Notice from the Executive Officer: Methadone Maintenance Treatment

Frequently Asked Questions for Pharmacists # 2

1. How is a claim for Methadose reimbursed under the new Methadone Maintenance Treatment (MMT) Reimbursement Policy, 2014?

Methadose is listed on the Ontario Drug Benefit (ODB) Formulary with a drug benefit price of $0.1500 per mL. Claims for Methadose follow the same rules as all other Ontario Drug Benefit (ODB) claims with one exception:

- Drug cost = $0.15 x volume (mL)
- Mark up: 8%
- Dispensing Fee: $8.83 (or applicable rural fee)
- Cost Sharing (e.g., $2 copayment)

The exception under the Methadone Maintenance Treatment (MMT) Reimbursement Policy, 2014, is that the copayment cannot be collected from the ODB recipient.

2. How are methadone carries reimbursed under the new MMT Reimbursement Policy?

Under the new MMT Reimbursement Policy, 2014, one claim is submitted for the witness dose and one claim is submitted for each daily carry that is provided to the ODB recipient.

For example if you have a prescription for a witnessed / drink dose on Monday and 6 carry doses:

- one claim is submitted for the Monday witnessed drink dose;
- one claim is submitted for the Tuesday carry dose;
- one claim is submitted for the Wednesday carry dose; and so on for Thursday, Friday, Saturday and Sunday
- each claim for the carry dose is submitted on the day that you dispensed the “carry” dose (i.e., Monday)

That means that on Monday when all of the doses were dispensed, a total of 7 claims would have been submitted to the Ministry for payment through the Health Network System.

All labels must adhere to the Ontario College of Pharmacists (OCP), Methadone Maintenance Treatment (MMT) and Dispensing Policy including the date of ingestion on each labelled bottle.
3. **How are split doses reimbursed under the new MMT Reimbursement Policy?**

According to the *MMT Reimbursement Policy, 2014*, “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 supply. For example, 30mg methadone twice daily 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).

4. **What is the dispensing fee under the new MMT Reimbursement Policy, the full $8.83 or applicable rural dispensing fee?**

Under the new *MMT Reimbursement Policy, 2014*, pharmacies will be paid their applicable ODB dispensing fee (which could be a rural dispensing fee if that applies) minus the recipient’s applicable co-payment portion for each day’s supply of Methadose solution that is dispensed.

Pharmacies are NOT permitted to charge the co-payment to ODB eligible patients when dispensing Methadose solution. This includes the co-payment for higher and lower income senior recipients and it includes both witnessed and carry doses of methadone.

5. **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.

6. **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 Ministry’s *MMT Reimbursement Policy, 2014*.

7. **Does the new MMT Reimbursement Policy mean that beginning June 26, 2014 the pharmacies cannot compound methadone stock solution any longer?**

No. Pharmacies have until August 1st to make the transition from dispensing methadone powder to dispensing Methadose solution. The methadone compound PIN can be used until end of day on July 31, 2014. After that time, the compound PIN can no longer be used and pharmacies dispensing methadone are expected to use the Methadose solution and submit claims for reimbursement using the DIN as listed in the ODB Formulary.

Methadose solution is an eligible benefit funded under the ODB program as of June 26, 2014. Pharmacists that dispense methadone maintenance treatment (MMT) may be reimbursed for Methadose solution as it is now listed on the ODB Formulary for MMT addiction.
8. **What happens to my existing Methadone (MMT) Capitation Agreement between the pharmacy and the Ministry?**

MMT Capitation Agreements only apply to compounded methadone claims that use the methadone powder. The new *MMT Reimbursement Policy, 2014*, does not change how compounded methadone is reimbursed by the ministry during this one month transition period. Pharmacies that choose to continue to compound methadone solution for their patients during this transition period, should continue to submit claims under the MMT compound PIN in the same manner as they have in the past (under the capitation model vs. non-capitation model).

9. **Will the billing for the quantity in millilitres of Methadose solution dispensed (instead of milligrams) affect the information on the patient-specific label?**

The label on the bottle must adhere to the Ontario College of Pharmacists (OCP) *Methadone Maintenance Treatment (MMT) and Dispensing Policy*.

The “quantity” that is submitted for billing must be the millilitres dispensed of Methadose prior to further dilution. This requirement (for billing purposes) does not affect any changes to the directions on the final dispensed product. As noted, label requirements must adhere to OCP Policy.

10. **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.

11. **I am trying to order Methadose for my ODB recipients however, the wholesaler, is backordered on this drug.**

The ministry has been in touch with the manufacturer regarding the supply of Methadose. The expectation is that wholesalers will have supply available for ODB recipients.

12. **Will the pharmacy be reimbursed for the cost of Tang and distilled water that is used to prepare the methadone dose for the patient?**

No. The Ministry will reimburse the pharmacy for the Drug Benefit Price as listed on the ODB Formulary in respect of each claim for Methadose (methadone) 10mg/mL oral solution plus an 8% mark-up on that amount.

13. **When we bill the Methadose 10mg/mL stock solution, do we submit the claim as a regular drug product or should we bill it as a compound?**

Methadose 10mg/mL oral solution must be diluted prior to dispensing, as per the requirements under the OCP *Methadone Maintenance Treatment (MMT) and Dispensing Policy*. The practice of diluting Methadose with any diluent including Tang is not compounding and is not eligible for reimbursement as an extemporaneous compound.
14. Are patients aware of the change to their methadone treatment?

In Ontario, most patients will not see any changes in how they take their daily methadone treatment.

An information sheet with Frequently Asked Questions about Methadose has been developed by the ministry for patients who are receiving methadone as part of a methadone maintenance treatment regimen. Pharmacists and physicians should share this information with their patients. Patients may also access a copy of the Frequently Asked Questions on the Ontario Public Drug Programs’ website at: http://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/eo_communiq.aspx

The ministry also sent copies of the Frequently Asked Questions information sheet for patients to a number of health care partners, including the Local Health Integration Networks, the Centre for Addiction and Mental Health, the Ontario Hospital Association and relevant professional associations and colleges including that of pharmacists, physicians, nurses and paramedics.