

For our Pharmacy Providers

Spring 2007

NEWS AND VIEWS

Welcome to the spring 2007 edition of the Non-Insured Health Benefits (NIHB) quarterly newsletter. First Canadian Health (FCH) is now in its ninth year of operations as the claims processor for the NIHB Program of the First Nations and Inuit Health Branch (FNIHB) of Health Canada.

Again, FCH would like to thank you for your support as you continue to provide quality health services to First Nations and Inuit clients of the NIHB Program.

As always, your comments and questions are welcome. Please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666**, or send your correspondence to:

FCH Provider Relations
3080 Yonge Street, Suite 3002
Toronto, ON M4N 3N1

REMINDER - CHANGES TO QUANTITY AND FREQUENCY LIMITS FOR ACETAMINOPHEN AND ACETAMINOPHEN CONTAINING PRODUCTS

On January 1, 2007, the NIHB Program implemented changes to its existing quantity and frequency limits for acetaminophen-containing opioids.

The Program has changed the parameters so that acetaminophen, alone or in combination with opioids such as codeine or oxycodone, will accumulate towards the threshold. A total of 400 grams of acetaminophen will be permitted in a 100-day period, which allows for a maximum total daily dose of 4 grams. For more detail, please refer to the November 2006 NIHB DUE Bulletin:

http://www.hc-sc.gc.ca/fnih-spni/pubs/drug-med/2006_11_due-eum/index_e.html

NIHB DRUG BENEFIT LIST (DBL) UPDATES

The spring 2007 DBL updates, which list all changes made to the NIHB DBL since the last update for winter 2006-2007, will be available on the NIHB website on April 1, 2007. These updates include the addition and replacement of Drug Identification Numbers (DIN), limited use benefits, drugs removed from the Canadian market and drugs discontinued by the manufacturer effective April 1, 2007. The most recent electronic version of the NIHB DBL reflects these updates. For an electronic version of the DBL, please refer to the website at the

following URL address:

www.hc-sc.gc.ca/fnih-spni/pubs/nihb-ssna_e.html#drug-med

Providers may also add their pharmacy to the distribution list to receive a hardcopy of the April 1, 2007 NIHB DBL. Please submit the following request form by completing the fields in the shaded box below, and fax this page to (613) 941-6249 no later than June 1, 2007.

Please note that hardcopies of the April 2007 DBL will only be available until June 1, 2007.

Yes! Please send a hardcopy of the April 1, 2007 DBL update to our office....

Name:

Provider Number:

Address:

City:

Province:

Postal Code:

Telephone:

Email:

Should you have any questions, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666**.

CLARIFICATION ON FIRST CANADIAN BENEFITS (FCB) AND NON-INSURED HEALTH AND WELFARE BENEFITS (NIHWB)

FCH is the claims processor for Health Canada's NIHB program. In the coming months, NIHB providers may notice another organization using a corporate name similar to that of FCH, FCB; and a program name similar to Health Canada's NIHB Program, NIHWB.

Please be advised that this company and its program are not related to Health Canada, FCH, or the NIHB Program, and they are not mandated to serve the health care needs of First Nations and Inuit clients.

CHANGE OF CONTACT INFORMATION FOR THE NIHB DRUG EXCEPTION CENTRE (DEC)

The NIHB DEC is moving to a new location. Effective April 9, 2007, please direct your correspondence to the new address:

**Health Canada
First Nations and Inuit Health Branch
NIHB Drug Exception Centre
55 Metcalfe Street
5th Floor, Postal Locator 4005A
Ottawa, ON K1A 0K9**

Please note that the telephone and fax numbers will remain the same:

Telephone number: **1-800-580-0950**

Fax number: **1-800-281-5021**

NUNATSIAVUT GOVERNMENT (NG) BENEFICIARIES

Effective April 1, 2007, members of the Labrador Inuit Association (LIA) and the Labrador Inuit Health Commission (LIHC) will be recognized by the Nunatsiavut Government (NG) as members. This body will assume complete responsibility for the delivery of pharmacy benefits to its members. Therefore, NG members will no longer be eligible to receive NIHB benefits on or after this date.

Any claims with a date of service on or after April 1, 2007, or any prior approval (PA) requests that would apply to dates of service after April 1, 2007, must be forwarded to NG for consideration to the following address:

**Nunatsiavut Department of Health & Social
Development
P.O. Box 496, Station C
Happy Valley-Goose Bay, NL
A0P 1C0**

For additional information, you may also contact NG by telephone or fax at the following number: **1-866-606-9750**.

REFUSAL TO DISPENSE PROGRAM FOR BRITISH COLUMBIA

Effective April 20, 2007, the Refusal to Dispense program will allow British Columbia pharmacists to claim for the dispensing fee (DF) if, as a result of a Drug Utilization

Review (DUR) rejection message (ME, Drug/Drug Interaction Potential; MW, Duplicate Drug; and MY, Duplicate Drug Multi-Pharmacy), the pharmacist decides that it is in the best interest of the patient that the prescription not be dispensed.

In order to receive a DF, the pharmacist must re-submit the claim with the identical claim details along with the CPhA intervention code UL (RX NOT FILLED - PHARMACIST DECISION). The DF will be eligible for payment based on the current pricing rule for the submitted drug.

Please note that in the event of a refusal to dispense, no fees beyond the DF will be paid.

For further information on DUR, please refer to Section 5.7 of the NIHB Pharmacy/Medical Supplies and Equipment (MS&E) Provider Information Kit (PIIK).

CLASSIFICATION CHANGE AND FREQUENCY LIMIT FOR ACLASTA[®]

Effective April 1, 2007 the NIHB Program will change the status of Aclasta[®] (DIN: 02269198) from an exception to a limited use benefit. The frequency limit for this product will be set at one 5mg dosage per year. This change will be reflected in the NIHB DBL.

FREQUENCY LIMIT FOR CYCLOBENZAPRINE PRODUCTS

Effective April 1, 2007, the NIHB Program will introduce a frequency limit for Cyclobenzaprine. As such, the frequency limit will allow for prescriptions of no more than 60mg/day (6 tablets) over a three-week period. This course of treatment may be repeated every two months.

NEW WEB TOOL TO RECEIVE NIHB UPDATES

NIHB providers are invited to subscribe to FNIHB's Really Simple Syndication (RSS) feeds to view feeds online or to receive notifications when new information is added to the NIHB website. RSS is a useful tool for keeping up to date on the NIHB Program. When NIHB providers sign up for the program's RSS feed, their feed reader will display a message whenever new information is added to the NIHB website.

A feed reader, also known as an aggregator, allows users to subscribe to news sites, blogs, and other websites with frequently updated content, and to view it at their convenience without cluttering their inbox. RSS feeds have addresses similar to websites but their content can only be viewed through a feed reader.

There are many free feed readers available online. To download the NIHB RSS feeds and/or find out how to download a feed reader, NIHB providers can consult the following Web page:

http://hc-sc.gc.ca/fnih-spni/nihb-ssna/provide-fourmir/res-form/index_e.html

Detailed information about aggregators can be found at the following link:

http://www.hc-sc.gc.ca/home-accueil/help-aide/rss_e.html

Please note that NIHB providers can still access information on the NIHB Program through the NIHB Newsletters and, if registered, regular email alerts.

REMINDER - CLAIMS FOR CHILDREN WITH OWN CLIENT ID NUMBERS

Claims for children who have their own client ID number will be rejected if they include parental client information in the lower section of the NIHB Pharmacy Claim form. To avoid benefit rejection, children who are **over** one year of age must be registered with their own number, as indicated in the NIHB Drug/Pharmacy Health Provider Information Kit.

REMINDER - PHARMACY PAPER CLAIMS SUBMISSIONS

Please use the NIHB Pharmacy Claim Form when submitting a manual claim to FCH for payment. FCH's Pharmacy Claims Processing Unit indicates that many providers are using the Client Reimbursement Form, which is intended specifically for claims that are to be paid directly to clients of the NIHB program.

For more information, or to order a supply of claim forms, please call the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666**.

REMINDER – PROVISION OF BLOOD GLUCOSE MONITORS

Blood glucose monitors are reimbursed under the NIHB Program as eligible benefits with a quantity and frequency limit of one (1) blood glucose monitor in a five (5) year period. Claims should only be submitted for reimbursement where the provider incurs a cost. An official invoice indicating the actual acquisition cost may be requested as part of the audit process; this applies to all claims submitted to the NIHB Program. In cases where there is no official invoice or receipt of purchase from the manufacturer or wholesaler, the amounts paid by the Program for blood glucose monitors will be subject to reclaim.

Further, NIHB clients shall not benefit directly or indirectly from special promotions or incentives. This includes coupons, discounts, or rebates in the form of cash or goods that a pharmacy provider may offer to their customers. To the extent permitted by such promotions and applicable law, the NIHB Program shall receive the benefits of these promotions.

COMPLIANCE PACKAGING OF NARCOTICS

If a patient has authorization from the physician to have their medication dispensed in a compliance package, the regulations concerning narcotic prescriptions must still be adhered to. The narcotic prescription must include the total quantity, the number of tablets per dispense, and the frequency or number of days per interval.

CHANGE IN STATUS OF THE *CPhA* "NE" CODE

Effective June 15, 2007, the *CPhA* "NE" code will change from a warning message to a reject message under the NIHB Program. This means that, like other DUR rejects under the Program (**MY**, **MW**, and **ME**), claims that trigger the NE code criteria will be rejected at the point-of-sale. As a reminder, the **NE** code, "**Potential overuse/abuse indicated**," is triggered at the pharmacy level when any one of the following four conditions are met:

- Clients have active claims for 3 or more distinct benzodiazepine chemical entities
- Clients have active claims for 3 or more distinct narcotic chemical entities
- Clients have active claims for 3 or more distinct benzodiazepine chemical entities **and** 3 or more distinct narcotic chemical entities
- Clients have active claims for methadone for the treatment of opioid dependency and at the same time, at least one narcotic chemical entity. Please note that, for this condition, the NE code is set only if the narcotic chemical entity is the claim being adjudicated.

Like other DUR rejects, providers will be able to override the NE rejection messages received from NIHB using the same *CPhA* intervention codes currently used for overriding the other DUR rejects. Please consult the NIHB Drug/Pharmacy Provider Information Kit for further details.

ABBREVIATIONS ON PRESCRIPTIONS

Please note that the prescribing physician must record drug names on prescriptions in full. Abbreviations such as using "TES" in reference to Tylenol™ Extra Strength should not be accepted.

Should you receive such a prescription, please ensure, through proper verification, that the drug prescribed identifies the medication required by the client. Further, the missing information must be fully documented on the prescription and initialled by the pharmacist.

Prescriptions with a drug name found to be written in an abbreviated fashion and without documentation to confirm the drug name are subject to reclaim through audit activities.

DOCUMENTATION FOR DRUG TO DRUG INTERACTION DUR OVERRIDES

When filling a recurring prescription wherein the pharmacist must use an override code for a drug-to-drug interaction, please note that it is not necessary to document the reason for the override each time.

For recurring prescriptions, pharmacists need only to document the reasons in the first instance. Subsequent fills will not be subject to reclaim if the original documented reason is retained in the patient's file. It is important to note that the information must be held on site as long as the prescription is in effect.

Failure to document the use of an override for any other DUR message will result in reclaim.

SMALLEST PACKAGE SIZE

For over the counter and MS&E items where the prescription does not indicate the quantity to be dispensed and the prescribed item comes only in pre-packaged amounts, the NIHB Program will pay costs for the package size closest to the quantity prescribed but not exceeding that quantity. This is subject to audit and cost differences between the amounts paid and the smallest available package sizes will be recovered.

REMINDER – CLAIMS WITH PA ARE SUBJECT TO AUDIT

Please note that all paid pharmacy and MS&E claims are subject to audit. This applies to all paid claims including those that have received a PA from the DEC or one of the NIHB Regional offices. A PA is given by the DEC or a Regional office when a drug or medical supply or equipment that does not have a full benefit status is prescribed for an eligible client. While audit will not re-evaluate the clinical necessity of the prescribed drug/item for an eligible client, audit will review all other audit criteria as described in the Pharmacy/MS&E Provider Agreement and the NIHB Drug/Pharmacy Health provider Information Kit.

The Pharmacy/MS&E Provider Agreement signed by providers allows FCH to verify paid claims against pharmacy records. In Quebec, the right to audit is established under the agreement between the Association Québécoise des Pharmaciens Propriétaires (AQPP) and Health Canada.

REMINDER - ROLES AND RESPONSIBILITIES IN THE NIHB PROGRAM

Please note the separation of responsibilities between some of the parties involved with the NIHB Program.

Examples outlined herein do not list the full range of roles and responsibilities of the parties involved in the program but rather those that directly affect providers.

First Nations and Inuit Health Branch

This Branch of Health Canada is responsible for the policy and management of the NIHB Program. This organization also determines the requirements for PA.

The eight FNIHB Regional offices are responsible for setting pricing guidelines for the NIHB program and the dissemination of program information and policy to provincial governments, providers, and NIHB clients. The FNIHB Regional offices are also responsible for the issuing of and, when applicable, amending of MS&E PA. These bodies are the recommended contacts for providers seeking answers about NIHB program policy, pricing, fees, and MS&E PA.

For more information on NIHB and its Regional offices, please consult the following Web page:

http://www.hc-sc.gc.ca/home-accueil/contact/fnih-spni/nihbr-ssnar_e.html

The NIHB DEC is available for pharmacy providers to provide PA of drug benefits to First Nations and Inuit Clients of the NIHB Program. This includes requests for access to limited use and exception drugs under the NIHB Program.

For more information, please contact the DEC at the following numbers:

Toll-free: **1-800-580-0950**

Fax: **1-800-281-5021**.

First Canadian Health

FCH is contracted to administer Health Information and Claims Processing Services (HICPS) for MS&E and pharmacy benefits on behalf of the NIHB Program. All NIHB providers submit claims for payment to FCH for MS&E and pharmacy services and benefits provided to First Nations and Inuit clients. FCH is also responsible for the operation of the FCH NIHB Toll-Free Inquiry Centre.

The FCH NIHB Toll-Free Inquiry Centre's Representatives respond to Canada-wide toll free telephone inquiries from NIHB registered providers in each region on certain aspects of the NIHB Program, as instructed by FNIHB. This includes, but is not limited to, calls concerning claims submission, client verification, provider support, and the payment process. However, no Toll-Free Representative has the authority to issue or amend a PA. For reasons of confidentiality, Toll-Free representatives can only answer provider inquiries regarding the provider's own clients and claims.

Providers are encouraged to call the FCH NIHB Toll-Free Inquiry Centre whenever a problem is encountered. The representatives are in place to assist providers personally, or through a referral, as directed by FNIHB.

**REMINDER – METHADONE DF FOR OPIOID
DEPENDENCY, PSEUDO-DIN 00908835**

In October 1, 2003, a new policy was put in place for the submission and the reimbursement of methadone used for the treatment of addictions for all provinces and territories.

As a result, methadone claims must be submitted by using the pseudo-DIN 00908835. Claims submitted with another pseudo-DIN will be subject to reclaim.

The DF submitted for a 7-day period will be calculated as follows: 1.5 times the current DF + an "interaction fee" of \$3.50 for each dose that the pharmacist witnesses. For doses that the patient carries home, the interaction fee shall not be claimed.

**REMINDER – ONTARIO DRUG BENEFITS (ODB)
COORDINATION**

NIHB is the only program responsible for the client share of an ODB coordinated claim; for example, \$2/prescription or \$6.11/prescription plus up to \$100 deductible.

To download the current version of the NIHB Drug/Pharmacy Health Provider Information Kit from the NIHB website, visit:

www.healthcanada.gc.ca/nihb

Providers without internet access can contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666**.