviewing the p concerned that there	profile and history of the above named patient, along with the nature of their medication, I am exists an increased risk of:
After reviewing the p concerned that there • Depend than su	profile and history of the above named patient, along with the nature of their medication, I am e exists an increased risk of: dence/Abuse as the patient has been known to take more than prescribed and/or for periods longer lggested
After reviewing the p concerned that there • Depend than su • Prescrip	profile and history of the above named patient, along with the nature of their medication, I am e exists an increased risk of: dence/Abuse as the patient has been known to take more than prescribed and/or for periods longer ggested ption drug diversion as the patient has been known to lose/misplace their medication
After reviewing the p concerned that there • Depend than su • Prescrip As a mechanism to n Targetted medication being consumed corr	profile and history of the above named patient, along with the nature of their medication, I am e exists an increased risk of: dence/Abuse as the patient has been known to take more than prescribed and/or for periods longer ggested ption drug diversion as the patient has been known to lose/misplace their medication nanage this situation, I will be dispensing John Doe's prescriptions for any Narcotic, Controlled or n in 30 Days supply and will be closely monitoring their fill frequency to ensure that the medications a rectly. Any issues identified will be addressed and shared with yourself.
After reviewing the p concerned that there • Depend than su • Prescrip As a mechanism to n Targetted medication being consumed corr If there are any quest	profile and history of the above named patient, along with the nature of their medication, I am e exists an increased risk of: dence/Abuse as the patient has been known to take more than prescribed and/or for periods longer loggested ption drug diversion as the patient has been known to lose/misplace their medication nanage this situation, I will be dispensing John Doe's prescriptions for any Narcotic, Controlled or n in 30 Days supply and will be closely monitoring their fill frequency to ensure that the medications a rectly. Any issues identified will be addressed and shared with yourself.
After reviewing the p concerned that there • Depend than su • Prescrip As a mechanism to n Targetted medication being consumed corr If there are any quest Regards;	profile and history of the above named patient, along with the nature of their medication, I am e exists an increased risk of: dence/Abuse as the patient has been known to take more than prescribed and/or for periods longer riggested ption drug diversion as the patient has been known to lose/misplace their medication nanage this situation, I will be dispensing John Doe's prescriptions for any Narcotic, Controlled or n in 30 Days supply and will be closely monitoring their fill frequency to ensure that the medications a rectly. Any issues identified will be addressed and shared with yourself.





Medication Management Issue:

	Notification for Frequency of Dispensing Change Kroll Store, 220 Duncan Mill Road, Toronto ON M3B 335 Phone: (555) 555-5555 Fax: (444) 444-4444
Date: 01-Oct-2015	
Regarding Medicatio	on Management Issue for patient John Doe
Patient DOB: Health Card Number	03-Mar-1975 © 999999999
Patient Address:	100 Yonge St Toronto ON M1M 1M1 (222) 222-2222
Dear Dr. Test Doctor	r
During the course of the conclusion that J	our interactions with the above named patient and/or discussions with their caregiver, I have come to ohn Doe is incapable of managing their medication regimen on their own for the reasons noted below:
Their cu	urrent medication regimen is complex
• There is	
medica	s evidence of a Physical/Cognitive/Sensory impairment that prevents them from managing their tion
There is	s evidence of a Physical/Cognitive/Sensory impairment that prevents them from managing their tion s evidence of literacy issues
• There is	s evidence of a Physical/Cognitive/Sensory impairment that prevents them from managing their tion s evidence of literacy issues s little/no support within the home to assist with the administration of their medications
As a mechanism to n monitoring their fill fre addressed and share	s evidence of a Physical/Cognitive/Sensory impairment that prevents them from managing their tion s evidence of literacy issues s little/no support within the home to assist with the administration of their medications nanage this situation, I will be dispensing John Doe's prescriptions in 7 Days supply and will be closely equency to ensure that the medications are being consumed correctly. Any issues identified will be id with yourself.
As a mechanism to n monitoring their fill fre addressed and share	s evidence of a Physical/Cognitive/Sensory impairment that prevents them from managing their tion s evidence of literacy issues s little/no support within the home to assist with the administration of their medications nanage this situation, I will be dispensing John Doe's prescriptions in 7 Days supply and will be closely equency to ensure that the medications are being consumed correctly. Any issues identified will be ed with yourself.
As a mechanism to n monitoring their fill fir addressed and share If there are any quest Regards;	s evidence of a Physical/Cognitive/Sensory impairment that prevents them from managing their tion s evidence of literacy issues s little/no support within the home to assist with the administration of their medications nanage this situation, I will be dispensing John Doe's prescriptions in 7 Days supply and will be closely equency to ensure that the medications are peing consumed correctly. Any issues identified will be with yourself.





Patient Agent Confirmation:

Patient Signature

Kroll Store, 220 Duncan Mill Road, Phone: (416) 383-1010 Fax:	Toronto ON M3B 3J5 (416) 383-0001				
	Kroll Store, 220 Duncan Mill Road, Toronto ON M3B 3J5 Phone: (416) 383-1010 Fax: (416) 383-0001				
ncy of Dispensing Change for patient Micker	y Mouse				
1-Apr-1918 897269012 20 Duncan Mill Road Juite 201 oronto ON /3B 3J5 416) 383-1010					
Patient Signature	Day/Month/Year				
	Incy of Dispensing Change for patient Mickey 11-Apr-1918 1897269012 120 Duncan Mill Road Suite 201 foronto ON 13B 3J5 1416) 383-1010 Iiscussing with the pharmacist, agree to having nt expires on 23-Sep-2016. Patient Signature	ncy of Dispensing Change for patient Mickey Mouse 1-Apr-1918 897269012 20 Duncan Mill Road Suite 201 foronto ON 303 3J5 416) 383-1010 iscussing with the pharmacist, agree to having prescriptions dispensed in quantitint expires on 23-Sep-2016. Patient Signature Day/Month/Year			





Patient Agent Confirmation:

Pharmacist Signature

Dotiont / AgentConcent					
Patient/AgentLonsent					
Kroll Store, 220 Duncan Mill Road, Toronto ON M3B 3J5 Phone: (416) 383-1010 Fax: (416) 383-0001					
Date: 24-Sep-2015	i				
Regarding ODB Freq	quency of Dispensing Change for patient Micke	ey Mouse			
Patient DOB: Health Card Number: Patient Address:	01-Apr-1918 9897269012 220 Duncan Mill Road Suite 201 Toronto ON M3B 3J5 (416) 383-1010				
l Patient Fake acting dispensed in quantition	on behalf of Mickey Mouse, after discussing w es less than prescribed. This consent expires	ith the pharmacist, agree to having p on 23-Sep-2016.	rescriptions		
I Patient Fake acting dispensed in quantiti	on behalf of Mickey Mouse, after discussing w es less than prescribed. This consent expires	vith the pharmacist, agree to having p on 23-Sep-2016.	rescriptions		
l Patient Fake acting dispensed in quantiti	on behalf of Mickey Mouse, after discussing we es less than prescribed. This consent expires	vith the pharmacist, agree to having p on 23-Sep-2016. 	rescriptions		
l Patient Fake acting dispensed in quantiti	on behalf of Mickey Mouse, after discussing wes less than prescribed. This consent expires	vith the pharmacist, agree to having p on 23-Sep-2016. 	rescriptions		
l Patient Fake acting dispensed in quantitu	on behalf of Mickey Mouse, after discussing wes less than prescribed. This consent expires	ith the pharmacist, agree to having p on 23-Sep-2016. 	rescriptions		
I Patient Fake acting dispensed in quantitu	on behalf of Mickey Mouse, after discussing wes less than prescribed. This consent expires	ith the pharmacist, agree to having p on 23-Sep-2016. 	rescriptions		
I Patient Fake acting dispensed in quantitu	on behalf of Mickey Mouse, after discussing we es less than prescribed. This consent expires	ith the pharmacist, agree to having p on 23-Sep-2016. 	rescriptions		
I Patient Fake acting dispensed in quantition	on behalf of Mickey Mouse, after discussing we es less than prescribed. This consent expires	ith the pharmacist, agree to having p on 23-Sep-2016. 	rescriptions		





Sample Patient Consents

Consent accepted by the patient:

Notification for Frequency of Dispensing Change				
	Patient/Agent Conse	ent		
	Kroll Store, 220 Duncan Mill Road, Toron Phone: (555) 555-5555 Fax: (444)	nto ON M3B 3J5 444-4444		
Date: 01-Oct-2015				
Regarding ODB Frequen	ncy of Dispensing Change for patient John Doe			
Patient DOB: 03- Health Card Number: 999 Patient Address: 100 Tor M1 (22	-Mar-1975 99999999 0 Yonge St ronto ON LM 1M1 22),222-2222			
I John Doe' after discussi prescribed.	ing with the pharmacist, agree to having prescrip	tions dispensed in quantities less t	han	
	Patient Signature	Day/Month/Year		



Г



Consent accepted on behalf of the patient:

Notification for Frequency of Dispensing Change Patient/Agent Consent					
Date: 01-Oct-2015					
Recording ODR Free					
Regarding ODB Freq	Dency of Dispensing Change for patient John D	oe			
Health Card Number:	03-Mar-1975 9999999999				
Patient Address:	100 Yonge St Toronto ON M1M 1M1				
l Marianne Doe actin dispensed in quantitie	g on behalf of John Doe, after discussing with the sless than prescribed.	e pharmacist, agree to having pres	criptions		
	Agent Signature	Day/Month/Year			
			B ERNE		