PEI Pharmacare
P.O. Box 2000
Charlottetown, PE
C1A 7N8
www.princeedwardisland.ca

Programmes provinciaux de medicaments
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PEI Pharmacare Bulletin

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NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: DECEMBER 17, 2024)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Denosumab	**Jubbonti**	**60mg/mL**	**Pre-filled syringe**	**02545411**	**SDZ**
Criteria	See online Formulary for denosumab criteria. For denosumab-naïve patients whose denosumab therapy is initiated after December 3, 2024, the denosumab biosimilar will be the product approved. Patients with existing PEI Pharmacare coverage for Prolia® will need to switch to a biosimilar version before August 31, 2025, to maintain coverage through PEI Pharmacare.				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

Denosumab	Wyost	120mg/1.7 mL	Vial	02545764	SDZ
Criteria	For the prevention of skeletal-related events (SREs) in patients with castrate-resistant prostate cancer (CRPC) with one or more documented bone metastases and an ECOG performance status of 0-2.				
Program Eligibility	Family Health Benefit Drug Program, Financial Assistance Drug Program, Nursing Home Drug Program, Seniors Drug Program, Catastrophic Drug Program				

CRITERIA UPDATE

Effective immediately, special authorization criteria for currently listed Galantamine and Rivastigmine capsules have been amended to include the following:

For the treatment of patients with mild to moderate dementia who have had an intolerance to donepezil and who meet the following criteria:

- Mini-Mental State Exam (MMSE) score of 10 to 30, OR
- **An InterRAI-Cognitive Performance Scale score of 0 to 4**

Effective immediately, special authorization criteria for currently listed Atogepant (Qulipta) have been amended to include the following:

For the prevention of migraine in patients with a confirmed diagnosis of episodic or chronic migraine who have experienced an inadequate response, intolerance, or contraindication to at least two classes of oral prophylactic migraine medications.

Renewal Criteria:

- A reduction of at least 50% in the average number of migraine days per month at the time of initial renewal compared with baseline.
- At subsequent renewals, the patient continues to maintain the reduction of at least 50% in average number of migraine days per month.

Clinical Notes:

- The average number of headache and migraine days per month must be provided on initial and renewal requests.
- According to the International Headache Society criteria, episodic or chronic migraine are defined as:
    - Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months.
    - Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least eight days per month are with migraine.

Claim Notes:

- Initial approval period: 6 months.
- Renewal approval period: 1 year.

PROVINCIALLY REIMBURSED MEDICATION REVIEW GUIDELINES (JULY 2023)

As per the updated 2023 Pharmacy Services Agreement, the following is intended to reflect the Provincially Reimbursed Medication Review Guidelines. Please note, for clarity, that those covered under the nursing home capitation program fee are not eligible for reimbursement under these guidelines.

The pharmacist must comply with the Regulations and Standards of Practice specified by the PEI College of Pharmacy (PEICP). To be eligible for reimbursement, medication reviews must be completed by a community pharmacist while employed by a pharmacy in PEI. Medication reviews should be completed in person with the patient and pharmacist whenever the assessment of physical factors is required.

If circumstances permit a virtual consult, the pharmacist must follow the *Health Information Act* and regulations and utilize approved devices and platforms to ensure secure communication between the pharmacist and patient. Access, storage, and transmission of personal health information must abide by all Regulations and Acts as required.

Eligibility Criteria

PEI Basic Medication Review (BMR):

The beneficiary must be taking three (3) or more chronic prescription medications which are covered by the Pharmacare Programs and are used for the treatment of chronic conditions. The beneficiaries must be covered under the following programs:

1. Seniors Drug Cost Assistance Program
2. Financial Assistance Program

PEI Diabetes Medication Review (DMR):

The beneficiary must be taking at least one (1) prescription medication(s) which is covered by the Pharmacare Programs and is used for the treatment of diabetes. The beneficiaries must be diabetics registered with PEI Pharmacare and beneficiaries with diabetes in the following Pharmacare Programs:

1. Diabetes Program
2. Financial Assistance Program

PEI Basic Medication Review Follow-Up (BMRF) and PEI Diabetes Medication Review Follow-Up (DMRF):

Follow-Ups are to be completed with the beneficiary. To be eligible for a Medication Review Follow-Up the beneficiary must:

1. Meet the eligibility criteria set out for the corresponding BMR or DMR; and
2. Have had a BMR or DMR within the last 365 days; and
3. Have a clinical need:
   a. Medication change; or
   b. Discharge from hospital; or
   c. Planned hospital admission; or
   d. Physician request; or
   e. Pharmacists' professional documented decision; and
4. Have not exceeded the BMRF/DMRF claim limits (maximum of four total follow-up appointments, including both BMRF and DMRF, per 365 days).

NOTE: Follow-Ups may be claimed by another pharmacist at another pharmacy that did not complete the BMR or DMR **only if** the pharmacist providing the follow-up or intervention has a copy of the BMR or DMR.

Billing Information

Name of Service	PINS	Number	Frequency	Rate
Basic Medication Review (BMR)	93899926	1	365 days	$52.50
Basic Medication Review – Follow-Up (BMRF)	93899924	Up to 4 (including DMRF)	365 days	$20.00
Diabetes Medication Review (DMR)	93899925	1	365 days	$65.00
Diabetes Medication Review – Follow-Up (DMRF)	93899923	Up to 4 (including BMRF)	365 days	$25.00

Claims Processing

Confirm Criteria
• Is the beneficiary covered through an eligible program? • Is the beneficiary taking the required number of medications (BMR/F: 3+ chronic meds covered under PEI Pharmacare; DMR/F: 1+ diabetes meds covered under PEI Pharmacare) • Check the beneficiary's DIS profile to verify whether they have had a B/DMR or the maximum number of follow- ups in the last 365 days.[2]

[2] Only one (1) BMR or one (1) DMR can be claimed per eligible beneficiary in a 365 day period. A second claim for a BMR or DMR will reject. Any combination of follow-ups (BMRF + DMRF) may be claimed per eligible beneficiary, so long as the sum does not exceed 4 per 365 day period since the BMR or DMR was completed. If the number of claims exceeds the limit, the claim will reject with the message: EXCEEDS ANNUAL LIMIT. A follow-up claim will be rejected if a BMR or DMR has not been completed in the last 365 days.

Process the Claim

- Bill the appropriate program as you would any eligible drug:
  - Use the PIN number assigned for the particular review/follow-up
  - Bill a quantity of "1"
  - Bill a days supply of "1"
  - Bill the reimbursement amount in the drug cost field
  - Enter the Prescriber # (the pharmacist who performs the review)

Additional Information:

- There are no Special Service Code requirements at this time.
- All other amounts (dispense, service, upcharge, and compound) will be set to 0.

Audit Procedures

All forms completed during the medication reviews or follow-ups which capture the information outlined in the "Documentation Minimum Requirements" section below must be retained by the pharmacy. For greater clarity, if a pharmacy chooses to use the PEI Pharmacists Association's PEI PharmaCheck™ documentation, the completed forms that must be retained include the following:

- Basic/Diabetes Medication Review
  - My Medication Check-Up/My Diabetes Medication Check-Up
  - Medication Review Interview Flowchart/ Diabetes Medication Review Interview Flowchart
  - Medication Review Interview Worksheet/ Diabetes Medication Review Interview Worksheet
  - Personal Medication Record
  - Prescriber Communication Letter, if applicable
- Basic/Diabetes Medication Review - Follow-Up
  - Medication Review Follow-Up/Diabetes Medication Review Follow-Up
  - Personal Medication Record
  - Updated Basic/Diabetes Medication Review forms, if applicable
  - Prescriber Communication Letter, if applicable

Forms must be accessible for audit and stored for six (6) years from the end of the last tax year to which they relate.

Electronic/scanned version of the forms will be accepted at audit, provided the required information, including signatures, is captured. Standards for electronic documentation guidelines from the National Association of Pharmacy Regulatory Authorities (NAPRA) may be considered when they become available.

APPENDIX 1 – DOCUMENTATION MINIMUM REQUIREMENTS

The PEI Pharmacists Association, Department of Health and Wellness and the Canadian Pharmacists Association have collaborated in developing a set of documentation for medication reviews. The PEI PharmaCheck™ documents are understood to meet the minimum requirements for billing to the provincial government. Any pharmacy that chooses to use a proprietary version of medication review documentation must ensure that the following minimum requirements are met.

1. Basic Medication Review

General & Interview Information	

Information to be Captured	• Patient contact information (including birthdate, PHN)
	• Patient primary health care provider information (name, contact information)
	• Patient informed consent (including signature*)
	• Date
	• Confirmation by the pharmacist that the beneficiary is an eligible beneficiary of provincially reimbursed medication reviews (including signature)
	• Patient health information
	  ○ Risk factors (smoking, drug use, alcohol, caffeine, allergies, other)
	  ○ Medical conditions (kidney disease, liver disease, other)
	  ○ Immunizations (Tetanus, Influenza, Pneumococcal, Other immunizations/travel vaccines)
	• Assessment of:
	  ○ general knowledge (knows the names, reason(s) for use, appropriate storage)
	  ○ adherence, and
	  ○ understanding (frequency, special dosing instructions, and demonstrations, if applicable)
	• Pharmacist should discuss and check:
	  ○ Labeling and packaging (e.g., need for easy open vials or blister packs, trouble reading labels)
	  ○ Expiry dates and disposal of discontinued or expired medications.
	• Pharmacist should record:
	  ○ Medications brought to the visit (not on patient profile)
	  ○ Issues, Actions, and Follow-ups
	• The need for a Follow-Up appointment, if required, and the scheduled date, if available.

Actions to be Taken by Pharmacists	• Discussion and completion of forms. • *If by phone, pharmacist shall sign and indicate it is a telephone review.
Additional Requirements	• The Personal Medication Record must be completed. • The Prescriber Communication Letter should be completed, if appropriate.

2. Diabetes Medication Review

All information identified in the *Basic Medication Review*, as outlined above, is required for the *Diabetes Medication Review*. In addition, the following diabetes specific information is also required.

Diabetes Interview Information	
Information to be Captured	• Identification of Diabetes Type: I, II, Gestational; Age at diagnosis • Labs (if available) • Blood Glucose (mmol/L; Fasting or Postprandial); HbA1C level (%); Blood Pressure (mmHg); Cholesterol: LDL-C (mmol/L); TC/HDL-C ratio • Review of training on devices and supplies o Indicate which types of devices and supplies ▪ Blood glucose meter/test strips; Insulin administration device/supplies; Proper disposal of used supplies o Indicate if follow-up is required; Identify comments/issues/interventions • Review of counseling/assessment provided for co-morbidities o Indicate which types of co-morbidities ▪ Foot care; Retinopathy; Neuropathy; Nephropathy; Other o Indicate if follow-up is required; Identify comments/issues/interventions • Review of counseling/assessment provided for lifestyle management o Indicate which types of lifestyle management ▪ Nutrition; Weight management; Physical activity; Stress reduction; Diabetes Education Centre o Indicate if follow-up is required; Identify comments/issues/interventions
Actions to be Taken by Pharmacists	• Discussion and completion of forms.
Additional Requirements	• The Personal Medication Record must be completed. • The Prescriber Communication Letter should be completed, if appropriate.

3. Follow-Up – Basic and Diabetes

Follow-Up Information	
Information to be Captured	• Patient identifying information • Date of the follow-up; Issues for follow-up • Pharmacist intervention and outcome • Whether further follow-up is required (date/time, if applicable) • Pharmacist's name
Actions to be Taken by Pharmacists	• Discussion and completion of forms.
Additional Requirements	• The information collected during the Basic or Diabetes Medication Review should be updated or new paperwork completed, if appropriate. • A new Personal Medication Record must be completed. • The Prescriber Communication Letter should be completed, if appropriate.

Medication Reviews – Additional Documentation

Personal Medication Record	

Information to be Captured	• Documentation recording a list of patient's medications:
	  ○ Name (brand/generic); Strength/dose; How to take the medication (frequency, time of day, etc.); Purpose; Comments; Prescriber
	• Patient information
	  ○ Name; Date of Birth; PHN
	  ○ Medication allergies, intolerances, other allergies, etc.
	• Pharmacy contact information; Pharmacist name and signature
	• Primary health care provider contact information
	• Patient signature
	• Date
	• Actions needed to be undertaken by the patient

Actions to be Taken by Pharmacists	• The patient must be given a copy of this information/form. • It is the pharmacist's responsibility to ensure the patient receives a copy of the Personal Medication Record.
Additional Requirements	• Personal Medication Record "Information to be Captured" is to be collected using single form (number of pages is not stipulated)

Prescriber Communication Letter	
Information to be Captured	• Date of communication; Date of medication review • Patient information (name, address, PHN); Pharmacist's name and contact information • Results of the review ○ Any identified medication adherence issues, medication management issues requiring pharmacist or patient action only, and a summary of any proposed solutions to medication management issues for the primary health care provider's attention
Actions to be Taken by Pharmacists	• Transmission of a copy of the *Personal Medication Record*, or equivalent (as outlined above), if required.
Additional Requirements	• N/A