



SaferMedsNL: Questions and Answers for Pharmacists

SaferMedsNL is a three-year universal program, open to all residents - not just those under NLPDP. As previously announced, Phase One – deprescribing of PPIs – has been extended for one year and will continue along with Phase Two – deprescribing of sedatives – until February 3, 2021.

Important policy changes

PANL is pleased to advise that based on your input and feedback, the Department of Health and Community Services has agreed to adjust the follow up criteria as follows. **Please note these changes apply to Phase One and Phase Two.**

- Pharmacists will be allowed to follow up with patients independent of the physician responding to the Pharmaceutical Opinion form or changing the prescription. This is a \$10 billable activity
- The requirement to fax the Pharmaceutical Opinion form to physicians if the patient is not a candidate for deprescribing has been removed.

COVID-19:

Temporarily during the COVID-19 pandemic, pharmacists may conduct the initial consultation over the phone or virtually. It is an important component of billing the initial consultation that the educational material be provided to the patient. This may be done via email and a copy of the sent email containing the electronic brochure must be provided for audit. If the patient requests the brochure by mail, the following process must be followed: Before mailing, stamp/sign the original with the date mailed. Mail the original and retain a photocopy for your records.

QAs

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)
- or Sedative prescriptions (greater than 4 weeks) - Alprazolam, Bromazepam, Clorazepate, Clidinium-chlordiazepoxide, Clobazam, Clonazepam, Diazepam,

Flurazepam, Lorazepam, Nitrazepam, Oxazepam, Temazepam, Trazodone, Triazolam, Zolpidem, and Zopiclone);

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/Sedative and asking if he/she would like to further discuss the possibility of stopping the use of the PPI/Sedative 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. The form should still be completed and kept on file for audit purposes but does not need to be faxed to the physician. There is no billable follow-up in this situation.

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

A patient must be taking a PPI/Sedative for at least 12 weeks or a Sedative (greater than four 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?

The follow up conversation can be done 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?

As of January 2020, the pharmacist can perform and bill for a follow up even if the physician does not fax back the form.

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

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

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

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/Sedative 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.

January 23, 2019

Revised: March 18, 2019

August: January 2020