

Ontario Public Drug Programs

Ontario Drug Benefit Act

Legislative amendments to recognize the role of Nurse Practitioners in requesting Exceptional Access Program products and prescribing Listed Substances (Bill 87)

July 2017

Questions and Answers

1. Why did the government amend the *Ontario Drug Benefit Act* (ODBA)?

The legislative changes to the *Ontario Drug Benefit Act* (ODBA) align with the government's *Patients First: Action Plan for Health Care*, which aims to build a patient-centred healthcare system. The changes are a continuation of our effort to increase access to drug products and therapeutic substances for Ontario Drug Benefit (ODB) patients who receive primary care from Nurse Practitioners (NPs).

Effective July 1, 2017, the Act will recognize the current scope of practice of Ontario NPs, and will increase accessibility for ODB recipients.

2. What are the legislative changes to the *Ontario Drug Benefit Act* (ODBA)?

Effective July 1, 2017, the ODBA is amended to add definitions for an “authorized prescriber” (i.e., doctors and NPs) and a “registered nurse in the extended class” (i.e., NPs). Several amendments are made throughout the Act to:

- Allow therapeutic substances, such as diabetes testing strips and nutritional products, prescribed by NPs to be reimbursed under the ODB Program; and
- Enable NPs to submit funding requests under the Exceptional Access Program (EAP) for drugs not covered under the ODB Formulary/Comparative Drug Index (ODB Formulary).

3. How will the legislative changes to the *Ontario Drug Benefit Act (ODBA)* benefit Ontario patients?

These legislative changes will improve access to benefits under the ODB Program for ODB-eligible recipients by ensuring that listed substances prescribed by NPs are covered under the ODB Program; these include diabetes testing strips and nutritional products.

The changes also allow NPs to submit applications to the EAP. EAP facilitates patient access to drugs not listed on the ODB Formulary, or where no listed alternative is available. This will help ODB patients access drugs such as those for Attention Deficit Hyperactivity Disorder (e.g., atomoxetine) and drugs for Hepatitis B (e.g., tenofovir) when prescribed by a NP. Currently, EAP requests must be signed and submitted by a physician.

4. What drug products does the phrase “listed substances” refer to?

Listed substances refer to non-drug products such as diabetes testing strips and nutritional products. Before the legislative changes, prescriptions for these products had to be provided by a physician in order to be reimbursed under the ODB Program.

5. Do the legislative changes to the *Ontario Drug Benefit Act (ODBA)* mean Nurse Practitioners can receive a Palliative Care Facilitated Access designation?

Palliative Care Facilitate Access (PCFA) designation permits reimbursement of select therapies not listed on the ODB Formulary, but commonly used to treat patients with a progressive, life-limiting illness requiring palliative care without the need to receive approval of funding by the EAP on a case-by-case basis, when prescribed by an authorized prescriber (physician or nurse practitioner).

Prescribers are still required to prescribe within their regulatory framework and scope of practice.

The Ministry of Health and Long-Term Care is working with the Nurse Practitioners' Association of Ontario (NPAO) to implement the process for Nurse Practitioners to receive a PCFA designation, similar to the process for physicians as overseen by the Ontario Medical Association. The completion of this work will be shared in the coming weeks.

The Ministry is also working with drug manufacturers to transition a majority of medications used to treat patients requiring palliative care to the ODB Formulary as Limited Use (LU) benefits. This will enhance access to these drugs by all prescribers, including NPs and

family physicians who are caring for patients with a progressive, life-limiting illness. This work is ongoing.

6. What drugs can Nurse Practitioners access for their palliative care patients without a PCFA designation?

Many non-opioid drugs frequently used for palliative care purposes are now available on the ODB Formulary. NPs may access these drugs for eligible patients according to their authorized prescribing scope.

Currently, the injectable formulations of the following drugs commonly used in palliative care are available on the ODB Formulary as LU benefits:

- diazepam
- dimenhydrinate
- furosemide
- lorazepam
- metoclopramide
- phenytoin
- midazolam, and
- hyoscine.

Several more products may become available as the Ministry continues to collaborate with manufacturers to move some of these older drugs onto the formulary.

To access funding for these drugs, the NP must first determine if the patient meets the LU criteria for reimbursement. Upon meeting criteria, the NP can write the Reason for Use (RFU) code on the prescription, which will be submitted by the pharmacy to receive reimbursement when dispensing the drug to their ODB-eligible patient.

7. How do Nurse Practitioners without a PCFA designation access drugs that are on the palliative care drug list and not on the formulary?

NPs without PCFA designation may request funding of drugs on the PCFA list (e.g., high strength LA opioids, pamidronate, OxyNEO) by calling the EAP's Telephone Request Service (TRS).

If the patient meets the funding criteria, the prescriber (or delegate) will be advised of the approval during the call. A response letter with the effective dates of funding approval will be faxed to the prescriber within one business day following the call.

The eligible ODB recipient will be able to fill prescriptions and be reimbursed within one business day following the call (but the effective date of the funding approval can be as early as the date on which the call was made and an approval granted through the TRS).

Requests may also be submitted by fax but NPs are encouraged to contact the TRS for PCFA drug requests, as it has faster turnaround time than requests submitted via fax to the EAP. If faxing, EAP requests may be faxed to toll-free 1-866-811-9908 or 416-327-7526 (Toronto local number).

To request reimbursement of selected drugs (including the PCFA listed drugs) through EAP's TRS, call:

Toll-free at 1-866-811-9893 or 416-327-8109 (Toronto local number) and choose the menu option for TRS when prompted.

For a list of drugs and their associated funding criteria that may be considered through the TRS, please refer to the following link:

http://www.health.gov.on.ca/en/public/programs/drugs/publications/trs/trs_guide.pdf

8. Can NPs access high strength long-acting (LA) opioid drugs for their ODB patient requiring palliative care?

NPs may access high strength, LA opioids (e.g., fentanyl 75 mcg/hr and 100 mcg/hr patches, hydromorphone controlled release 24 mg and 30 mg capsules, morphine sustained release 200 mg tablets) for their palliative care patients on a case-by-case basis through the TRS.

As a requirement of the funding criteria, the prescriber must have consulted with a registered PCFA prescriber regarding a palliative care treatment plan using the requested high strength LA opioid(s). The registration number of the consultant prescriber (i.e., the registration/license number of the physician from the College of Physicians and Surgeons of Ontario) must be provided to the TRS agent **at the time** of the TRS call.

The current process for NPs is the same as for physicians without a PCFA designation, as described in the Executive Officer notice at the following link:

http://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/exec_office_20170127.pdf

Please note that lower-strength, long-acting opioids continue to be funded under the ODB Program. Therefore, patients who may need higher doses of long-acting opioids for adequate pain management may continue to be prescribed lower-strength formulations.

Additionally, the prescribing of methadone, whether used in palliative care or for other conditions, would need to comply with federal regulations. Since NPs currently do not have an exemption to prescribe methadone for pain management or for opioid dependence, requests for reimbursement of methadone will continue to require the authorization of a physician.