

*Information for Pharmacists*

**Methadone Reimbursement Procedure  
Provincial Drug Programs  
Manitoba Health, Healthy Living and Seniors**

***Effective October 16, 2014***

- The Provincial Drug Programs' (PDP) Methadone Reimbursement Procedure (attached), which will become effective on October 16, 2014, will:
  - enhance patient safety by ensuring a more consistent and clear indication in the patient's Drug Programs Information Network (DPIN) history of the dose of methadone prescribed for and dispensed to the patient; and
  - ensure a consistent process for adjudication and reimbursement of methadone preparations by PDP through DPIN.
- This procedure aligns with methadone policies in other jurisdictions.

**Methadone for Opioid Dependence:**

- "Methadone powder in preparation of an oral solution", PIN 909190, will no longer be eligible as benefit through PDP.
- Methadose\* will be now be considered as an unrestricted Part 1 benefit for opioid dependence.

|  |                    |
|--|--------------------|
| <b>Methadose* 10 mg/ml oral liquid</b>           | <b>DIN 2394596</b> |
| <b>Methadose* Sugar Free 10mg/ml oral liquid</b> | <b>DIN 2394618</b> |

- The **PIN 909190** will be accessible until the effective date of the next Bulletin in mid-January 2015 for the purpose of filling part fills of existing prescriptions. As of that date, the PIN 909190 will be discontinued.
- Pharmacy operators must indicate the quantity of methadone dispensed as the **total number of milliliters (ml)** of Methadose\* dispensed.

- Pharmacy operators must specify in DPIN the total days supply of Methadose\* provided to the patient.
- If a patient is dispensed Methadose\* carries, the total quantity of Methadose\* received by the patient must be entered into DPIN along with the correct days supply. There should be a single entry into DPIN, and not separate entries on the same day.

For example: An M3P prescription is presented for methadone 2240 mg to be dispensed as 80 mg OD for 28 days.

This can be entered as daily or weekly:

| Daily                    | Weekly                    |
|--------------------------|---------------------------|
| Quantity Dispensed: 8 ml | Quantity dispensed: 56 ml |
| Day's Supply: 1          | Day's Supply: 7           |

- Pharmacy operators will be reimbursed the ingredient cost plus their usual and customary professional fee.
- Pharmacy operators must record and keep a copy of the documentation in a retrievable manner, indicating how all calculations/billings were done, and tracking of all dosages dispensed.
- Methadone compounded into a capsule formulation is not a benefit through PDP.

**Methadone for Pain Management:**

- Metadol\* will be considered as a Part 3 benefit for severe pain management for Palliative Care clients.

|                             |                    |
|-----------------------------|--------------------|
| <b>Metadol* 1mg tablet</b>  | <b>DIN 2247698</b> |
| <b>Metadol* 5mg tablet</b>  | <b>DIN 2247699</b> |
| <b>Metadol* 10mg tablet</b> | <b>DIN 2247700</b> |
| <b>Metadol* 25mg tablet</b> | <b>DIN 2247701</b> |

- Patients currently receiving other dosage forms of methadone will continue to receive benefit coverage until the effective date of the next Bulletin in mid-January 2015. **After that date, no other forms of methadone will be covered.**

- **In order to avoid disruptions in treatment and/or ensure continuity of benefit coverage, it is imperative that pharmacists advise patients receiving methadone compounded into dosage forms other than a solution that they will be required to switch to an approved dosage form by the effective date of the next Bulletin in mid-January 2015.**
- Manitoba Health may conduct audits of the accounts and records of the pharmacy owner relating to methadone claims submitted by the pharmacy owner, to determine compliance with the terms and conditions of this procedure.

**During the transition period between October 16, 2014 and the effective date of the next Bulletin in mid-January 2015:**

- It is recommended that new prescriptions for methadone be entered into DPIN using the new DINs and by the total number of ml of methadone dispensed. Existing prescriptions with part fills remaining can continue to be entered as they have previously been entered.

**As of the effective date of the next Bulletin in mid-January 2015:**

- All prescriptions, including remaining part fills, must be entered into DPIN using the new DINs and by the total number of ml of methadone product dispensed.

If you have any questions or concerns, please contact: [PDPIInfo&Audit@gov.mb.ca](mailto:PDPIInfo&Audit@gov.mb.ca)

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## **METHADONE REIMBURSEMENT PRODECURE**

### **QUESTIONS AND ANSWERS**

**Changes to The Specified Drugs Regulation of *The Prescription Drugs Cost Assistance Act* will indicate that Methadose\* (for opioid dependence) and Metadol\* (for pain management) will be covered benefits.**

**Will methadone capsules be covered under Part 3 Exception Drug Status (EDS)?**

- Methadone capsules are not an eligible benefit through Provincial Drug Programs (PDP) and will not be covered under Part 3 EDS. This aligns Manitoba with other Canadian jurisdictions. Methadone capsules are not benefits in Saskatchewan, Ontario, Quebec, Nova Scotia, PEI or Newfoundland and Labrador. British Columbia and New Brunswick require special authorization for methadone prepared in dosage forms other than the oral solution.

**Will there be a transition period to accommodate the change in coverage?  
Will prescribers be informed of the policy in order to re-assess, re-write new prescriptions?**

- This procedure will take effect as of October 16, 2014. A transition period of approximately three months until the effective date of the next Bulletin in mid-January 2015 will allow for: part fills of existing prescriptions to be filled (using the old pseudo PIN) and new prescriptions to be written and filled (using the new DINs). Those who prescribe methadone in Manitoba will be informed of the procedure.