Manitoba
Health, Seniors and Active Living

Information for Pharmacists

Claims Submission Procedure – Methadone *Update*

Effective April 20, 2017

Please include this Procedure in your Drug Programs Information Network (DPIN) Manual under Section 4: Claims Submission.

- The Claims Submission Procedure - Methadone, which came into effect on October 16, 2014:
  - enhances patient safety by ensuring a more consistent and clear indication in the patient's DPIN history of the dose of methadone prescribed for and dispensed to the patient; and
  - ensures a consistent process for adjudication and reimbursement of methadone preparations by PDP through DPIN.

Methadone for Opioid Dependence:

- "Methadone powder in preparation of an oral solution", PIN 909190, was delisted on October 22, 2015.

- Methadose* is currently listed and Metadol-D* 10 mg/ml Oral Concentrate will be listed (effective April 20, 2017) as an unrestricted Part 1 benefit for opioid dependence.

Drug	DIN
Methadose* 10 mg/ml oral liquid	02394596
Methadose* Sugar Free 10mg/ml oral liquid	02394618
Metadol-D** 10 mg/ml oral concentrate	02244290

- Pharmacy operators must indicate the quantity of methadone dispensed as the total number of milliliters (ml) of Methadose* or Metadol-D** dispensed.

- Pharmacy operators must specify in DPIN the total days' supply of Methadose* or Metadol-D** provided to the patient.

- If a patient is dispensed Methadose* or Metadol-D** carries, the total quantity of Methadose* or Metadol-D** 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: A 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
Days' Supply: 1	Days' Supply: 7

- Pharmacy operators will be reimbursed the ingredient cost plus 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 Manitoba.

Methadone for Pain Management:

- Metadol*** tablets will be considered as a Part 3 benefit for the management of severe cancer related or chronic non-malignant pain that is not well controlled by short and long-acting morphine and hydromorphone as well as fentanyl products, and for use as a replacement for other narcotic analgesics in palliative care patients who are requiring frequent and continuous dosing of short-acting opiates.

Drug	DIN
Metadol*** 1mg tablet	02247698
Metadol*** 5mg tablet	02247699
Metadol*** 10mg tablet	02247700
Metadol*** 25mg tablet	0247701

- Manitoba 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.

If your questions are not answered by reviewing the Claims Submission Procedures and FAQs posted at:
https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html

Please send an e-mail to PDPInfoAudit@gov.mb.ca.

Information for Pharmacists

Background and Frequently Asked Questions - Methadone

Effective April 20, 2017

Please include this Procedure in your Drug Programs Information Network (DPIN) Manual under Section 4: Claims Submission.

As communicated in Bulletin #91 effective April 20, 2017 –
Metadol-D 10 mg/ml Concentrate (DIN 02244290) will be listed as a Part 1 benefit.

As communicated in Bulletin #84 effective October 22, 2015 –
Methadone Powder for Compound (PIN 00909190) has been delisted.

- The Specified Drugs Regulation of *The Prescription Drugs Cost Assistance Act* indicates that Methadose* (for opioid dependence) and Metadol* (for pain management) are covered benefits. Effective April 20, 2017, Metadol-D 10 mg/ml Concentrate* (DIN 02244290, for opioid dependence) will also be a covered benefit.

Why is the quantity in DPIN being entered in millilitres (ml) and not milligrams (mg) of methadone?

- All Methadose or Metadol-D 10 mg/ml Concentrate prescriptions are to be entered in the DPIN in millilitres. The entry in millilitres (ml) is consistent with the DPIN entry requirement for all other liquid formulations of products. The ml entry is also consistent with the entry methodology in other provincial jurisdictions, which addresses prior safety issues through a more consistent and accurate documentation of the quantity, strength and number of days' supply of methadone provided to the patient in the DPIN history. By using the Drug Identification Number (DIN) of the product, DPIN can also provide drug interaction information.

Is Methadose or Metadol-D 10 mg/ml Concentrate covered for chronic pain?

- Methadose is currently listed and Metadol-D 10 mg/ml Concentrate will be listed (effective April 20, 2017) on the Manitoba Formulary as an unrestricted Part 1 benefit.

Do we need to dilute the Methadose or Metadol-D 10 mg/ml Concentrate?

Methadose – cherry flavoured formulation:

- Is a hypertonic concentrate containing sucrose 40%, and the manufacturer advises that it would be difficult to distill, extract or inject. The cherry flavoured formulation can be dispensed without further dilution. However, pharmacists/prescribers may dilute this formulation at their clinical discretion.
- Dilution may be considered if a greater volume of solution is required to help prevent 'cheeking' the Methadose or to ensure the patient has received the entire dose.

Methadose – unflavored, dye-free, sugar-free formulation:

- Is not hypertonic; therefore, pharmacists are required to dilute this product in approximately 60 - 100 ml of a coloured, flavored vehicle such as grape flavoured Kool-Aid™ or orange Tang™. Dilution with a crystalline liquid is required to minimize the risk of abuse and/or diversion by injection. Dilution of the unflavored formulation with distilled water is not appropriate.

Metadol-D 10 mg/ml Concentrate – unflavored, dye-free formulation:

- Pharmacists are required to dilute this product in approximately 100 ml of a coloured, flavored vehicle such as grape flavoured Kool-Aid™ or orange flavoured Tang™, Allen's® Apple Juice, Crystal Light® Tangerine-Grapefruit flavoured or Crystal Light® Lemonade flavoured. Dilution in a vehicle that does not easily lend itself to injection is required to minimize the risk of abuse and/or diversion by injection. Dilution of the unflavored formulation with distilled water is not appropriate.
- The practice of diluting Methadose or Metadol-D 10 mg/ml Concentrate with any diluent, including crystalline solution (Tang™), is not considered compounding and is not eligible for reimbursement as an extemporaneous compound.

When we bill the Methadose and/or Metadol-D stock solution, do we submit the claim as a regular drug product or should we bill it as a compound?

- The practice of diluting Methadose or Metadol-D 10 mg/ml Concentrate with any diluent, including crystalline solution, is not compounding and is not eligible for reimbursement as an extemporaneous compound. All prescriptions should be billed using the appropriate Drug Identification Number (DIN).

How am I paid for Methadose and/or Metadol-D 10 mg/ml Concentrate; what should my professional fee be?

- This procedure notes that pharmacists are to bill for the cost of the drug plus one professional fee. The professional fee would be at the same frequency as when you were dispensing the compounded methadone. If you have a fee structure for Methadose and/or Metadol-D 10 mg/ml Concentrate, whereby the fee may vary depending on the days' supply provided, and whereby the same fee(s) would be charged to a cash paying customer, this is acceptable.
- The pharmacy will not be reimbursed for the cost of the diluent that is used to prepare the methadone dose for the patient.

We get a lot of pain management people taking different doses - 1mg/ml, 5mg/ml, 10mg/ml and 50mg/ml. How could they continue receiving their pain medication if only the 10mg/ml is covered?

- Methadose is currently listed and Metadol-D 10 mg/ml Concentrate will be listed (effective April 20, 2017) on the Manitoba Formulary as an unrestricted Part 1 benefit.
- Methadose and Metadol-D Concentrate are manufactured in a 10 mg/ml strength to allow for easy conversion.

How will the change affect patients?

- Some patients will note differences in the dispensing of Methadose or Metadol-D 10 mg/ml Concentrate versus previously compounded methadone solution, including:

  Colour change: Methadose is available as a colourless (flavourless) or red colour (cherry) formulation. Depending on the formulation of Methadose that is dispensed and the diluent added, there may or may not be a change in the colour of the final dose dispensed to the patient. Metadol-D 10 mg/ml

  Concentrate is available as a colourless (flavourless) formulation and therefore the colour will be dependent on the diluent used.

Different taste: Methadose is available as a flavourless or cherry-flavoured formulation. Depending on the formulation dispensed, the final methadone dose may or may not have a different flavour. Metadol-D 10 mg/ml Concentrate is available as a flavourless formulation and therefore the taste will be dependent on the diluent used.

Volume: The final volume dispensed may be different.

Viscosity: Methadose and Metadol-D 10 mg/ml Concentrate may impact the viscosity or consistency of the final product dispensed to patients. Patients may perceive this change as being slightly thicker or "stickier".

Are Methadose and Metadol-D interchangeable?

- Methadose and Metadol-D 10 mg/ml Concentrate are not interchangeable. Prescriptions should be filled as prescribed by the clinician.

Our pharmacy system software is not designed with a decimal place for the quantity dispensed. How can I input the correct quantity of 7.5ml for a 75mg dose?

- Please contact your pharmacy software vendor to activate the decimal point on your software if necessary. Software vendors have confirmed that decimal points can be accommodated on software systems.

If your questions are not answered by reviewing the Claims Submission Procedures and FAQs posted at:
https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html

Please send an e-mail to PDPInfoAudit@gov.mb.ca.