

## GREEN SHIELD CANADA (GSC) TO LAUNCH NEW PHARMACIST DEPRESCRIBING PROGRAM

Medication overuse is a significant issue in Canada. For example, a [recent CTV News article](#) reported that many people are taking proton pump inhibitors (PPIs) for longer than the recommended maximum period of two months putting them at risk of serious side-effects. In response to this growing problem, GSC will be launching the Pharmacist Deprescribing Program starting **October 1, 2019**.

### About the program

The Deprescribing Program is a cognitive service similar to GSC's other pharmacist-provided programs – cardiovascular and smoking cessation. For the Deprescribing Program, pharmacists will assist, where appropriate, in safely tapering or stopping patients who are on one of two classes of medications: proton pump inhibitors (PPIs) and/or benzodiazepines and Z-Drugs (BZRAs). This will be done in a collaborative decision-making process with both patients and their physicians.

**Deprescribing** is the planned and supervised process of reducing or stopping medications that may no longer be of benefit or may be causing harm. The goal is to reduce medication burden or harm while improving quality of life.

GSC has developed this program to support pharmacists in providing additional professional services to help patients better manage their health. GSC's health coaching programs are designed to support our plan members' efforts to control their chronic conditions and optimize the effectiveness of their medications.

### The pharmacist's role...

Pharmacists have three main tasks under the Deprescribing Program:

1. Identifying potential deprescribing opportunities by engaging patients who may benefit by discussing their condition being treated, the potential benefits and harms of continuing treatment, the benefits of deprescribing, potential risks, and a tapering plan.
2. Engaging and communicating their recommendations and the next steps to the patient's physician if a deprescribing opportunity is identified.
3. Guiding the patient over the course of the tapering plan, by regularly monitoring, reassessing, and following up with them. This includes providing practical advice and effective coaching – helping patients manage any symptom relapse, suggesting alternative non-drug or safer drug strategies to manage their condition, and making any necessary adjustments to the treatment plan.

#### **providerConnect® is your online resource**

providerConnect is GSC's web portal for health service providers in Canada. It gives you convenient access to forms, pharmacy manuals and guides, health coaching program information, and many other tools and resources all in one place.

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## Who's eligible?

The program is available to community-based patients who meet all four of the following criteria:

1. Have GSC extended health and drug benefit coverage; **and**
2. Are 18 years of age and older; **and**
3. Are currently being treated with a PPI and/or BZRA drug; **and**
4. Have been identified as a deprescribing opportunity based on the PPI and/or BZRA evidence-based deprescribing guidelines and algorithms developed by the Bruyère Research Institute and the Ontario Pharmacy Evidence Network (OPEN).

## Reimbursement

The maximum reimbursement allowed for PPI deprescribing is \$50 per patient per year, which includes one initial visit and up to two follow-up visits. For BZRA deprescribing, the maximum reimbursement is \$70 per patient per year for one initial visit and up to four follow-up visits.

## Want more information?

The Deprescribing Program is a cognitive service based on the Bruyère Research Institute and the OPEN's evidence-based guidelines for deprescribing. While there is no formal training requirement for the program, pharmacists should become familiar with the Bruyère Research Institute and the OPEN's evidence-based guidelines, algorithms, and resources to support safe deprescribing. All this can be found at [deprescribing.org](http://deprescribing.org).

GSC will also have information, including a program guide, program flowchart, and assessment forms available for reference on the [providerConnect](http://providerconnect.org) website.

## UPDATES TO THE NARCOTICS PAIN MEDICATION STRATEGY

Green Shield Canada (GSC) is committed to developing policies and strategies that are evidence-based, and so we continually review and strengthen our Narcotic Pain Medication Strategy to ensure our plan members are using these potentially dangerous drugs safely. In 2018 we introduced morphine equivalents as a way of determining the safety threshold dosage for narcotic pain medications, and we implemented a prior authorization requirement for long-acting narcotic pain medications.

Effective October 1, 2019, GSC is making some additional enhancements to the way we handle narcotic pain medications based on recent research and guidelines.

## Here's what's changing...

### New safety alerts

Quality standards for opioid prescribing<sup>1</sup> recommend that patients with chronic pain should not be prescribed opioids when benzodiazepines, non-benzodiazepine sedative/hypnotics, and/or other central nervous system depressants are already prescribed. Therefore, during the adjudication process, pharmacists will get a safety alert when a patient is identified as taking a high-risk combination of medications; this is defined as:

- A daily opioid morphine equivalent greater than 50mg
- Plus a drug from one of the high-risk drug groups outlined above

When a pharmacist receives a safety alert, the process is to assess the situation, discuss it with the patient and the physician, then document the discussion and outcome. If it's determined that the prescription is appropriate – either as originally written or as modified by the physician – and can be dispensed, pharmacists can use the applicable intervention code:

<b>Code</b>	<b>Description</b>
UA	Consulted prescriber and filled Rx as written
UB	Consulted prescriber and changed dose
UC	Consulted prescriber and changed instructions for use
UD	Consulted prescriber and changed drug
UE	Consulted prescriber and changed quantity
UF	Patient gave adequate explanation. Rx filled as written
UG	Cautioned patient. Rx filled as written
UI	Consulted other source. Rx filled as written
UJ	Consulted other source. Altered Rx and filled

### **Day-supply limits for opioid prescriptions**

Quality standards<sup>2,3</sup> recommend that people with acute pain who are prescribed opioids should receive the lowest effective dose of the least-potent immediate-release opioid. Therefore, we will implement a 30-day-supply limit for patients with ongoing opioid claims or claims for other types of drugs that have a high potential of risk to patient safety, such as benzodiazepines.

If a patient has an opioid prescription that does not comply with this day-supply limit, the amount prescribed will have to be reduced and dispensed as a partial fill. GSC will pay the dispensing fee on the partial fill.

With these drugs presenting a high safety risk to both plan members and others in the community, GSC's goals are to minimize the risk of long-term use and addiction, and to reduce the availability of opioids which have the potential for diversion.

<sup>1,2</sup> Health Quality Ontario, Opioid Prescribing for Chronic Pain Quality Standard, 2017  
<https://www.hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/opioid-prescribing-for-chronic-pain>

<sup>3</sup> Choosing Wisely Canada, Opioid Wisely Campaign, Family Medicine Recommendation No. 12  
<https://choosingwiselycanada.org/campaign/opioid-wisely/>