

Collaborative Prescribing Agreement

Low Molecular Weight Heparin: dalteparin (Fragmin[®]), enoxaparin (Lovenox[®]), nadroparin (Fraxiparine[®]) and tinzaparin (Innohep[®]) for Prophylaxis of Venous Thromboembolism (VTE) following elective total hip and knee replacement surgery

This COLLABORATIVE PRESCRIBING AGREEMENT (the "Agreement") is entered into by the Medical Beneficiary and Pharmaceutical Services Division (MBPSD), Ministry of Health, B.C., and the undersigned orthopedic surgeon.

To obtain an orthopaedic surgeon exemption from completing Special Authority requests for dalteparin (Fragmin[®]), enoxaparin (Lovenox[®]), nadroparin (Fraxiparine[®]) and tinzaparin (Innohep[®]) for prophylaxis of VTE, following elective total hip and knee replacement surgery I, _____, an orthopedic surgeon, agree to prescribe according to the following Limited Coverage criteria:

(Name of orthopedic surgeon)

Special Authority Criteria	Approval Period
Prophylaxis of venous thromboembolism (VTE) following elective total hip replacement surgery or elective total knee replacement surgery, where the initial post-operative doses are administered in an acute care (hospital) setting.	Approval period is to complete the balance of a total duration of therapy following elective surgery: Up to a 35-day total following elective total hip replacement Up to a 14-day total following elective total knee replacement
Special Notes: <ul style="list-style-type: none"> The total duration of therapy includes the period during which doses are administered post-operatively in an acute care (hospital) setting and the approval period is for the balance of the total duration after discharge (i.e. for orthopedic patients only). 	

Terms of the Agreement:

- The Medical Beneficiary & Pharmaceutical Services Division reserves the right to: modify the Limited Coverage criteria, grant practitioners exemptions from completing Special Authority requests for prescriptions meeting the above Limited Coverage criteria; require renewals of exemptions; and, as necessary, conduct quality assurance checks of such processes. For quality assurance purposes, the orthopedic surgeon with a valid exemption agrees to receive feedback on his/her prescribing of dalteparin, enoxaparin, nadroparin and tinzaparin for prophylaxis of VTE.
- Patients who meet the Limited Coverage criteria and whose prescription is written by an orthopedic surgeon with a valid exemption will receive automatic Special Authority coverage for their subsequent claims up to the specified maximum.
- PharmaCare coverage is subject to the patient's PharmaCare plan rules, including any annual deductible requirement.
- Each CPA must be signed by the practitioner who is requesting coverage and not a delegate.
- PharmaCare coverage is not retroactive. Special Authority approval or a current valid practitioner Special Authority exemption must be in place before a patient fills an initial or refill prescription.
- For any patient who does not meet the Limited Coverage criteria, an orthopedic surgeon with a valid exemption is required to do one of the following:
 - a) 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; or
 - b) Apply for exceptional PharmaCare coverage by submitting a Special Authority request with full documentation (via fax to 1-800-609-4884).
- An exemption may be discontinued if the orthopedic surgeon with a valid exemption prescribes dalteparin, enoxaparin, nadroparin and tinzaparin for prophylaxis of VTE in a manner inconsistent with the terms of this Agreement.

Name of orthopedic surgeon (please print)

College of Physicians & Surgeons ID Number

Orthopedic surgeon 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.

Medical Beneficiary & Pharmaceutical Services Division Use Only:

Effective date: _____ Approval period: Indefinite Approved on behalf of PSD: _____ Confirmation sent: (Date) _____	DBR Operational Information: ID reference number for CPSBC = 91 Category and subcategory code = dalteparin 9901-0022, enoxaparin 9901-0068, nadroparin 9500, 19000 u/ml 9901-0103, tinzaparin 3500, 10000, 20000 u/ml 9901-0023 Assumed SA = No
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