

# Collaborative Prescribing Agreement

## Long-Acting Methylphenidate for Pediatric Attention-Deficit Hyperactivity Disorder

This COLLABORATIVE PRESCRIBING AGREEMENT (the "Agreement") is entered into by the Pharmaceutical Services Division (PSD), Ministry of Health Services, B.C., and the undersigned physician.

To obtain a Physician Exemption from completing Special Authority requests for

**long-acting methylphenidate (Concerta®), I,** \_\_\_\_\_,  
(Name of physician – please print)

agree to prescribe according to the following Limited Coverage criteria:

For patients 6 to 18 years of age diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD) who require 12 hours of continuous coverage for significant and problematic disruptive behaviour or problems with inattention that interfere with learning **AND** have been previously tried on one of the following with unsatisfactory results\*: immediate- or sustained-release methylphenidate **OR** immediate- or sustained-release dextroamphetamine.

*\*Notes: 1. Unsatisfactory results are defined as continuing symptoms of ADHD or functional impairment secondary to ADHD, while on a trial of immediate- or sustained-release ADHD medication of adequate dose and 4-week duration (specific details of dose and duration required, including justification if applicable). 2. Coverage is not intended for "performance enhancement" in children or youth who do not have symptoms or functional impairment.*

### Terms of the Agreement:

- PSD reserves the right to: grant physicians 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 physician with a valid exemption agrees to receive feedback on his/ her prescribing of long-acting methylphenidate, such as de-personalized, aggregate prescribing data.
- Pediatric patients who meet the Limited Coverage criteria and whose prescription is written by a physician with a valid exemption will receive automatic Special Authority coverage for their subsequent claims up to the patient's 19<sup>th</sup> birthday.
- PharmaCare coverage is not retroactive. Special Authority approval or a current valid Physician Special Authority exemption must be in place before a patient fills a prescription.
- For any patient (regardless of age) who does not meet the Limited Coverage criteria, a physician 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 these prescriptions are 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).
- A physician's exemption may be discontinued if the exempted physician prescribes long-acting methylphenidate in a manner inconsistent with the terms of this Agreement.

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

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

\_\_\_\_\_  
Physician 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 Services.

#### PSD 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 = **9901-0092**

Assumed SA = **Yes**