

# SaferMedsNL

## BACKGROUND

Deprescribing means reducing or stopping medications that may not be beneficial or may be causing harm. The goal of deprescribing is to maintain or improve quality of life.

### Why Deprescribe?

- Taking medications may be necessary for health, improving symptoms or prolonged life expectancy. However, over time, the benefits and risks of medication may change.
- The risk of harmful side effects and hospitalizations increases with an increase in the number of prescription medications an individual is using.
- With age, some medications can become unnecessary or even harmful due to short or long-term side effects, and drug interactions.
- Older women are typically more susceptible to adverse effects of medications and more likely to be prescribed risky medications.

Canadians spend \$419M per year on potentially harmful prescriptions and \$1.4B per year in health care costs to treat harmful effects from medications, including fainting, falls, fractures and hospitalizations.

## POLICY

The Government of Newfoundland and Labrador has partnered with MUN School of Pharmacy, the Canadian Deprescribing Network (CaDeN), to implement SaferMedsNL, a three-year universal deprescribing initiative. SaferMedsNL will focus on three classes of drugs: Proton Pump Inhibitors (Phase 1), Sedatives (Phase 2) and Opioids (Phase 3). The SaferMedsNL initiative will commence on January 28, 2019.

### Proton Pump Inhibitors (PPIs) Policy:

- Includes all residents of NL who are receiving long term prescriptions (greater than 12 weeks) for PPIs (Dexilant, Losec, Pariet, Nexium, Pantoloc, Prevacid, Tecta and their generic equivalents);
- Residents of Long Term Care and Personal Care Homes are included in the program;
- Government will reimburse pharmacies for an initial and follow-up deprescribing consultation. Claims can be billed online through the Newfoundland and Labrador Prescription Drug Program (NLPDP) Adjudication System;
- 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.

#### Sedative Policy:

- Includes all residents of NL who are receiving long term Sedative prescriptions (greater than 4 weeks) (Alprazolam, Bromazepam, Clorazepate, Clidinium-chlordiazepoxide, Clobazam, Clonazepam, Diazepam, Flurazepam, Lorazepam, Nitrazepam, Oxazepam, Temazepam, Trazodone, Triazolam, Zolpidem, and Zopiclone);
- Residents of Long Term Care and Personal Care Homes are included in the program;
- Government will reimburse pharmacies for an initial and follow-up deprescribing consultation. Claims can be billed online through the Newfoundland and Labrador Prescription Drug Program (NLPDP) Adjudication System;
- 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.
  
- **Initial Deprescribing Consultation:**
  - involves a 5-10 minute in-person conversation with the patient or patient's caregiver highlighting some of the harmful side effects associated with taking a PPI or Sedative and asking if he/she would like to further discuss the possibility of stopping the use of the PPI or Sedative with their physician. The pharmacist will provide the patient with written education materials highlighting the benefits and harms of the medication;
  - completion of the Evidence-Based Pharmaceutical Opinion Form and forwarding to the prescribing physician. **The provided Evidence-Based Pharmaceutical Opinion Form is the only acceptable form.** Faxing the Evidence-Based Pharmaceutical Opinion Form is not necessary if the patient is not a candidate for deprescribing (i.e.: is using the prescribed medication appropriately as per the pharmaceutical opinion form or is not interested in deprescribing), however, the form will still need to be completed and kept on file for audit purposes. When the patient is a candidate for deprescribing the form must be faxed to the physician;
  - will be reimbursed \$23.00;
  - can be completed once per patient per lifetime;
  - only one initial consultation fee per deprescribing drug class regardless of the number of PPIs or Sedative-Hypnotics the patient may be using.
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- **Follow-up Deprescribing Consultation:**
  - Can be conducted for two reasons:
    - i. The physician has made a change to the prescription indicating an intent to deprescribe. This can be indicated by faxing back of the Pharmaceutical

Opinion form, verbal order or new prescription. In this case the follow up consultation should focus on providing advice on weaning and side effect management;

- ii. There has been no response from the physician or change in prescription but the pharmacist wishes to conduct another conversation with the patient to further discuss the possibility of deprescribing. This type of follow up must be conducted at least 30 days after the initial consultation.
  - must document the follow-up by completing the SaferMedsNL Follow-up Form;
  - must be completed within 6 months of the initial consultation;
  - must be completed at the same pharmacy as the initial consultation;
  - will be reimbursed \$10.00;
  - involves an in-person or telephone consultation with the patient or patient's caregiver;
  - can only be completed once per patient per lifetime;
  - only one follow-up consultation fee per deprescribing drug class regardless of the number of PPIs or Sedative-Hypnotics the patient may be using.

**As the Deprescribing Initiative is a government-funded program, claims billed for consultations are subject to audit. Public monies paid for claims not billed in compliance with the policies outlined above will be recovered.**

## **CLAIMS SUBMISSION INFORMATION**

Claiming a Deprescribing Consultation (Initial or Follow-up):

- PIN:
  - Initial – 92099810 (PPI), 92099805 (Sedatives)
  - Follow-up – 92099975 (PPI), 92099804 (Sedatives)
- Prescriber Reference ID: 16
- Prescriber: Use the NLPDP Billing number of the pharmacist doing the consultation
- Days Supply: 1
- Quantity: 1
- Special Services Fee (SSF): Claim \$23.00 for Initial or \$10.00 for Follow-up

**There will be NO client co-payment required for claims for Deprescribing Consultations**

**There will be no SSC code required**

## **REQUIRED DOCUMENTATION**

The Pharmacist must document the initial consultation by completing the Evidence-Based Pharmaceutical Opinion Form.

The Evidence-Based Pharmaceutical Opinion Form must be forwarded to the prescribing physician and proof of email or fax confirmation must be kept in pharmacy records. In cases where the patient is not a candidate for deprescribing, the form does not need to be faxed to the physician but must be completed and kept on file for audit purposes. If the Form AND email or fax confirmation, where applicable, cannot be produced during audit activity, the claim will be considered not validated and will result in a recovery.

For proof of mail: Before mailing, stamp/sign the original with the date mailed. Mail the original and retain a photocopy for your records

The Pharmacist must document the follow-up by completing the SaferMedsNL Follow-up Form and keeping it on file for audit purposes.

For more information on the SaferMedsNL initiative, please visit [www.SaferMedsNL.ca](http://www.SaferMedsNL.ca)