

Frequently Asked Questions for Pharmacists

Methadone Maintenance Treatment Reimbursement Policy under the Ontario Drug Benefit Program

Methadone Maintenance Treatment Reimbursement Policy, 2020

All Ontario pharmacies are required to comply with the *Methadone Maintenance Treatment (MMT) Reimbursement Policy, 2014*, effective June 26, 2014.

Effective May 1, 2020, the 2014 policy will be replaced by an updated policy, the *Methadone Maintenance Treatment Reimbursement Policy, 2020* (hereinafter, referred to as the “**Policy**”). These updated FAQs for pharmacists accompany the Policy.

1_How is a claim for methadone 10mg/mL oral liquid reimbursed under the Policy?

Methadone 10mg/mL oral liquid is listed on the Ontario Drug Benefit (ODB) Formulary (Formulary) with a Drug Benefit Price (DBP) per mL. Claims for methadone 10mg/mL oral liquid for methadone maintenance treatment (MMT) follow the same rules as all other ODB claims, except that the copayment cannot be collected from the ODB recipient and one dispensing fee per daily dose (i.e., one fee for each witnessed or daily supply carry dose) may be submitted to the Health Network System (HNS). See below for instructions on calculating reimbursement:

Drug cost = DBP x volume (mL)

+ Mark up: applicable %

+ Dispensing Fee: (or applicable rural fee)

- **\$0, \$2 or \$6.11 depending on the eligibility stream of the ODB recipient**

2_How are methadone carry doses reimbursed under the Policy?

Under the Policy, one claim is submitted for each witness dose and one claim is submitted for **each** daily supply carry dose that is provided to the ODB recipient.

For example, if you have a prescription for one witnessed dose on Monday and 6 carry doses for Tuesday through Sunday, the ministry pays one dispensing fee for one

witnessed dose on Monday and one dispensing fee for each daily supply carry dose labelled for Tuesday through Sunday. All 7 prescription claims would be submitted on the Monday, the day of the witnessed dose, and all 7 claims are eligible for a dispensing fee submitted on Monday. The claims appear as follows:

- one claim with a dispensing fee is submitted for the Monday witnessed dose;
- one claim with a second dispensing fee is submitted for the Tuesday carry dose;
- one claim is submitted with a third dispensing fee for the Wednesday carry dose; and so on for Thursday, Friday, Saturday and Sunday
- each claim for the carry doses is submitted on the day that the carry doses were dispensed (i.e., Monday in this example)
- In the example above, where 1 witness dose and 6 carry doses are dispensed, a total of 7 dispensing fees are permitted.

In other words, on Monday when all of the doses were dispensed, a total of 7 claims and 7 dispensing fees would have been submitted to the Ministry for payment through the HNS.

When more than one claim is submitted for the same DIN on the same day for the same patient, the HNS will reject the second (and subsequent) claim(s) with response code “A3” – identical claim processed which can be overridden with an appropriate intervention code. Please refer to the Ontario Drug Programs (ODP) Reference Manual for intervention codes.

All labels must adhere to all Ontario College of Pharmacists policies and guidelines including the dose and date of ingestion on each labelled bottle.

3_What is the dispensing fee under the Policy?

Under the Policy, pharmacies will be paid their applicable ODB dispensing fee (which could be a rural dispensing fee if that applies) for each day’s supply of methadone 10mg/mL liquid that is dispensed, minus the recipient’s co-payment that would apply to other drug claims.

As per the response in Question 2, a dispensing fee is paid for each of the daily doses of MMT dispensed whether it is a witnessed or a carry dose. All claims submissions for carry doses are submitted on the day the carry doses were dispensed to the patient which is typically on the same day as the witnessed dose.

When more than one claim is submitted for the same DIN on the same day for the same patient, the HNS will reject the second (and subsequent) claim(s) with response code “A3” – identical claim processed which can be overridden with an appropriate intervention code. Please refer to the ODP Reference Manual for intervention codes.

Pharmacies are NOT permitted to charge the co-payment to ODB eligible patients when dispensing methadone 10mg/mL oral liquid for MMT. This includes the co-payment of \$0, \$2 or \$6.11 depending on the ODB recipient's eligibility and it includes both witnessed and carry doses of methadone.

4_How do I enter the dose quantity of one of the ODB listed methadone 10mg/mL oral liquid products into the pharmacy system?

The ministry requires that the prescribed milligram (mg) dose of methadone 10mg/mL oral liquid be converted to millilitres (mLs) of drug dispensed and entered as a single dose for the submission to the Health Network System (HNS) and the Narcotics Monitoring System (NMS). For example, if a physician prescribed 75 mg of methadone each day, the claim submission to the HNS and the NMS record must indicate a quantity of 7.5 mL of methadone 10mg/mL oral liquid.

5_Our pharmacy system software is not designed with a decimal place for the quantity dispensed. How can I input the correct quantity of 7.5mL for a 75mg dose?

Please contact your pharmacy software vendor to activate the decimal point on your software, if necessary. Software vendors have confirmed that decimal points can be accommodated on software systems.

Decimal Places and Claims Standards

The Health System Network uses CPhA V. 3 Claims standard which supports volumes with one decimal place. For example, a dose of 75mg of methadone would be a volume of 7.5mL.

For some claims, the dose may need to be adjusted. For example, a dose of 2.5mg of methadone would be equal to 0.25mL of 10mg/mL oral liquid. As a result, the dose may need to be adjusted to 3mg or 2mg. This will require a physician's written authorization.

6_How can I appropriately measure small doses of MMT?

The pharmacist must measure the appropriate dose of methadone 10mg/mL oral liquid using an appropriate measuring device. All prescribed doses of methadone 10mg/mL liquid can be measured using the appropriate equipment and / or by applying dilution calculations for pediatric dosing.

7_ Can I dilute methadone 10mg/mL liquid with drink mix (e.g. Tang®) as was previously done for patients receiving compounded methadone liquid?

Methadone 10mg/mL oral liquid must be diluted prior to dispensing, as per the requirements under the Ontario College of Pharmacists Policy and Guidelines. The practice of diluting methadone 10mg/mL liquid with any diluent including drink mix (e.g. Tang®) is not considered compounding under the ODB program and is not eligible for reimbursement as an extemporaneous preparation.

8_ Will the pharmacy be reimbursed for the cost of drink mix (e.g. Tang®) and distilled water that is used to prepare the methadone dose for the patient?

No. The Ministry will reimburse the pharmacy only for the Drug Benefit Price as listed on the Formulary in respect of each claim for methadone 10mg/mL oral liquid plus a % mark-up on that amount.

9_ When we bill the methadone 10mg/mL oral liquid, do we submit the claim as a regular drug product, or should we bill it as a compound?

Methadone 10mg/mL oral liquid must be diluted prior to dispensing, as per the requirements under the Ontario College of Pharmacists applicable Policy and Guidelines. The practice of diluting methadone 10mg/mL oral liquid with any diluent including drink mix (e.g. Tang®) is not compounding and is not eligible for reimbursement as an extemporaneous compound. The claim should be submitted for the drug product in accordance with the Policy and these FAQs.

10_ Can the pharmacy charge the ODB recipient a co-payment for MMT?

No. Under the Policy, pharmacists are not allowed to charge a co-payment to ODB eligible patients when dispensing methadone liquid for MMT, even though the dispensing fee paid is reduced by \$0, \$2 or \$6.11 based on the recipient's copayment for other drug claims.

11_ Will the Health Network System (HNS) be transmitting a patient pays value = \$0.00 back to the pharmacy OR will it transmit a value of \$2.00 or \$6.11?

Since the claim is being processed in the same manner as other ODB claims, the HNS does not transmit a \$0.00 patient co-payment value. Pharmacists must ensure the patient co-payment value of either \$2.00 or \$6.11 on the patient prescription receipt is changed to a zero value and patients are not charged the co-payment.

12_How are split doses reimbursed under the Policy?

According to the Policy, “One fee is paid for each daily supply that is provided to an eligible person...”

If there are split doses, the pharmacy must submit only one fee for each day’s total supply. For example, 30mg methadone twice daily, dispensed as two prescriptions, means that for the first claim the fee should be included but for the second claim on that day, no fee should be submitted (i.e., only drug cost and mark up). Additional fees will not be paid.

13_What is the required information on the prescription label?

The pharmacy-generated prescription label must comply with Ontario College of Pharmacists’ prescription label requirements and indicate the methadone dose and the date of ingestion.

14_For patients working towards their Trillium deductible, will all fees/costs be applied towards their deductible? What happens when the Trillium deductible has been met?

Yes, all eligible fees and costs for prescriptions, including methadone can be applied towards a patient’s Trillium deductible provided the costs were paid out of pocket by the patient. When the deductible has been met, claims may be submitted for ODB recipients as per the terms of the Policy.

15_Will compounded methadone solution be reimbursed under the ODB program?

Effective September 1st, 2014 claims for extemporaneously compounded methadone solution are not eligible for payment under the ODB program.

However, compounded methadone (using methadone powder) under the Policy may only be dispensed to patients who have had an allergic reaction to all manufactured methadone products listed on the Formulary. EAP approval is required.

16_ Are prescriptions for methadone oral liquid for chronic pain reimbursed under the ODB Program?

An application for funding consideration must be submitted by an authorized prescriber to the Exceptional Access Program for any ODB eligible patients who are prescribed methadone for chronic pain.

The Policy does not apply to methadone for chronic pain.

17_ How are replacement claims billed if there is a dose changes after carries have been dispensed?

If the prescribed dose is changed after carry doses for an ODB recipient have already been dispensed, (i.e., the pharmacy has already billed a dispensing fee for that ODB recipient for that day's dose with the original claim), the replacement claim(s) must not include a dispensing fee. A maximum of one dispensing fee is eligible for payment per ODB recipient per daily dose.

18_ I work at a pharmacy that dispenses to residents of a long-term care (LTC) home, does the Policy apply to the dispensing fees for these patients if they are prescribed MMT?

The Policy does not apply to Primary Pharmacy Service Providers (PSP) that dispense MMT to residents of Long-Term Care (LTC) homes as dispensing fees submitted for LTC home residents are included as part of the capitation payments to Primary PSPs. However, the Policy does apply to the dispensing of methadone to a LTC home resident for MMT by a Secondary PSP. Secondary PSPs that dispense to residents of LTC homes on an emergency basis, will follow the protocol outlined under the *Policy for Pharmacy Payments under the LTC Home Capitation Funding Model, 2020* that was posted on the ministry website on December 16, 2019 and can be accessed at this link: http://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/eo_communiq.aspx