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PEI Pharmacare Bulletin

Issue (2025-02) **January 28, 2025**

NEW PRODUCT(S) ADDED TO THE PEI PHARMACARE FORMULARY (EFFECTIVE DATE: FEBRUARY 11, 2025)

Product (Generic name)	Product (Brand name)	Strength	Dosage Form	DIN	MFR
Quetiapine XR	**Sandoz-Quetiapine XR**	**50mg 150mg 200mg 300mg 400mg**	**Tablet**	**02407671 02407698 02407701 02407728 02407736**	**SDZ**
Criteria	Open benefit				
Program Eligibility	Family Health Benefit Drug Program, Generic Drug Program, Nursing Home Drug Program, Catastrophic Drug Program, Seniors Drug Program, Financial Assistance Drug Program				

CRITERIA UPDATE

Effective immediately, special authorization criteria for currently listed lenvatinib (Lenvima) capsules have been amended to include the following:

Advanced Hepatocellular Carcinoma

For the treatment of unresectable hepatocellular carcinoma (HCC), as first-line or second-line therapy after progression on immunotherapy (atezolizumab in combination with bevacizumab), for patients who meet all of the following criteria:

1. Child-Pugh class status of A.
2. ECOG performance status of 0 or 1.
3. Less than 50% liver involvement and no invasion of the bile duct or main portal vein.
4. No brain metastases or prior liver transplantation.

Clinical Notes:

- Treatment should be continued until disease progression or unacceptable toxicity. Patients who are unable to tolerate lenvatinib may be switched to sorafenib if there is no disease progression and provided all other funding criteria are met.
- Patients with disease progression on lenvatinib are not eligible for reimbursement of sorafenib.

PROVINCIALLY REIMBURSED MEDICATION ADJUDICATION REVIEW

Please ensure that when adjudicating claims through the Provincial Pharmacare Drug Programs to use AUTO, and not specific drug programs (e.g. DCAP, DIAB).

PROFESSIONAL SERVICE REIMBURSEMENT UPDATE

Effective February 28, 2025, reimbursement criteria for “Prescription Adaptation” and “Therapeutic Substitution” have been updated. Please note the changes to the reimbursement framework for these professional services.

PROFESSIONAL SERVICE REIMBURSEMENT FRAMEWORK

PHARMACY SERVICES

1. Compliance Packaging
2. Prescription Adaptation
3. Refusal To Fill
4. Therapeutic Substitution

COMPLIANCE PACKAGING		Effective Date: July 5th, 2023
Eligibility	**Description / Scope / Documentation**	**Reimbursement Rate**
1. Patient must be covered through one of the following PEI Pharmacare Programs: a. Children-In-Care b. Family Health Benefit c. Financial Assistance d. Diabetes e. Seniors **AND** The prescriber/pharmacist must have requested/initiated compliance packaging because the patient exhibits cognitive impairment, medication abuse/misuse, and/or complex dosing regimens.	**The pharmacy can bill this service fee in the following circumstances:** Codes (for billing purposes): **Children-In-Care, Family Health Benefit, Financial Assistance, Diabetes and Seniors Drug Programs** • Prescriber requests this service for: ○ **B1** patient that exhibits cognitive impairment; ○ **B2** misuse/abuse of medications; and/or ○ **B3** complex dosing regimens. **OR** • Upon assessment, the pharmacist identifies that this service is required for ○ **B4** patient that exhibits cognitive impairment; ○ **B5** misuse/abuse of medications; and/or ○ **B6** complex dosing regimens. **Exclusions** • Nursing Home Program patients are not eligible. **Notes** • This paid service cannot be combined with any current billing practices, for the same service. **Adjudication steps** • Submit a claim for "Compliance Packaging", using the PIN (**93899914**), to the eligible PEI Pharmacare Program • Process as per a regular claim with the following consideration: ○ Quantity of one (1) ○ Days supply of one (1) ○ The "sig" field must contain reason for "Compliance Packaging" ▪ Use either code B1, B2, B3, B4, B5, B6 ▪ Missing or incomplete information in the "sig" field (adjudication process) will result in the reversal of the claim for "Compliance Packaging". If the "sig" field is blank, the claim will be reversed, and the pharmacy will see the reversal on their Pharmacy Claims Detail Report. ○ Claimed amount for the service is to be submitted in the drug cost field ○ Identify the pharmacist as the prescriber	$25.00 per 28 days. Limited to one claim, per client, per 28 day period.

	Documentation • The pharmacist must document in the patient's record the rationale for the decision and any appropriate follow-up plan. • This information can be captured on the hardcopy used to document the billing of the "Compliance Packaging" claim or in an easily retrievable electronic format on the patient's file.	

PRESCRIPTION ADAPTATION		Effective Date: February 28th, 2025
Eligibility	**Description / Scope / Documentation / Notification**	**Reimbursement Rate**
Service may be performed by a PEI pharmacy participating in Pharmacy Plus FOR A resident of PEI with a current PEI health card. Note: all reimbursement parameters of Pharmacy Plus apply. Manual claims and services performed at an out of province pharmacy are not eligible for reimbursement.	PEI Pharmacare will reimburse for "Prescription Adaptation" where the prescription is for a Schedule I medication and was not originally written by a pharmacist. The reimbursable *Prescription Adaptation* service does NOT expand beyond the definition of "adapt" as defined by the *Regulated Health Professions Act Pharmacist And Pharmacy Technician Regulations*. **Changing the dose** The pharmacist can change the dose if: Codes (for billing purposes): • A1 The strength of the drug prescribed is not commercially available • A2 The patient's age, weight or kidney or liver function requires you to change the dose • A3 In the pharmacist's professional judgment, the pharmacist is satisfied the change in dose would otherwise benefit the patient **Changing the formulation or regimen** The pharmacist can change the formulation or the regimen of the medication to: • A4 Improve the ability of the patient to effectively take the medication. An example would include switching from a tablet to a liquid. **Miscellaneous** The pharmacist can also adapt a prescription dose, quantity, formulation or regimen if the information provided; • A5 Is incomplete but the pharmacist determines what the intended treatment is through consultation with the patient and a review of the records (locally and/or on the DIS). **Exclusions** • No adaptation of prescriptions for narcotics and controlled substances, targeted substances. • No adaptation for prescriptions where the original prescriber has been contacted for consultation. The service is paid only where the pharmacist has made a decision, becomes the prescriber of record and assumes the responsibility for the adaptation. • No adaptation for prescriptions where the only adjustment includes modifying the quantity of the dispensed medication to adhere to the dose originally prescribed. **Please note:** A change in prescription quantity that is NOT related to a dose change, or a duration change is not a reimbursable service. Examples of changes that would not be considered for reimbursement: • Replacing a 5 mg tab with half of a 10 mg tab	1.3 x Dispensing Fee The dispensing fee refers to the maximum dispensing fee allowed as identified in the Pharmacy Services Agreement.

	• Substituting a different strength of a medication (example in the case of a shortage using two tabs of Synthroid 0.1 mg instead of Synthroid 0.2 mg)
	• Any change in regimen (example moving from a morning to a bedtime dose)
	
	Notes
	• The pharmacist takes responsibility for the adapted prescription as well as the authorized refills. The pharmacist can choose to provide an initial adaptation of the prescription but reduce or eliminate the authorized refills. If this is done the pharmacist would need to provide the rationale for their decision in their documentation and inform the patient that they will need to return to their prescriber earlier than intended (note: a pharmacist cannot add refills that were not initially authorized by the prescriber). Whatever the final decision is, it must be documented and provided in the notification to the prescriber.
	• "No Adaptation" pre-printed prescription pads are not acceptable. The prescriber must in some way identify on the individual prescription their intent for "No Adaptation". This would be accomplished by the prescriber writing the words out or checking a checkbox beside the designation.
	• Missing or incomplete information in the "sig" field (adjudication process) will result in the reversal of the claim for "Prescription Adaptation**". If the "sig" field is blank, the claim will be reversed, and the pharmacy will see the reversal on their Pharmacy Claims Detail Report. If the information is incomplete the pharmacy would be contacted/consulted prior to any reversal.**
	
	The decision to provide an adaptation of a prescription is at the discretion of the individual pharmacist. However, once a pharmacist adapts a prescription, they take full responsibility for and assume liability for that prescription. Pharmacist are required to adhere to any provincial legislation and PEI College of Pharmacy Practice Directives for prescription "adaptation".
	
	For further guidance please refer to the Process to Follow/Consider When Providing Professional Pharmacy Services.
	
	Adjudication steps
	• Submit the adapted prescription identifying the pharmacist as the prescriber
	
	After the above step is completed:
	• Submit a claim for "Prescription Adaptation", using the PDIN (93899918), by submitting to the "Auto" functionality
	• Process as per a regular claim with the following consideration:
	  ○ Quantity of one (1)
	  ○ Days' supply of one (1)
	  ○ The "sig" field must contain, in the following order:
	  ▪ Prescription number of the prescription that has been adapted
	  ▪ DIN of drug adapted
	  ▪ Name of drug adapted	

	▪ Reason for the adaptation • Use one of the codes A1 through A5 identified above • If A3, A4 or A5 is used, provide additional description in the sig field o Claimed amount for the service is to be submitted in the drug cost field o Identify the pharmacist as the prescriber **Documentation** • The pharmacist must document in the patient's record any "Prescription Adaptation"/ "Therapeutic Substitution" of the prescription, the rationale for the decision, and any appropriate follow-up plan. The documentation must always relate back to the original prescription and include (if applicable) reference to any and all previous adaptation/therapeutic substitution. • Documentation must include: o Patient (including PHN number) and Pharmacist (including signature and name of Pharmacy) information o Original prescription information (including prescribers name and contact information) o A description of the adaptation/therapeutic substitution (including all relevant prescription details) o The rationale for the decision to adapt/therapeutically substitute the prescription (including pertinent details of your assessment and patient history along with any instructions to the patient and relevant follow-up plan) o Acknowledgment of informed consent o The date and name of practitioner(s) notified **Notification of Other Health Professionals** • The pharmacist must notify (if appropriate), the original prescriber as soon as reasonably possible (preferably within 24 hours of dispensing) and this must be recorded in the patient's record or directly on the prescription hard copy.	

REFUSAL TO FILL		Effective Date: July 5th, 2023
Eligibility	**Description / Scope / Documentation**	**Reimbursement Rate**
1. Patient must be enrolled in one of the following PEI Pharmacare programs: a. Children-In-Care b. Family Health Benefit c. Financial Assistance d. Nursing Home e. Seniors f. Substance Use Harm Reduction Drug Program 2. Medication must be a benefit of the PEI Pharmacare program for which the patient is enrolled.	**The medications considered are limited to prescriptions for narcotics, controlled drugs, and targeted substances.** Codes (for billing purposes): • R1 Double doctoring (where inappropriate) • R2 Multiple pharmacies involved (where inappropriate) • R3 Prescription is falsified/altered • R4 Where there is evidence of overuse/abuse **Exclusions** • Early refills/part fills (where patient orders refill/part fill early, lost or stolen medication). **Note** • Missing or incomplete information in the "sig" field (adjudication process) will result in the reversal of the claim for "Refusal to Fill**". If the "sig" field is blank, the claim will be reversed, and the pharmacy will see the reversal on their Pharmacy Claims Detail Report. If the information is incomplete the pharmacy would be contacted/consulted prior to any reversal.** **Adjudication steps** • Submit a claim for "Refusal to Fill", using the PIN (93899917), to the eligible PEI Pharmacare Program. • Process as per a regular claim with the following consideration: ○ Quantity of one (1) ○ Days supply of one (1) ○ The "sig" field must contain, in the following order: ▪ DIN of drug refused ▪ Name of drug refused ▪ Reason for the rejection • Use one of the codes R1 through R4 identified above • If R4 is used, provide additional description in the sig field ○ Claimed amount for the service is to be submitted in the drug cost field ○ Identify the pharmacist as the prescriber • Keep a hardcopy of the refused prescription (original or photocopy)	1.3 x Dispensing Fee The dispensing fee refers to the maximum dispensing fee allowed as identified in the Pharmacy Services Agreement.

	Documentation • The pharmacist must document in the patient's record any "Refusal to Fill", the rationale for the decision, and any appropriate follow-up plan. • This information could be captured on the hardcopy (original or photocopy of the prescription) used to document the billing of the "Refusal to Fill" claim or in an easily retrievable electronic format on the patient's file.	

THERAPEUTIC SUBSTITUTION		Effective Date: February 28th, 2025
Eligibility	**Description / Scope / Documentation / Notification**	**Reimbursement Rate**
Service may be performed by a PEI pharmacy participating in Pharmacy Plus FOR A resident of PEI with a current PEI health card. Note: all reimbursement parameters of Pharmacy Plus apply. Manual claims and services performed at an out of province pharmacy are not eligible for reimbursement.	A "Therapeutic Substitution" is when the pharmacist substitutes the drug prescribed for a drug with a chemically different active ingredient than the drug originally prescribed, that is expected to have an equivalent therapeutic effect. When making a therapeutic drug substitution, the pharmacist must be satisfied that the dose and the dosing regimen of the new drug selected will have an equivalent therapeutic effect. The reimbursable *Therapeutic Substitution* service does NOT expand beyond the definition of "therapeutic substitution" as defined by the *Regulated Health Professions Act Pharmacist And Pharmacy Technician Regulations*. **The pharmacist must be satisfied that the following conditions are met when making a "Therapeutic Substitution" decision** 1. The decision: a. Addresses the health needs of that patient, b. Maintains or enhances the safety or effectiveness of drug therapy, c. Does not place the patient at increased risk, d. Considers formulary or payer restrictions and other patient-related information, and e. Ensures the drug is approved for the intended indication by Health Canada or strong evidence supports using the drug for the intended indication (e.g., clinical practice guidelines); 2. Professional independence has been maintained and the pharmacist avoids conflict of interest. If a decision is made based on economic benefit to the pharmacist or pharmacy, this will be considered professional misconduct; 3. The pharmacist has considered all relevant information about the patient, the condition and the drug, and the pharmacist has effectively communicated this to the patient to ensure they agree with the decision; and 4. The pharmacist takes full responsibility for their decision. PEI Pharmacare will reimburse for "Therapeutic Substitution" where both medications (original drug and substituted drug) are Schedule I medications, and the original prescription was not written by a pharmacist. **Notes** • "No Therapeutic Substitution" pre-printed prescription pads are not acceptable. The prescriber must in some way identify on the individual prescription their intent for "No Therapeutic Substitution". This would be accomplished by the prescriber writing the words out or checking a checkbox beside the designation. • Missing or incomplete information in the "sig" field (adjudication process) will result in the reversal of the claim for "Therapeutic Substitution". **If the "sig" field is blank, the claim will be reversed, and the pharmacy will see the reversal on their Pharmacy Claims Detail Report. If the information is incomplete the pharmacy would be contacted/consulted prior to any reversal.**	1.3 x Dispensing Fee The dispensing fee refers to the maximum dispensing fee allowed as identified in the Pharmacy Services Agreement.

	The decision to provide a "Therapeutic Substitution" of a prescription is at the discretion of the individual pharmacist. However, once a pharmacist undertakes the "Therapeutic Substitution" of a prescription, they take full responsibility for and assume liability for that prescription. Pharmacists are required to adhere to any provincial legislation and PEI College of Pharmacy Practice Directives for "therapeutic substitution". **For further guidance please refer to the Process To Follow/Consider When Providing Professional Pharmacy Services.** **Adjudication steps** • Submit the prescription that has been therapeutically substituted identifying the pharmacist as the prescriber. After the above step is completed: • Submit a claim for "Therapeutic Substitution", using the PDIN (93899916), by submitting to the "Auto" functionality • Process as per a regular claim with the following consideration: ○ Quantity of one (1) ○ Days' supply of one (1) ○ The "sig" field must contain, in the following order; ▪ Prescription number of the prescription that has been therapeutically substituted ▪ DIN then name of the original drug ▪ DIN then name of the substituted drug ○ Claimed amount for the service is to be submitted in the drug cost field ○ Identify the pharmacist as the prescriber **Documentation** • The pharmacist must document in the patient's record any adaptation/therapeutic substitution of the prescription, the rationale for the decision, and any appropriate follow-up plan. The documentation must always relate back to the original prescription and include (if applicable) reference to all previous adaptation/therapeutic substitution. • Documentation must include: a. Patient (including PHN number) and Pharmacist (including signature and name of Pharmacy) information b. Original prescription information (including prescribers name and contact information) c. A description of the adaptation/therapeutic substitution (including all relevant prescription details) d. The rationale for the decision to adapt/therapeutically substitute the prescription (including pertinent details of your assessment and patient history along with any instructions to the patient and relevant follow-up plan) e. Acknowledgment of informed consent f. The date and name of practitioner(s) notified	

	Notification of Other Health Professionals • The pharmacist must notify (if appropriate), the original prescriber as soon as reasonably possible (preferably within 24 hours of dispensing) and this must be recorded in the patient's record or directly on the prescription hard copy.	

PROCESS TO FOLLOW/CONSIDER WHEN PROVIDING PROFESSIONAL PHARMACY SERVICES

This document/process is NOT inclusive of all regulations/standards of practice governing these professional services, which would be determined by the PEI College of Pharmacy. Please ensure you are familiar with all regulations/standards of practice governing these new services before implementing them into your practice.

Reimbursement of one of the above applicable professional pharmacy services is appropriate when a pharmacist has the authority to dispense a drug contrary to the terms of an existing prescription (examples: adapt/therapeutic substitution of a prescription) and the action is intended to both optimize the therapeutic outcome of treatment with the prescription drug and where the pharmacist has addressed all the following seven fundamental elements:

1. Individual Competence
The pharmacist has "appropriate knowledge and understanding" of the condition and the drug being dispensed in order to adapt/therapeutically substitute the prescription.

2. Appropriate Information
The pharmacist has sufficient information about the specific patient's health status to ensure that adapting/therapeutically substituting the prescription will maintain or enhance the effectiveness of the drug therapy and will not put the patient at increased risk.

3. Prescription
The pharmacist has a prescription that is current, authentic, and appropriate for the patient. Pharmacist may not adapt/therapeutically substitute a prescription if the original prescription has expired.

4. Appropriateness of the Professional Pharmacy Service
The pharmacist determines whether adaptation/therapeutic substitution of the prescription is appropriate for the patient under the current circumstances, and will, in their professional judgment, optimize the therapeutic outcome of treatment.

5. Informed Consent
The pharmacist must obtain informed consent before undertaking any adaptation/therapeutic substitution activity as per the *Consent To Treatment and Health Care Directives Act* (princeedwardisland.ca)

6. Documentation
The pharmacist must document in the patient's record any adaptation/therapeutic substitution of the prescription, the rationale for the decision, and any appropriate follow-up plan. The documentation must always relate back to the original prescription and include (if applicable) reference to any and all previous adaptation/therapeutic substitution.

- Documentation must include:
    a. Patient (including PHN number) and Pharmacist (including signature and name of Pharmacy) information
    b. Original prescription information (including prescribers name and contact information)
    c. A description of the adaptation/therapeutic substitution (including all relevant prescription details)
    d. The rationale for the decision to adapt/therapeutically substitute the prescription (including pertinent details of your assessment and patient history along with any instructions to the patient and relevant follow-up plan)
    e. Acknowledgment of informed consent

f. The date and name of practitioner(s) notified

7. Notification of Other Health Professionals

The pharmacist must notify (if appropriate), the original prescriber as soon as reasonably possible (preferably within 24 hours of dispensing) and this must be recorded in the patient's record or directly on the prescription hard copy.