Pharmacy update

November 2026

Ontario edition

IMPORTANT REMINDERS FOR PHARMACIES

This update provides helpful reminders to promote accurate claim submission while supporting safe and efficient patient care.

Initial Days' Supply for New Prescriptions

To help reduce medication waste, all **new** prescriptions for low-cost drugs for GreenShield members are limited to an initial **30-day supply**. A prescription is considered new when the plan member has not received the identical drug within the previous 12 months, regardless of the dispensing pharmacy. Claims for new prescriptions submitted with a days' supply greater than 30 days will be rejected with the response message **"OF – Initial Rx days supply exceeded."** The claim can then be resubmitted with a reduced days' supply.

Dose changes, such as levothyroxine 0.1 mg to 0.125 mg, and brand changes, such as generic substitution, are not considered new prescriptions. There may be circumstances where limiting the initial prescription to a 30-day supply is not appropriate based on the pharmacist's professional judgment. Examples include a patient who is new to GreenShield but already established on the medication or a patient who initiated and was stabilized on the medication in a hospital or institutional setting. In these situations, the pharmacist may override the policy using the intervention code **"NH – Initial Rx program declined."** The reason for the override must be documented on the prescription.

Initial Days' Supply for High-Cost Drugs

This policy applies to certain drugs considered high cost. An initial maximum **10-day supply** may be dispensed. Once the patient's tolerance to therapy has been established, subsequent fills are limited to a maximum 30-day supply. These limits are intended to minimize medication waste, support adherence, and promote the safe handling and storage of potentially hazardous medications.

Drug Utilization Review (DUR) Messages and Intervention Codes

Drug Utilization Review (DUR) is part of the online claims adjudication system and assesses the current prescription against the patient's historical claims information to identify potential drug therapy concerns. These may include drug interactions, double doctoring, multiple pharmacy use, or adherence concerns such as refilling a prescription too soon or too late.

Potential concerns are communicated to the pharmacist through DUR response codes or messages, which may include:

- **Informational messages:** Provide additional information for the pharmacist's consideration. An intervention code is optional.
- **Overridable warnings:** Require the pharmacist to exercise professional judgment and submit an appropriate intervention code together with the pharmacist ID before the claim can be paid.

The intervention code communicates the action taken by the pharmacist in response to the DUR issue.

Common DUR Response Codes and Pharmacist Interventions

Response Code	Message	When it Occurs	Intervention Code(s)
ME	Drug/Drug Interaction Potential (Severity Level 1 & 3, Overridable Warning)	Indicates a potential drug/drug interaction between the prescription being filled and one which the patient is already receiving. The claim has not been approved for payment. The claim may be processed by using the appropriate intervention codes.	UA= consulted prescriber and filled Rx as written UC= consulted prescriber and changed instructions for use UB= consulted prescriber and changed dose UF= patient gave adequate explanation. Rx filled as written UI= consulted other source. Rx filled as written UG= cautioned patient. Rx filled as written
ME	Drug/Drug Interaction Potential (Severity Level 2, Informational Message)	Indicates a potential drug/drug interaction between the prescription being filled and one which the patient is already receiving. The claim has been approved for payment.	UD= consulted prescriber and changed drug UL= pharmacist decision Rx not filled
D7	Fill Too Soon (Overridable Warning)	Indicates a refill should not be required at this time. The claim has not been approved for payment. The claim may be processed by using the appropriate intervention codes.	MK= good faith emergency coverage established. MN= replacement claim due to dose change MV= vacation supply
OF	Initial Days' Supply	Indicates the first claim for this medication for a given patient. May be overridden if the patient is already	NH= Initial Rx program declined

	(Overridable Warning)	established on drug.	
OC	Initial Days' Supply (Overridable Warning)	Indicates that a claim initially denied due to the Initial Days' Supply program was resubmitted with a reduced days' supply, but without a corresponding reduction in quantity. If it is not possible to further reduce quantity due to package size constraints, an override may be used.	NF = Override-Quantity appropriate
KX	Patient Now Eligible for Maintenance Supply (Informational Message)	This message may be seen when a drug claimed was previously reduced due to GreenShield's Initial Days' Supply program. The response code indicates that the quantity claimed is less than the balance remaining from the original claim. The claim has not been approved for payment. The claim may be resubmitted for the balance of the initially prescribed supply.	MN= Replacement claim due to dose change. For example, this intervention code may be used to allow payment when the dose has been reduced pending the results of the initial 30-day trial.
DR	Days' Supply Lower Than Minimum Allowable (Overridable Warning)	Indicates that the plan member requires a larger supply to comply with our 90-day maintenance rule. Pharmacists must use professional judgement in assessing patient eligibility to determine a clinical need for overriding.	ER= Override days supply limit for period. DH= Rx synchronized pursuant to rule 19

A maximum of two intervention codes will be accepted per transaction.

KEY REMINDERS

- DUR messages are displayed on one of three available message text lines.
- When action is required to address a DUR issue, the action taken is communicated using an intervention code.
- An intervention code is required only for overridable DUR warnings
- The use of any intervention code must be supported by relevant documentation on the prescription hard copy.
- If more than three DUR messages are generated, the system returns "Insufficient space for all DUR warnings" with response code DD. The pharmacy may contact the GreenShield Contact Centre to obtain information on all DUR messages.
- Claims submitted with an incorrect, unacceptable, or missing intervention code and/or pharmacist ID will be rejected and must be corrected and resubmitted.

- If an appropriate intervention code cannot be identified for the action taken, or the "D9: Call Adjudicator" message is returned, contact the **GreenShield Contact Centre** at **1-888-525-7587, Monday to Friday, 8:30 a.m. to 8:30 p.m. ET**, for assistance.

For further details on these policies and additional intervention codes, please refer to the **Pharmacy Claims Manual** on the providerConnect™ website.

NEW: FASTER, SIMPLER COMPOUND CLAIM SUBMISSION

WHAT'S NEW? Many compound claims can now be submitted electronically using a DIN, NPN or GreenShield compound PIN, reducing manual submissions and follow-up.

Why this change?

GreenShield has simplified compound claim submission to support more consistent adjudication and improve real-time claim processing.

How to Submit a Compound Claim

1. Select the appropriate DIN, NPN, or PIN.
   • Non-topical compounds: submit an eligible DIN or NPN covered under the member's plan.
   • Topical compounds: submit the DIN or NPN of the primary active ingredient. If the primary active ingredient does not have a DIN or NPN, use the appropriate GreenShield compound PIN:

PIN	Category	Primary Ingredients
993018	Antibiotic	Amikacin, Clindamycin, Cefazolin, Erythromycin, Gentamycin, Metronidazole, Neomycin, Tobramycin, Vancomycin
993026	Corticosteroid	Hydrocortisone, Betamethasone, Clobetasol, Desonide, Demeclocycline, Dexamethasone, Methylprednisolone, Triamcinolone
993034	Antifungal	Clotrimazole, Ciclopirox, Fluconazole, Itraconazole, Ketoconazole, Miconazole, Nystatin
993042	Skin Treatment	Benzoin tincture, coal tar, camphor, doxepin, lactic acid > 17%, Liquor carbonic detergens, methenamine, menthol, salicylic acid ≥ 40%, sodium thiosulfate, sulfur, sucralfate, sulfacetamide, thiabendazole, tar distillate, urea, verapamil
993050	Pain Treatment (Non Narcotic)	Amitriptyline, Amantadine, Benzocaine, Bupivacaine, Cyclobenzaprine, Phenazopyridine, Lidocaine
993069	Narcotic Pain Treatment	Morphine, Oxycodone, Methadone, Codeine
993077	Miscellaneous	Cantharidin, Diltiazem, Fluorouracil, Glycopyrrolate, Nifedipine

2. Enter the applicable compound code.

Code	Type
0	Topical cream
1	Topical ointment
2	External lotion

3	Internal liquid
4	External powder
5	Internal powder
6	Injection/infusion
7	Eye/Ear drop
8	Suppository
9	Other

3. Enter the actual preparation time.

4. Maintain supporting documentation including formula, ingredient quantities and costs, preparation date, pharmacist/compounder identifiers and required regulatory documentation.

5. Submit the claim electronically.

Important Reminders

- ✓ Compounds must meet GreenShield eligibility requirements.
- ✓ Compounds that duplicate a commercially available product are generally not eligible, except in documented drug shortages.
- ✓ Compound claims remain subject to audit.
- ✓ Quebec plan members may continue to submit eligible RAMQ extemporaneous compounds.
- ✓ If electronic submission is unsuccessful, members may submit an official pharmacy receipt for reimbursement.

Learn More

Please review the updated **Compound Drug Policy** on ProviderConnect for complete eligibility, PIN listings, pricing, and audit requirements.

UPDATED PHARMACY CLAIMS MANUAL NOW AVAILABLE

GreenShield's Pharmacy Claims Manual has been updated and is now available on providerConnect. Pharmacy providers are reminded that, in accordance with their Pharmacy Claim Submission Agreement, they are required to comply with the policies and requirements outlined in the manual.

All claims submitted to GreenShield must be supported by appropriate documentation and are subject to audit. We encourage pharmacy providers to review the updated manual to ensure continued compliance with GreenShield's claims submission and documentation requirements.

KARE PROGRAM REMINDER: OHIP+ is the Primary Payer

The KARE program is a publicly funded program and is **not** considered a private plan for the purposes of OHIP+ eligibility. Therefore, eligible KARE members aged 24 and under should have their prescription drug claims submitted to **OHIP+ first**, with GreenShield acting as the secondary payer.

How to submit KARE program claims

1. For eligible KARE members aged 24 and under, submit the prescription drug claim to OHIP+ first.
2. OHIP+ adjudicates the claim and pays any eligible portion.
3. Submit any remaining eligible amount to GreenShield as the secondary payer. KARE plan claims submitted to GreenShield first will be denied.