

Collaborative Prescribing Agreement
NALTREXONE AND ACAMPROSATE
for the Treatment of Alcohol Dependence

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

To obtain PharmaCare coverage on my patients' behalf for naltrexone (ReVia®) or acamprosate (Campral®), I, _____,
Name of physician (please print)

agree to prescribe according to the following Limited Coverage criteria:

Naltrexone: For the treatment of alcohol use disorder **AND** in combination with behavioural intervention therapy (i.e., psychosocial counselling) as necessary.

Approval period: 3 months

Acamprosate: For the maintenance of abstinence in patients who have been abstinent from alcohol for at least four days **OR** for the treatment of alcohol use disorder for patients who have contraindications to naltrexone (i.e., concurrent opioid use, acute hepatitis, or liver failure) **AND** in combination with behavioural intervention therapy (i.e., psychosocial counselling) as necessary.

Approval period: 3 months

Terms of the Agreement:

- PSD reserves the right to: Implement 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 naltrexone or acamprosate, such as de-personalized, aggregate prescribing data.
- Patients whose prescriptions for naltrexone or acamprosate are written by a prescriber who has entered into a Collaborative Prescribing Agreement will receive automatic coverage for their subsequent claim.
- PharmaCare coverage is not retroactive. A current valid Agreement must be in place before a patient fills a prescription. PharmaCare coverage for naltrexone or acamprosate is only available with a valid Collaborative Prescribing Agreement. For any patient who does not meet the terms of this Agreement, a 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 naltrexone or acamprosate in a manner inconsistent with the terms of this Agreement.

 Name of prescriber (please print)

 College of Physicians & Surgeons ID Number

 Prescriber signature

 Medical Services Plan Billing Number

 Date submitted

 Fax # (to which confirmation of exemption should be sent)

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.

PSD Use Only:

Effective date: _____
 Approval period for exemption: Indefinite
 Approved on behalf of PSD: _____
 Confirmation sent: (Date) _____

DBR Operational Information:
 ID reference number for CPSBC = **91**
 Category and subcategory code = 9901-0144
 (naltrexone), 9901-0143 (acamprosate)
 Assumed SA = **No**