

Frequently Asked Questions: Updates to Claims Submission Procedure – Dispensing Frequency

Updated April 25, 2025

Why were these changes made?

- These changes were made to ensure the long-term sustainability of the drug plan, while aiming to maintain safe and appropriate access to medications; ensuring that patients continue to access their medications while ensuring responsible use of resources.

What changes were made to dispensing frequency coverage?

- Effective January 27, 2025, changes to Manitoba's Claims Submission Procedure (CSP) – Dispensing Frequency came into effect (available here: https://www.gov.mb.ca/health/pharmacare/profdocs/csp_frequency.pdf).

These changes are summarized as follows:

- Effective January 27, 2025 requests for exceptional coverage of additional professional fees for more frequent dispensing of products on the Frequency of Dispensing (FOD) List (available here: https://www.gov.mb.ca/health/pharmacare/profdocs/list_fd.pdf) will no longer be considered.
- Prior approvals of Frequency of Dispensing Authorization Forms (FDAFs) were withdrawn effective January 27, 2025 (i.e., if a pharmacy had approvals of FDAFs on file for clients, these approvals became invalid).
- Clients in assisted living facilities and group homes will no longer be exempt from the CSP– Dispensing Frequency if the pharmacy has a contract to deliver services to the facility.
- A maximum of one additional professional fee per drug, per client will be covered every six months due to replacement of lost, stolen, misplaced, or broken medications.
- Effective April 25, 2025, additional updates were made to the CSP – Dispensing Frequency to reflect the April 15, 2025 implementation of MEPP. The CSP – Dispensing Frequency applies to all clients eligible for coverage under the Manitoba Pharmacare Program (MPP) and the Manitoba Enhanced Pharmacare Program (MEPP).
- This procedure only applies to products identified in a drug category on the FOD List (for example, the CSP – Dispensing Frequency does not apply to other medications such as mental health drugs, narcotics and other controlled medications).

What does this mean for clients?

- A pharmacy may still dispense products identified on the FOD List to a client more frequently (for example, weekly or daily) than what is covered by MPP or MEPP.
- However, Manitoba will only cover:

- One professional fee per month for medications dispensed and covered under MEPP. Note – this does not apply to medications dispensed for HIV post-exposure prophylaxis (PEP).
- Two professional fees per month for products dispensed and covered under MPP.
- The pharmacy must split the professional fee (for example, if the pharmacy charges a \$14 professional fee, and the client prefers weekly dispensing of a blood pressure medication, the pharmacy can charge a \$7 professional fee to dispense one week's worth of the medication, rather than a \$14 professional fee to dispense two weeks' worth of the medication).
- The pharmacy may charge the client for the additional professional fees. There is no existing legislation that prohibits a pharmacy from charging fees that are not reimbursed by Manitoba's public drug plans.
- Additional professional fees cannot be applied towards the client's eligible MPP expenditures. Pharmacies must process these fees as "off-line" transactions (i.e. these additional fees should not be entered into DPIN).

What happens if a client's medication is lost, stolen, misplaced, or broken?

- A maximum of one additional professional fee per drug, per client will be covered every six months due to replacement of lost, stolen, misplaced, or broken medications.
- Pharmacies are reminded to review the [CSP – Dispensing Frequency](#) for details regarding pharmacy requirements for submitting claims, documentation, etc. in this scenario.

If a client is receiving weekly or daily dispensing, can the dispensing fee be split and charged weekly or daily?

- Yes. A pharmacy must split the professional fee it charges based on frequency of dispensing.
- For example, if the pharmacy usually charges a \$14 professional fee, and the client prefers weekly dispensing of a blood pressure medication, the pharmacy would charge a \$7 professional fee to dispense one week's worth of the medication, rather than a \$14 professional fee to dispense two weeks' worth of the medication.
- Pharmacies are reminded that they are required to follow the [CSP – Dispensing Frequency](#) and that claims are subject to audit.

Will this affect a client's MPP deductible?

- These changes will not affect a client's MPP deductible.

Will a client have to pay out-of-pocket for the extra dispensing fees if they still want more frequent dispensing?

- Yes, if a pharmacy elects to charge additional professional fees not reimbursed by Manitoba's public drug plans.
- Manitobans should talk to their pharmacy provider to discuss their dispensing fee practices. Dispensing practices vary among pharmacies. Manitobans may wish to contact other pharmacies for information on their individual dispensing practices.

What about clients who are at higher risk of having their medications lost, stolen, misplaced or broken?

- This procedure does not prevent or restrict any pharmacy from dispensing any product, including those in drug categories identified on the FOD List, at a frequency more often than covered by the provincial drug plan.
- Manitoba will cover up to one additional professional fee per drug, per client will be covered every six months due to replacement of lost, stolen, misplaced, or broken medications.
- Pharmacies are reminded that they are required to follow the [CSP – Dispensing Frequency](#) and that claims are subject to audit.

What if a client needs to have their medications dispensed weekly or daily for safety and/or compliance reasons?

- While Manitoba will no longer cover additional fees for more frequent dispensing, pharmacies can still dispense as often as needed to ensure the client's medication needs are safely met.
- Coverage of more professional fees for more frequent dispensing for the purposes of compliance was never eligible under the CSP – Dispensing Frequency.

What if the client is currently receiving frequent dispensing through the Palliative Care Drug Access Program?

- The CSP – Dispensing Frequency does not apply to Manitobans receiving benefits under the Palliative Care Drug Access Program.

What if the client is currently receiving frequent dispensing and is a resident of an assisted living or group home?

- The CSP – Dispensing Frequency applies to claims submitted for residents of an assisted living or group home receiving benefits under MPP or MEPP.