

Collaborative Prescribing Agreement
BUPRENORPHINE PLUS NALOXONE
for Substitution Treatment of Opioid Dependence in Adults

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

To obtain PharmaCare coverage on my patients' behalf for **buprenorphine plus naloxone (Suboxone®)**,

I, _____, a methadone maintenance prescriber,
Name of physician (please print)

agree to prescribe according to the following Limited Coverage criteria:

Treatment of opioid dependence where methadone is contraindicated (e.g., for patients at high risk of, or with QTc prolongation or those with a hypersensitivity to methadone) OR where there is an inadequate response or intolerance to methadone.

Patients being considered for buprenorphine plus naloxone are at low risk for drug diversion.

Notes: 1. The College of Physicians and Surgeons of British Columbia limits the prescribing of buprenorphine plus naloxone to physicians with a registered license who have completed the necessary training course, and are authorized to prescribe methadone for the treatment of opioid dependence. 2. Buprenorphine plus naloxone should not be used in combination with methadone. 3. Treatment with buprenorphine plus naloxone should only be continued for patients who demonstrate continued clinical benefit (e.g., opiate-free on random urine screening, positive lifestyle changes). 4. BC PharmaCare pays an interaction fee to pharmacists for witnessing the ingestion of methadone but does not pay a fee for buprenorphine plus naloxone. 5. While buprenorphine plus naloxone carries a lower risk of diversion than methadone, there is still a potential for diversion that warrants case-by-case consideration.

Terms of the Agreement:

- PSD reserves the right to: Implement and modify 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, the physician with a valid exemption agrees to receive feedback on his/ her prescribing of buprenorphine plus naloxone, such as depersonalized, aggregate prescribing data.
- By signing this Agreement, an individual methadone maintenance prescriber certifies that he/she has fulfilled the requirements of the College of Physicians and Surgeons of British Columbia to prescribe buprenorphine plus naloxone (including completion of the necessary training course).
- Patients whose prescription is written by a methadone maintenance prescriber who has entered into a Collaborative Prescribing Agreement will receive automatic coverage for their subsequent claim.
- PharmaCare coverage is subject to the patient's PharmaCare plan rules including any annual deductible requirement.
- PharmaCare coverage is not retroactive. A current valid Agreement must be in place before a patient fills a prescription. PharmaCare coverage for buprenorphine plus naloxone is only available with a valid Collaborative Prescribing Agreement. For any patient who does not meet the terms of this Agreement, a methadone maintenance prescriber who has entered into a Collaborative Prescribing Agreement must 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.
- A physician's exemption may be discontinued if the exempted physician prescribes buprenorphine plus naloxone in a manner inconsistent with the terms of this Agreement.

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.

Name of methadone maintenance prescriber (please print)

College of Physicians & Surgeons ID Number

Signature of methadone maintenance prescriber

Medical Services Plan Billing Number

Date submitted

Fax # (to send confirmation of exemption)

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 = **9901-0116**
 Assumed SA = **No**