

Notice from the Executive Officer: Buprenorphine/ Naloxone (Suboxone® and generics) Reimbursement Reminder under the Ontario Drug Benefit Program

Buprenorphine/Naloxone is used for the treatment of opioid dependence in patients and is listed on the Ontario Drug Benefit (ODB) Formulary as a general benefit. As a narcotic drug, Buprenorphine/Naloxone requires a written or faxed prescription from a prescriber who is expected to have undergone appropriate training / education on Buprenorphine/Naloxone treatment and addiction medicine.

Best practice guidelines¹ direct that Buprenorphine/Naloxone be prescribed similar to methadone maintenance treatment including:

- Start and stop dates
- Days for supervised administration (witness doses)
- Days for take home doses

Buprenorphine/Naloxone Claims Submission for ODB eligible recipients:

Prescriptions for Buprenorphine/Naloxone will vary depending on the clinical assessment of the patient. Pharmacists may receive prescriptions that indicate daily dosing for a period of time as well as take home supplies and/or supplemental dosing. (Refer to Table 1 for Buprenorphine/Naloxone prescribing scenarios). Being a narcotic, Buprenorphine/Naloxone is one of the drugs that is exempted by the Executive Officer from the two-dispensing-fees-per-28-days rule set out in subsection 18(10) of Ontario Regulation 201/96 under the *Ontario Drug Benefit Act*. For more information on the [exempted medication lists please visit the ministry website](#).

Pharmacists must bear in mind the requirements regarding narcotic prescription dispensing in general, as well as recordkeeping and data disclosure procedures for opioids and monitored drugs under the *Narcotics Safety and Awareness Act, 2010*.

¹ The Ontario College of Pharmacists (OCP) published 'Buprenorphine for the Treatment of Opioid Dependence' in the Winter 2012 based on *Buprenorphine/Naloxone for Opioid Dependence: Clinical Practice Guidelines* that were updated in 2011 by the Centre for Addiction and Mental Health; these publications should be referred to by pharmacists that are dispensing *Buprenorphine/Naloxone*. Guidelines can be accessed on the [OCP website](#).

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Pharmacists should ensure accurate prescriptions in all cases. Possible prescription scenarios may include: (refer to Table 1)

- Pharmacies may claim one dispensing fee per day per patient for each supervised / witnessed Buprenorphine/Naloxone dose on the day the dose is witnessed by the pharmacist.
- If a prescription directs a take home supply in addition to one witnessed dose, one extra fee may be submitted on the same day for the take home “carry” doses.
- If a prescription directs a supplemental supply of Buprenorphine/Naloxone in addition to the take home supply of doses, only one dispensing fee for the total supplemental and take home supply may be claimed on the same day.
- When two fees are charged in one day, pursuant to the conditions above, the “UA” intervention code will be required.
- A pharmacy may only bill one fee per day for patients if the patient attends the pharmacy daily for witnessed doses.
- Buprenorphine/Naloxone prescriptions that are dispensed by pharmacies for transferred patient care via batch shipping to physician offices or to off-site care facilities (i.e. addiction treatment centres) are eligible for one dispensing fee per patient prescription that could encompass both witness and carry doses, since they are dispensed from the pharmacy at one time.

Table 1: Possible Buprenorphine/Naloxone prescription scenarios:

Prescription direction	Dispensing fee
<ul style="list-style-type: none"> • 7 witness doses 	<ul style="list-style-type: none"> • 1 fee allowed each day
<ul style="list-style-type: none"> • 1 witness dose & 6 carry doses 	<ul style="list-style-type: none"> • 2 fees allowed; 2 claims submitted on the day the dose was witnessed in the pharmacy and the take home doses were provided
<ul style="list-style-type: none"> • 1 witness dose each day Mon – Fri; 2 carry doses 	<ul style="list-style-type: none"> • 1 fee allowed per day from Mon-Thurs with each witnessed dose; • 2 fees allowed on Friday – one for the witnessed dose, one for the weekend carry doses
<ul style="list-style-type: none"> • 7 carry doses 	<ul style="list-style-type: none"> • 1 fee for all carry doses combined
<ul style="list-style-type: none"> • Any combination of witness and carry doses where care has been transferred to a physician, clinic or other care facility. 	<ul style="list-style-type: none"> • 1 fee for all doses combined

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In summary, the Ministry pays the sum of:

- Drug cost as per the ODB Formulary listing;
- Mark-up (maximum of 8%, depending on the drug cost of the claim), and the
- ODB dispensing fee up to a maximum of one fee per witness dose and one fee for all take-home doses that are dispensed at one time. (see also scenarios above)
- Co-payments may be charged to the eligible recipient; however, pharmacies may choose to waive the co-payment amount.

Please note: Buprenorphine/Naloxone is not included in the Methadone Maintenance Treatment Reimbursement Policy, 2014 for all pharmacies that dispense methadone maintenance treatment for opioid addiction under the Ontario Drug Benefit Program. Therefore pharmacies are not entitled to submit separate claims for each take-home dose of Buprenorphine/Naloxone as is the practice for methadone maintenance treatment claims dispensed under the [Methadone Maintenance Treatment Reimbursement Policy, 2014](#).

Additional Information:

For pharmacies:

Please call ODB Pharmacy Help Desk at: 1-800-668-6641

For all other Health Care Providers and the Public:

Please call ServiceOntario, Infoline at 1-866-532-3161 TTY 1-800-387-5559. In Toronto, TTY 416-327-4282