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, BC Ministry of Health, 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 (e.g., psychosocial counselling) as necessary. *Approval period: 1 year*
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 (e.g., psychosocial counselling) as necessary. *Approval period: 1 year*

Terms of the Agreement:

- The Pharmaceutical Services Division 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, a 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 an 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 available only with a valid Agreement.
- If a patient does **not** meet the terms of this Agreement, the prescriber must write the following instruction to pharmacists **on** the prescription "Submit as zero cost to PharmaCare," indicating that the prescription is not to be covered by PharmaCare.
- A physician's exemption under this Agreement 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.

Pharmaceutical Services Division 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**