



EXPRESS SCRIPTS®

NIHB NEWSLETTER

NEWS AND INFORMATION FOR NIHB PROVIDERS

NIHB CLAIMS SERVICES PROVIDER WEBSITE

Non-Insured Health Benefits (NIHB)

www.provider.express-scripts.ca

Pharmacy Providers



Summer 2012

NIHB Forms

Download from the

NIHB Claims Services Provider Website or contact
the Provider Claims Processing Call Centre

www.provider.express-scripts.ca

EXPRESS SCRIPTS CANADA

Provider Claims Processing Call Centre

Inquiries and Password Resets

1-888-511-4666

Pharmacy Extended Hours

Monday to Friday:

6:30 a.m. to 12 a.m. Eastern Time

Saturday, Sunday and Statutory Holidays:

8 a.m. to 12 a.m. Eastern Time

MS&E Extended Hours

Monday to Friday:

6:30 a.m. to 8:30 p.m. Eastern Time

Excluding Statutory Holidays

Pharmacy and MS&E Claims

Mail Pharmacy claims to:

Express Scripts Canada
NIHB Pharmacy Claims
P.O. Box 1353, Station K,
Toronto, ON M4P 3J4

Mail MS&E claims to:

Express Scripts Canada
NIHB MS&E Claims
P.O. Box 1365, Station K,
Toronto, ON M4P 3J4

Pharmacy/MS&E

Provider Agreements

Fax Completed

Pharmacy/MS&E Provider Agreements to:

NEW Toll Free Fax No.: 1-855-622-0669

Other Correspondence

Mail to:

Express Scripts Canada
5770 Hurontario St. 10th Floor,
Mississauga, ON L5R 3G5

*Please note the French version of this newsletter will
be distributed shortly*

NIHB PROGRAM PHARMACY BENEFITS

Drug Exception Centre (DEC)

PRIOR APPROVALS

Pharmacy Drug Benefits

1-800-580-0950 (English)

1-800-281-5027 (French)

Fax No.: 1-877-789-4379

Health Canada Regional Offices

PRIOR APPROVALS

Medical Supplies & Equipment (MS&E) Benefits

Alberta	1-800-232-7301
Atlantic	1-800-565-3294
British Columbia	1-888-299-9222
Manitoba	1-877-505-0835
Northwest Territories/ Nunavut	1-888-332-9222
Ontario	1-800-881-3921
Quebec	1-877-483-1575
Saskatchewan	1-800-667-3515
Yukon	1-866-362-6717
	1-866-362-6718
	1-866-362-6719

INQUIRIES

Pharmacy/MS&E Benefits

Alberta	1-780-495-2694
	1-800-232-7301
Atlantic	1-902-426-2656
	1-800-565-3294
British Columbia	1-604-666-3331
	1-800-317-7878
Manitoba	1-800-665-8507
Northwest Territories/ Nunavut	1-888-332-9222
Ontario	1-800-640-0642
Quebec	1-877-483-1575
	1-514-283-1575
Saskatchewan	1-800-667-3515
Yukon	1-866-362-6717
	1-866-362-6718
	1-866-362-6719

NEW INFORMATION

Expansion of Limited Use Methadone to the Atlantic Region

Effective August 2011, methadone's status became a Limited Use (LU) benefit in New Brunswick. In March 2012, similar change to the methadone's status was done in Nova Scotia, Newfoundland and Labrador and Prince Edward Island. NIHB clients in these provinces starting methadone therapy need to meet the following criteria to receive coverage:

- The treating physician has assessed the client and prescribed methadone maintenance treatment in accordance with the policies and procedures outlined by their provincial regulations; and
- The client is 16 years of age or older; and
- The methadone prescribing physician agrees to be the only prescriber of benzodiazepines and opioids for this client while they are receiving methadone therapy; and
- The client agrees that their NIHB coverage of opioids and benzodiazepines will be restricted to the methadone prescriber.

Note NIHB clients receiving methadone for opioid dependency will be **restricted** to the methadone prescriber for their coverage of opioids and benzodiazepines.

The prescriber's licence number or billing number, as appropriate for their province, will be used to identify the authorized prescriber and will be requested by the analysts at the Drug Exception Centre (DEC). Please ensure to use the exact number for future claims of benzodiazepines and opioids (i.e., include the leading zeros). LU forms for methadone will be made available in authorized methadone prescribers' offices or clinics.

To facilitate the prior approval (PA) process, physicians will be completing the methadone request forms ahead of time and will give them to the NIHB client to bring to the pharmacy of their choice. When a pharmacy provider receives a completed form, they will need to:

1. Call the DEC at 1-800-580-0950 to obtain a case number; and
2. Fax the form to the DEC at 1-877-789-4379.

NIHB clients already receiving methadone for opioid dependence prior to March 12, 2012, will be grandfathered as to not interrupt their methadone maintenance therapy. However, the NIHB Program will work with the client's treating physician and pharmacy provider to ensure they meet the new LU criteria within an appropriate timeframe.

Current methadone reimbursement policies will remain in effect. Please refer to the Provider Guide for Pharmacy Benefits for more information: www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/drug-med/2010-prov-four-guide/index-eng.php

Expansion of the Short Term Dispensing Policy

Effective July 15, 2012, several medication classes will be added to the short term dispensing (STD) policy under a new reimbursement model. Currently, the STD policy compensates one full dispensing fee every 28 days for

chronic use medications. This policy is being expanded to include medications that have been identified as drugs of concern where it may be necessary to dispense more frequently than once every 28 days.

The Program will compensate up to a maximum of one full dispensing fee every seven days for antidepressant, anticonvulsant, antipsychotic, benzodiazepine and stimulant medications (treatment which comes in solid, oral pharmaceutical forms). Therefore if these medications are dispensed daily, the pharmacy will be entitled to 1/7 of their usual and customary dispensing fee, up to the regional maximum of the Program. Other medications under the STD policy will not be affected by this new reimbursement model.

Exceptions to this policy include dosage changes and medications being prescribed on an as needed or 'PRN' basis. In such cases, the Program will compensate one full dispensing fee. This new policy is not intended to interfere with or question treatment approaches or judgements made by pharmacists or physicians on how patients receive their medications. Rather, it sets out guidelines on how NIHB will compensate pharmacists for dispensing these drugs of concern.

If a claim is submitted for a specific client for a subsequent fill of a chronic-use medication and the days supply paid is less than 7 days, the Provider is required to claim as per the following formula: usual and customary, Dispensing fee/7x days supply, up to the maximum dispensing fee.

This policy will be subject to audit as of July 15, 2012, and will be in effect prior to the ability of Express Scripts Canada to adjudicate in accordance with it.

Pricing Model for Select Over the Counter (OTC) Medications

Over the coming months, NIHB will be phasing in a maximum allowable cost (MAC) pricing model for select over the counter (OTC) medications. Pricing for medications will be determined through assessments of product accessibility and package sizing by province and territory which will ensure fairness to NIHB service providers while providing unit cost consistency. For example, all DINs for acetaminophen 500 mg will be subject to the same MAC price. The OTC MAC pricing will be reviewed and updated regularly. Only oral tablets, capsules and caplets are included in the new MAC pricing model. The first products to have a defined MAC include: acetaminophen (Tylenol), acetylsalicylic acid (Aspirin), loratadine (Claritin), cetirizine (Reactine), and ibuprofen (Advil). The MAC pricing for these products is scheduled to come into effect on July 15th.

Coordination of Benefits

As a reminder, NIHB clients that have alternate health coverage are required to access that coverage prior to claiming benefits under the NIHB Program. Starting July 16, 2012, the NIHB Program will be putting in place administrative measures to ensure the coordination of benefits with third party insurers.

Pharmacy providers will now be required to submit reimbursement claims to the alternate health coverage prior to billing the NIHB Program. The Program will then coordinate payment with the other payer on eligible benefits. More details can be found in the July 5th, 2012 fax broadcast sent out to providers.

Updated Drug Benefit List and Drug Benefit List Updates

Health Canada maintains an up-to-date Drug Benefit List (DBL) of NIHB eligible drugs that are to be used in a home or ambulatory setting. The DBL indicates to prescribers and pharmacy providers which drug products are eligible NIHB benefits.

The DBL encourages the most optimal and cost-effective drug therapy for NIHB clients. It is recommended that prescribers and pharmacy providers regularly review the list to ensure they are aware of the drugs eligible for NIHB coverage. The DBL is published annually, and changes made during the year will continue to be communicated via quarterly NIHB DBL Updates. Both the DBL and DBL Updates may be viewed on the NIHB Claims Services Provider Website (select Pharmacy link "Drug Benefit List" or "Benefit Updates").

The 2012 version of the DBL is now available on the Health Canada website at www.hc-sc.gc.ca/fniah-spnia/alt_formats/pdf/nihb-ssna/provide-fourni/pharma-prod/med-list/list_drug_med_2012-eng.pdf

NIHB Drug and Therapeutic Advisory Committee

The NIHB Program has recently merged its two existing expert advisory committees, the Federal Pharmacy & Therapeutics Committee (FP&T) and the Drug Utilization Evaluation Advisory Committee (DUEAC), to create one committee called the Drugs and Therapeutics Advisory Committee (DTAC). The DTAC is an external advisory body of qualified health professionals which will bring impartial and practical expert medical and pharmaceutical advice to the NIHB Program to promote improvement in the health outcomes of First Nations and Inuit clients through effective use of pharmaceuticals. The approach will be evidence-based and the advice will reflect medical and scientific knowledge, current utilization trends, current clinical practice, healthcare delivery and specific client healthcare needs. This expert advice is intended to facilitate drug program policy development and decisions that will optimize client health benefits within departmental resource allocations.

The DTAC members will be responsible for advising the NIHB Program regarding listing decisions for the NIHB DBL as well as prescribing, dispensing and utilization of drug therapy. As such, the committee will provide recommendations for formulary changes, data reporting, change to operational procedures, policy initiatives, and educational interventions and strategies, as required.

NIHB Program - New Clients from Bill C-3 and Qalipu Mi'kmaq

The NIHB Program provides registered First Nations and recognized Inuit residents of Canada, a limited range of medically necessary health-related goods and services when these benefits are not otherwise provided by other government programs or private plans.

New clients who have joined the Program recently due to legal decisions (i.e., Bill C-3) or creation of new First Nations communities (i.e., Qalipu Mi'kmaq) need to register with the Aboriginal Affairs and Northern Development Canada (AANDC), previously referred to as the Indian and Northern Affairs Canada (INAC).

For more information, please visit: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/c3-qa-qr-eng.php

Claim Corrections and Adjustments

Please note adjustments to previously paid claims must be submitted to Express Scripts Canada as corrections noted on your NIHB Pharmacy Claim Statement.

Client Identification Validation

In order to facilitate verification, providers are reminded to provide the following client identification information for each claim:

- Surname (under which the client is registered);
- Given names (under which the client is registered);
- Date of birth; and
- Client identification number (the Secure Certificate of Indian Status, commonly referred to as a Status Card for First Nation clients (10 digit number) or the GNWT Health Plan Number, Nunavut Health Plan Number or Health Canada Client Identification number beginning with the letter N followed by 8 digits for Inuit clients).

To ensure that client information is entered correctly and to protect from any mistaken identity, it is recommended that Pharmacy providers **ask clients to present, upon each visit**, their Secure Certificate of Indian Status card which is an identity document, issued to confirm that the cardholder is registered as a Status Indian under the *Indian Act*, or the GNWT Health Plan Number/Nunavut Health Plan Number/Health Canada Client Identification "N" number for Inuit clients.

Valid Prescriber ID and Valid Prescriber ID Reference Code

A valid **Prescriber ID** (not a 99999 code) and valid **Prescriber ID Reference Code** are required when submitting claims. The Prescriber ID is mandatory for all claims and must either be the prescriber's license number or the provincial/territorial billing number. Nurse practitioners are authorized to prescribe certain drug items, as well as a limited list of Medical Supplies and Equipment (MS&E) items. Claims that do not contain valid Prescriber ID information are subject to audit recovery.

Delisting of Glucometer Batteries and Control Solutions

Glucometers were removed from the DBL as of October 1, 2009, because they are available free of charge from manufacturers. Effective July 3, 2012, glucometer batteries and glucose control solutions are no longer a benefit under the NIHB Program. This applies to the following list of DINs.

Glucometer Batteries	
DIN	Item Name
99401030	1.5 Volt
99401031	3 Volt
99401029	AAA
99401056	Lithium
99401032	Size J 6 Volt

Glucometer Control Solution	
DIN	Item Name
00909556	Advantage
00906867	Medisense

Auto Approval

The Express Scripts Canada claims adjudication system allows for Auto Approval of selected items requiring Prior Approval (PA). The system verifies pre-requisite drug therapy as identified in the NIHB Drug Benefit List (DBL) for Limited Use Criteria. Effective June 22, 2012, the following drug items were eligible for Auto Approval through the NIHB Program:

Detrol, Detrol LA, Elidel, Enablex, Protopic, Trosec, and Vesicare.

Prior Approval Confirmation Letter Enhancements

Effective June 22, 2012, the current Prior Approval (PA) Confirmation Letter was modified.

The note found above the "General Comments" on the PA Confirmation Letter will now display the following text, "For items that have been approved, NIHB pricing is in effect based on the claim service date."

Provider Guide for Medical Supplies and Equipment

The Provider Guide for MS&E has been updated to include updates to the NIHB Program's MS&E policies. The new version of the Guide will be posted to the Health Canada website in August 2012.

Diabetic Supplies

The NIHB Program is reminding providers of the obligation to have a valid prescription on hand for each client requiring diabetic supplies. A prescription for diabetic supplies will be required from a prescriber recognized by the NIHB Program and must follow the prescription regulations set by each jurisdiction.

Addition of Levemir to NIHB Drug Benefit List

Effective May 7, 2012, Levemir (Insulin detemir) was listed on the NIHB Drug Benefit List (DBL) as an open benefit for eligible clients.

Price File for Incontinence Supplies

The NIHB Program is implementing a price file for incontinence items on September 1st, 2012. MS&E providers must follow the pricing structure set out by the price file.

The price file is being established to ensure pricing consistency across the regions. The prices have been established based on a scan of manufacturers pricing, other public health care plans, consultations with industry representatives, and an analysis of program utilization and pricing data. Additional information, which will include the new codes and pricing structure, will follow in August 2012.

If you have any questions about this new process, please contact your respective Health Canada Regional Office.

REMINDERS

Pharmacy Change of Ownership or New Registration

Important Message

When changing ownership of a pharmacy or registering/re-registering a new pharmacy, please advise Express Scripts Canada immediately, allowing Express Scripts Canada adequate time (ten (10) business days) to make changes/updates within the adjudication system. A new **fully completed Express Scripts Canada Pharmacy Agreement** noting the effective date of the Pharmacy is required.

Fax *all* pages of the Agreement to fax number **1-855-622-0669** with a cover sheet advising the reason for the new agreement:

- Change of Ownership
- New opening/registration
- NIHB re-registration to Express Scripts Canada.

Note A provider **must** first register with Express Scripts Canada before submitting claims.

Drug Utilization Review Documentation Requirements

All NIHB claims are subject to the drug utilization review (DUR) process to ensure that pharmacy providers are advised of potential drug-related problems or interactions. Providers may be asked to provide supporting documentation. For example, an "ME" code will warn the pharmacy provider of potential drug to drug interaction.

As per professional judgement, providers may use an intervention code to override these messages. In these instances, the providers must document the nature of their intervention directly on the prescription hard copy or on the electronic patient profile, and retain the documented intervention as supporting documentation for audit purposes.

Reminder to Providers Concerning Item Costs Claimed to the NIHB Program

Health Canada mirrors the unit prices of each province/territory, therefore pharmacy providers must use the formulary price set by each provincial/territorial jurisdiction for all pharmacy items billed to the NIHB Program, whether the medication is or is not an open benefit under the provincial/territorial program. The formulary price is set by each provincial/territorial drug plan.