



SaferMedsNL: Questions and Answers for Pharmacists

1. Is SaferMedsNL only open to NLPDP clients?

No, SaferMedsNL is a universal program open to all residents of Newfoundland and Labrador who are receiving long-term prescriptions (greater than 12 weeks) for PPIs (Dexilant, Losec, Pariet, Nexium, Pantoloc, Prevacid, Tecta and their generic equivalents).

1. How does pharmacist reimbursement work?

Pharmacists will be reimbursed \$23.00 for the initial consultation and \$10.00 for the follow-up conversation with the patient.

2. What constitutes the initial consultation?

The initial deprescribing consultation is a 5-10 minute in-person conversation with the patient or the patient's caregiver highlighting some of the harmful effects associated with taking a PPI and asking if he/she would like to further discuss the possibility of stopping the use of the PPI with their physician. It is important for the pharmacist to begin the conversation by asking if the patient has ever had this discussion with another pharmacist (can only be completed once per patient per lifetime). The pharmacist will be reimbursed \$23.00 for the initial consultation.

If the patient agrees, the completed Evidence-Based Pharmaceutical Opinion Form must be forwarded to the prescribing physician.

If the patient declines to proceed, the initial consultation can still be billed, and the Evidence-Based Pharmaceutical Opinion Form faxed to the prescribing physician with the appropriate box ticked (#3) and/or comments indicating that the conversation took place. However, in this situation, there is no billable follow-up.

3. What if a patient presents a first time PPI prescription?

A patient must be taking a PPI for at least 12 weeks before a pharmacist can perform a billable deprescribing initial consultation.

4. Does the initial consultation and the follow-up have to happen through the same pharmacy?

Yes. The follow-up must be completed at the same pharmacy as the initial consultation.

5. How will the pharmacist know if a patient has already had an initial deprescribing consultation with a different pharmacist/pharmacy?

The pharmacist should start the conversation by asking if the patient has ever had this discussion with another pharmacist. If the consultation proceeds when in fact the patient has had an initial consultation elsewhere, there will be a hardstop at time of billing.

6. Can a pharmacist do a medication review at the same time as a deprescribing consultation?

A deprescribing consultation is not considered a medication review and cannot be billed as one. However, a deprescribing consultation may be performed at the same time as a medication review, in which case, a pharmacy can bill for both services. Please note: Audits will be conducted on medication reviews performed on the same day as a deprescribe consultation for the same patient.

7. If the physician declines the request to deprescribe and the pharmacist must phone the patient to tell them this, is that considered a follow-up call (and be billed as such)?

No. That conversation would be considered part of the initial consultation.

8. What constitutes a follow up call?

If the prescribing physician adjusts the therapy with the intent of eliminating chronic use of the PPI, the pharmacist then performs a follow up – in person or over the telephone – within six months to see how the patient is doing. The pharmacist will be reimbursed \$10.00 for the follow-up. The follow-up form is available on the PANL website.

9. What if the pharmacist faxes the form with a recommendation to deprescribe to the physician but does not get a return form?

In this situation, the pharmacist still bills for the initial consultation. To proceed with a follow up, the physician must return the form to the pharmacy indicating a change in therapy.

Exception: a return form will not be required in the following situation:

The pharmacist completes the initial consultation and faxes the form to the doctor with a recommendation. The doctor notes the form, files in the patient's chart and the next time the patient is in, does make a change to the therapy – for example, changes the product or instructs PRN. The patient returns to the pharmacy with the new prescription. The pharmacist then knows that the patient has been deprescribed but does not have a returned form from the physician. This patient should be followed up. In this scenario, a copy of the new prescription initiating the change may be attached to the follow up form in lieu of the faxed back form from the physician.

10. What if a patient is currently taking more than one PPI? Can the pharmacist bill for more than one consultation?

No. The initial consultation should include discussion on all PPIs currently being taken.

11. What if a patient is taking more than one PPI but the prescribing physician deprescribes only one PPI?

That is still considered a change in therapy, so is eligible for a billable follow-up.

12. If the prescribing physician changes the therapy to PRN, is that considered deprescribing?

Yes – any adjustment to the therapy with the intent of eliminating chronic use of the PPI is considered deprescribing. In this situation, the pharmacist will perform a billable follow-up within six months.

13. How do pharmacists bill for non-NLPDP patients?

Using the patient's MCP number. Non-NLPDP clients must hold a valid MCP or the claim will be rejected. Additional claims submission information, including reject codes, is available in the policy document.

14. Do both sides of the Evidence-Based Pharmaceutical Opinion Form have to be scanned and faxed to the physician?

No. the front side is only required.

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