

## Collaborative Prescribing Agreement NALTREXONE and ACAMPROSATE for the Treatment of Alcohol Dependence

*This Collaborative Prescribing Agreement (the "Agreement") is entered into by the Pharmaceutical Services Division, BC Ministry of Health, and the undersigned prescriber.*

To obtain PharmaCare coverage on my patients' behalf for naltrexone (ReVia®) or acamprosate (Campral®), I, \_\_\_\_\_, [ Name of physician - please print] agree to prescribe according to the following Limited Coverage criteria:

<b>Naltrexone</b>	For the treatment of alcohol use disorder <b>AND</b> in combination with behavioural intervention therapy (e.g., psychosocial counselling) as necessary. <i>Approval period: 1 year</i>
<b>Acamprosate</b>	For the maintenance of abstinence in patients who have been abstinent from alcohol for at least four days <b>OR</b> for the treatment of alcohol use disorder for patients who have contraindications to naltrexone (i.e., concurrent opioid use, acute hepatitis, or liver failure) <b>AND</b> in combination with behavioural intervention therapy (e.g., psychosocial counselling) as necessary. <i>Approval period: 1 year</i>

**Terms of the Agreement:**

- The Pharmaceutical Services Division reserves the right to implement Collaborative Prescribing Agreements for PharmaCare coverage; require renewals of such Agreements; and, as necessary, conduct quality assurance checks of such processes. For quality assurance purposes, a physician with a valid exemption agrees to receive feedback on his/ her prescribing of naltrexone or acamprosate, such as de-personalized, aggregate prescribing data.
- Patients whose prescriptions for naltrexone or acamprosate are written by a prescriber who has entered into an Agreement will receive automatic coverage for their subsequent claim.
- PharmaCare coverage is **not** retroactive. A current valid Agreement must be in place **before** a patient fills a prescription. PharmaCare coverage for naltrexone or acamprosate is available only with a valid Agreement.
- If a patient does **not** meet the terms of this Agreement, the prescriber must write the following instruction to pharmacists **on** the prescription "Submit as zero cost to PharmaCare," indicating that the prescription is not to be covered by PharmaCare.
- A physician's exemption under this Agreement may be discontinued if the exempted physician prescribes naltrexone or acamprosate in a manner inconsistent with the terms of this Agreement.

\_\_\_\_\_  
Name of prescriber (please print)

\_\_\_\_\_  
College of Physicians & Surgeons ID Number

\_\_\_\_\_  
Prescriber signature

\_\_\_\_\_  
Medical Services Plan Billing Number

\_\_\_\_\_  
Date submitted

\_\_\_\_\_  
Fax # (to which confirmation of exemption should be sent)

**FAX COMPLETED AGREEMENT TO HEALTH INSURANCE BC at 1-250-405-3599**

A copy of this Agreement will be kept on file at the Ministry of Health.

**Pharmaceutical Services Division Use Only:**

Effective date: \_\_\_\_\_  
Approval period for exemption: **Indefinite**  
Approved on behalf of PSD: \_\_\_\_\_  
Confirmation sent: (Date) \_\_\_\_\_

**DBR Operational Information:**  
ID reference number for CPSBC = **91**  
Category and subcategory code = 9901-0144 (naltrexone), 9901-0143 (acamprosate)  
Assumed SA = **No**