

## Nicotine Replacement Therapy (NRT)

### Implementation Information for Pharmacists

To enable NRT to be funded on a prescription as well as a Quit Card, a number of system changes were required to align the processing of Quit Cards with the current prescription requirements. These changes will affect the way that NRT is processed and dispensed by pharmacists. The relevant changes that will be required from 1 September are as follows:

#### Summary of the Changes

- NRT will be funded on prescription and Quit Card
- The processing of Quit Cards in TONIQ and LOTS will change so that they are processed in the same way as prescriptions
- New Quit Cards have been created to include information that is relevant to prescriptions (ie A4 code and the requirement for a registration number)
- Quantity restrictions will apply to NRT (up to 4 weeks subsidised per dispensing and up to 8 weeks subsidised per course)
- The new Quit Cards will provide up to 8 weeks of NRT (currently they provide 4 weeks)
- NRT will generally be dispensed as an initial 4 weeks with a 4 week repeat
- The co-payment will be \$3 per item per prescription/Quit Card
- There will be a transition period where both old and new Quit Cards will be in circulation (1 September to 30 November). In this period both the old and new Quit Cards are valid but the co-payment and amount of NRT provided will differ. For example, one old Quit Card will provide 4 weeks with a \$3 co-pay per item (two Quit Cards and a \$6 co-pay per item for 8 weeks of NRT), while one new Quit Card will provide up to 8 weeks of NRT with a single \$3 co-pay via an initial dispensing and a repeat.

#### Pharmaceutical Schedule

- The “Only on a Quit Card” restriction applying to NRT products will be removed.
- The following quantity restrictions will apply to each strength of the relevant presentations:

<b>Patches:</b>	Maximum of 28 patches per dispensing (4 boxes) Maximum of 56 patches per prescription (8 boxes)
<b>Gum:</b>	Maximum of 384 pieces per dispensing (4 boxes) Maximum of 768 pieces per prescription (8 boxes)
<b>Lozenges:</b>	Maximum of 216 lozenges per dispensing (6 boxes) Maximum of 432 lozenges per prescription (12 boxes)

- The above quantity restrictions will result in NRT generally being dispensed in one 4-week quantity (NRT will not be available Close Control in amounts less than 4 weeks), with one repeat (8 weeks in total) as per the current NRT dispensing quantities.
- Note: the above prescription maximums also apply to Quit Cards (unfortunately the system does not enable the wording “per prescription or Quit Card”).

## **Dispensing of NRT**

- Patients should only present with one Quit Card (they can currently present with two)
- NRT should be dispensed in one 4-week quantity
- NRT will not be available Close Control in amounts less than 4 weeks
- NRT should be dispensed with one repeat (allowing for 8 weeks in total)
- Quit Cards will no longer be able to be used to obtain bulk NRT
- All NRT subsidised packs will be dispensed and claimed as OP's
- Prescriptions for 12 weeks (rather than 8 weeks) will only receive subsidy for 8 weeks
- 8 weeks stat can not be supplied under Access Exemption Criteria
- Quit Cards will count towards the Prescription Subsidy Card count of 20 items

## **Patient Co-payments**

- Prescriptions - the normal co-payment for the patient category will apply (Quit Cards may be preferable if the patient co-payment is greater than \$3)
- Quit Cards – the Quit Card patient category is A4, therefore the co-payment will be \$3
- Each item dispensed will attract a co-payment on its initial dispensing. Repeats will not incur a co-payment. If the patient collects gum and patches, then they would pay two co-payments on their initial dispensing.

## **Changes to the Quit Card**

New Quit Cards have been created, these will be available from 1 September and require the following information.

- The A4 code - all patients using Quit Card are eligible for publicly funded NRT
- An identifier registration number - either the prescribers registration number or one of two new MCNZ identifier registration numbers that have been created (see below)
- Issue date - Quit Cards will be valid for 90 days from the issuing date to the date presented to Pharmacy
- The patients NHI number (if known)
- The providers details
- Providers signature
- Patients name and physical address

The new Quit Cards will not have a voucher number as these no longer need to be captured.

The new Quit Cards will become available from 1 September and the old Quit Cards will be invalid from 1 December. Between 1 September and 30 November both the new and old Quit Cards will be able to be used. From 1 December the old Quit Cards will be invalid and any patients presenting with these cards should be advised to obtain a new card.

Quit Card Providers will no longer be able to obtain bulk supply of NRT by presenting a number of Quit Cards to a pharmacy. Ceasing bulk supply is to align Quit Cards and prescriptions including the requirement for a patients name and address.

Quit Cards issued by Quitline will be signed with an electronic signature from "Anna Vincent". Only electronic signatures from the Quit Cards issued from the Quitline may be accepted for dispensing of NRT.

Quitline and Quit Card Providers are being informed of the changes and will be aware of how the changes will affect them.

### **Processing of NRT Prescriptions and Quit Cards**

Prescription NRT items will be dispensed as coded by the prescriber. The way that Quit Cards are processed will change as follows:

- The current system (including the capture of the Quit Card voucher numbers, the use of C3 for TONIQ, the use of NRT for LOTS, and the \$5 co-payment) will no longer be functional from 1 September
- From 1 September, Quit Cards will be coded A4, require an identifier registration number, will not require a voucher number and will have a \$3 co-payment
- There will be a transition period (1 September to 1 December 2009) where both new and old cards are in circulation – in this period the A4 code and one of the two new MCNZ numbers will need to be used when processing old Quit Cards that do not have these identified on them
- From 1 December 2009 – old Quit Cards are invalid (patients presenting these cards should be advised to obtain a new Quit Card)
- Old Quit Cards dispensed prior to 1 September 2009 must be received by the Ministry of Health, Sector Services, **no later than 4 September 2009**, to ensure reimbursement. Old Quit Cards dispensed using the C3 or NRT codes but claimed after 4 September 2009 may reject and will need to be edited to the A4 code and claimed as if they had been received after 1 September.

### **New NRT prescriber identifier registration numbers to be used with Quit Cards**

Two new NRT prescriber identifier registration numbers (MCNZ numbers) have been created as follows:

- MC88888 – First name “NRT Only”, Last name “Quitline”
- MC99999 – First name “NRT Only”, Last name “QuitCard Provider”

MC88888 is for Quit Cards issued by Quitline, and MC99999 is for Quit Cards issued by Community Quit Card Providers.

The new Quit Cards should have one of the above MCNZ numbers recorded on them. The old Quit Cards will need one of these numbers assigned to it – if you are processing an old Quit Card and the patient is unsure as to whether it has been issued by Quitline or a Quit Card Provider then use the Quitline number.

The MCNZ number is to be entered in the Medical Council Number field in your pharmacy software (we are working towards having individual identification numbers for each Quit Card Provider but this is not possible at present).

The inclusion of an identifying registration number for the Quit Cards is to ensure that over 90% of claim items submitted contain an identifier registration number.

## **Changes to TONIQ**

The current C3 coding will be removed from TONIQ from 1 September 2009 to ensure incorrect coding can not occur.

The two new NRT identifier registration numbers must be present against 'special' prescribers in your dispensary program by the time your first Quit Card is processed in September. You may need to edit your existing Dr Quitline prescriber and then add a second prescriber. If you do not have a Dr Quitline prescriber you will need to add two prescribers. See instructions attached or go to [www.toniq.co.nz/greenpapers](http://www.toniq.co.nz/greenpapers) and follow instructions in 0909D NRT Medicine Processing to do this asap.

NRT medicine will have dispensing notes attached to them with information on maximums allowed and summarise how to process RxS/cards. Toniq will not allow a C3 Rx code and will no longer prompt for a Quitline number. It will NOT enforce the dispensing quantity maximums OR the period of supply rules.

## **Changes to LOTS**

After 1 September 2009 ensure you do not use the NRT coding. The current NRT coding will be removed from LOTS from 1 October 2009.

The two new NRT identifier registration numbers will be included in LOTS in the September Update.

The quantity restrictions will be noted in the dispensary message for each NRT medicine. The computer will not automatically enforce the maximum quantities or the period of supply rules.

## **Transition Period**

There will be a transition period (1 September to 30 November) where both the old and the new Quit Cards will be in circulation and will be valid.

In the transition period Old Quit Cards will:

- be processed as A4
- require a registration number
  - MC88888 for Quit Cards from Quitline
  - MC99999 for Quit Cards from Quit Card providers
  - If the patient is unsure which is appropriate then use MC88888
- provide 4 weeks of NRT as they currently do
- have a co-payment of \$3 per item per Quit Card

## **Pharmacy Reimbursement Payments**

NRT prescription and Quit Cards will be reimbursed (dispensing fee and mark-up) at the current prescription level. In addition, for each Quit Card an additional 'wash up' payment will occur every second month so that the final reimbursement for Quit Cards is consistent with the current Quit Card reimbursement level.

If a practitioner uses a Quit Card and writes on their identification number then the higher reimbursement will not be provided. To access the higher reimbursement for this Quit Card

you need the practitioner to use the Quit Card Provider registration number MC99999 instead of their identification number.

### Feedback received regarding the Proposals

We appreciated all the feedback received as a result of the 27 February 2009 consultation letter and acknowledge the time people took to respond.

A number of issues were raised in the consultation responses. We note that feedback on the concept of having NRT subsidised upon prescription was positive. The following table illustrates the main issues and also PHARMAC's response to these concerns:

Issue	PHARMAC's response
Pharmacists would like to be able to prescribe NRT, and there would be additional value if this occurred as they have significant contact with the patient.	Pharmacist prescribing NRT was outside of the brief of the proposal and requires a wider sector discussion.
The delay in the pharmacists obtaining the proposed reimbursement is not acceptable and pharmacists should not have to wait for it even though it is a small amount of money	The original proposal included a one-off payment around July 2010 to reimburse pharmacy for revenue lost due to the lower initial payments for Quit Cards for the period from 1 July 2009 until 28 February 2010. To reduce the delay in the additional payment an additional payment will be made every two months.
What would happen to the reimbursement to pharmacies for reduced revenue, if the current contract was rolled over as the proposed reimbursement is a one-off payment?	The wash-up payment will now occur every second month and this would continue if the current contract is rolled over.
Can NRT be available on PSO as practitioners often want to start patients early and demonstrate how to use the product?	We do not consider that it is appropriate for NRT to be supplied on PSO as it is not an emergency medicine and individual prescription is practicable. We accept the desire to demonstrate how the product is used and this may be reassessed later.