

NEW INFORMATION

Extemporaneous Mixture Policy

Effective November 4, 2013, a new policy for the reimbursement of extemporaneous mixtures went into effect in Manitoba. Pseudo-DIN, 00999999 is no longer a valid pseudo-DIN in Manitoba. All extemporaneous mixtures must be submitted with the corresponding pseudo-DIN to be reimbursed appropriately. Prior approval (PA) may be required for a NIHB client to obtain an extemporaneous mixture whose ingredients are limited use or exception. At the pharmacist's discretion, pharmaceutical powders may be used in lieu of tablets/capsules; these powders will be reimbursed at Actual Acquisition Cost (AAC) up to the maximum allowable cost based on the price of the listed tablet/capsule. When there is no applicable corresponding pseudo-DIN, providers may contact the Drug Exception Centre (DEC) for PA and then submit claims using the assigned limited use miscellaneous pseudo-DIN for each CPhA category. For more information on the reimbursement of extemporaneous mixtures, please refer to the fax broadcast sent on October 15, 2013 and available after logging in on the NIHB Claims Services Provider Website in the Announcement section at www.provider.express-scripts.ca

Methadone Limited Use

Effective September 30, 2013, methadone became an Expedited Special Authorization (SA) benefit for NIHB clients in Manitoba starting on methadone for the treatment of opioid dependence. Methadone was previously available to NIHB clients as an open benefit for the treatment of opioid dependence (pseudo-DIN 00908835).

To receive methadone for the treatment of opioid dependence as a benefit under the NIHB Program, the following criteria must be met:

- The Client is 16 years of age or older; and
- The Client is placed in the NIHB Prescription Monitoring Program (NIHB-PMP) which restricts coverage of opioids, benzodiazepines, stimulants and gabapentin to a sole prescriber.

Pharmacy Providers are required to call the NIHB Drug Exception Centre (DEC) where an SA will be granted at the time of the call. When the SA is granted for methadone, the DEC will also place the client in the NIHB-PMP which restricts coverage of opioids, benzodiazepines, stimulants and gabapentin to a sole prescriber.

The pharmacy will be paid the usual and customary (U&C) dispensing fee for providing the NIHB-PMP package to the client when the client first attempts to access one of the restricted drug classes. NIHB clients already receiving methadone for opioid dependence prior to September 30, 2013, were grandfathered so as not to interrupt their methadone maintenance therapy. This means that the pharmacy provider does not need to call the DEC for an SA. However, these clients are still placed in the NIHB-PMP, which means if the client is accessing one of the restricted drug groups, a sole prescriber needs to be identified. Current methadone reimbursement policies remain in effect.

Please refer to the NIHB Provider guide for more information: <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/drug-med/2010-prov-four-guide/index-eng.php>

Talwin (pentazocine) Delisted from DBL

Effective October 15, 2013, Talwin 50 mg tablets and Talwin 30 mg/ml injectable, were removed from the Drug Benefit List (DBL) and became exclusions to the NIHB Program. The delisting is based on the recommendation of NIHB's external advisory committee, the Drugs and Therapeutics Advisory Committee (DTAC), and is based on the lack of evidence of clinical benefit and an increased risk of adverse effects associated with the drug. Prescribers with clients currently receiving NIHB coverage of oral pentazocine received a letter in advance, advising them of the listing change. Clients who received NIHB coverage for Talwin 50 mg tablets in the three (3) months preceding October 15, 2013 were offered coverage (grandfathered) for an additional three (3) months to provide prescribers sufficient time to switch the client to an alternate therapy. An additional three months of coverage (for a total of six months) may be authorized on a case-by-case basis, with no further authorizations permitted thereafter.

Acetaminophen Dose Limit Change

Effective October 15, 2013, the dose limit for acetaminophen was modified. The previous limit was 12 tablets/day (or 1200 tablets per 100-day period). The acetaminophen content per tablet counted ranges from 300 mg to 500 mg. The limit is now calculated based on the total milligrams of acetaminophen dispensed to a client and set at 3600mg/day, or 360 g over a 100-day period. The limit continues to apply to all plain acetaminophen and opioid containing acetaminophen products and equals approximately 11 tablets/day of acetaminophen 325 mg, 12 tablets/day of acetaminophen 300 mg with codeine, or seven tablets/day of acetaminophen 500 mg. Requests to exceed this dose limit will be considered on appeal only. This change is intended to promote client safety and is based on the recommendation of NIHB's external advisory committee, the DTAC.

Metadol (methadone) Criteria Change

Effective November 18, 2013, the Limited Use (LU) criteria for Metadol was changed to the following:

- Prescriber is registered with Health Canada and is eligible to prescribe methadone for the management of pain; AND
- For the management of moderate to severe cancer pain or chronic non-cancer pain, after failure of at least two long-acting opioids; OR
- For the management of pain in palliative care patients.

Note Pharmacists may only dispense a maximum supply of 30 days at one (1) time.

**NIHB Program and Express Scripts Canada Contact
Information can be found on the last page of this
NIHB Newsletter**

Providers are reminded that Metadol is only to be used in the treatment of pain. For opioid addiction, providers must dispense compounded methadone (pseudo-DIN 00908835) or Methadose®, in accordance with provincial regulations.

Certain Dosages of Vitamin B12 Delisted

Effective January 13, 2014, oral vitamin B12 products of 25 mcg, 50 mcg and 100 mcg will be delisted from the Drug Benefit List (DBL) and will become exclusions to the NIHB Program. Higher oral doses of vitamin B12 are required to be effective to treat vitamin B12 deficiency. Oral long acting products of vitamin B12 are not recommended. Dosages of 250 mcg and 1000 mcg of vitamin B12 will continue to be covered by the NIHB Program.

REMINDERS

Coordination of Benefits (COB)

As a reminder, NIHB clients that have alternate health coverage are required to access that coverage prior to claiming benefits under the NIHB Program. The NIHB Program will then coordinate payment with the other payer on eligible benefits.

2013 Updated Drug Benefit List and Drug Benefit List Updates

Health Canada maintains a 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 regular 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 2013 version of the DBL is also available on the Health Canada website at: www.healthcanada.gc.ca/dbl

Drug Prior Approval Requests

New prior approvals (PA) and requests to amend an approved PA are obtained from the Drug Exception Centre (DEC). Certain drug products listed as limited use benefits on the Drug Benefit List (DBL) may be considered by the NIHB Program for PA. To obtain a PA, the provider must have the client's information (first name, last name, DOB, client's registration number) prescriber name, prescriber number, and provider number along with reference to the prescription. Other drug products not listed may also be considered as an exception on a case-by-case basis. The DEC will send an *Exception or Limited Use Drug Request Form* to the prescriber. Dependent on the prescriber's compliancy in providing the necessary information an approval may be granted. When approval/denial is provided, a confirmation of approval or denial letter is faxed or mailed to the provider.

Contact information for the DEC can be found on the contact information page of this NIHB Newsletter.

Note Express Scripts Canada is receiving PA and post-approval requests from pharmacy providers. Please be informed that Express Scripts Canada does not process these requests. All PA requests/inquiries must be sent to the DEC for adjudication.

Prior Approval Transfers

After an ownership change Express Scripts Canada will transfer an outstanding PA in our adjudication system to the newly assigned provider number.

Note PA transfers are only applicable to ownership changes.

Modified Claim Return Process

Express Scripts Canada is committed to protecting personal information. Privacy affects all aspects of our business from how we communicate with you to how we handle personal identifiable information as well as personal health information. To protect personal information, effective November 1, 2012, Express Scripts Canada introduced changes to our manual claims processing service. NIHB claim forms are no longer returned to the provider due to missing and/or incorrect information received. A Provider Return Letter will be faxed or mailed to the provider referencing the client name and date of service for the claim(s) received, and the details of why the claim(s) was not adjudicated and not processed. **A newly completed claim form should be returned to Express Scripts Canada with the updated or missing information.** Please fax or mail your completed claim form to:

Toll Free Fax No.: 1-855-486-8599

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

Claim Corrections and Adjustments for Claims Older than 30 Days

Claims that require reversal, corrections, and/or adjustments more than 30 days after the date of service (DOS) must be submitted manually on the copy of the NIHB Pharmacy Claim Statement, up to one (1) year from the original DOS.

Ensure the professional fee, corrections and/or any other change request is clearly identified and the claim line in question is clearly identified.

Payment Errors

If there is a payment error, providers should:

- Send a copy of their NIHB Pharmacy Claim Statement indicating the payment error and submit a copy of it to Express Scripts Canada, including the date of service (DOS) in question with the client name and client identification number.

Importance of Most Current Provider Information

It is important that the most current provider information is provided to Express Scripts Canada, otherwise providers may not receive new and important information from NIHB and Express Scripts Canada regarding NIHB coverage, claims submission procedures, etc.

A verbal request is accepted at the Provider Claims Processing Call Centre to change the following important provider information:

- E-mail address, fax number, phone number, and/or *correction* to your current address.

All other changes to provider information must be completed on the *Modification to Pharmacy/Medical Supplies & Equipment Provider Information Form*, signed by the director or owner of the business, and submitted by fax or mail as indicated on the form.

These types of changes include:

- Usual and Customary (U&C) Dispensing Fee, new complete address (e.g., moved), bank information, and/or name and/or ownership of your business.

The *Modification to Pharmacy/Medical Supplies & Equipment Provider Information Form* can be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

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 Provider Agreement noting the effective date of the pharmacy is required**. Please include a **cover page with the Agreement including the effective date, the current phone number for the contact at the pharmacy and the reason for the request for registration** (e.g., new pharmacy opening or ownership change, etc.).

Note All fields on Page 18 of the *Express Scripts Canada Pharmacy Provider Agreement* must be *completed in full*. Ensure Page 20 is signed by the owner or director of the business including the **date** the Agreement was signed.

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; or
- NIHB re-registration to Express Scripts Canada.

Provider Numbers are not activated until Express Scripts Canada receives college confirmation and Health Canada approval to proceed with registration. Providers are contacted by the Provider Relations Department the week to a few days prior to the opening/effective date of the pharmacy.

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

New Pharmacy Openings

New pharmacy providers must advise Express Scripts Canada that they have had their college inspection and have been approved by the college prior to Express Scripts Canada activating their profile. Any changes (e.g., legal name, operating name, address, etc.) must be updated with the college before Express Scripts Canada can process these modifications. Please provide an **alternate phone number** for the contact person at the pharmacy, if the direct phone number for the pharmacy has not yet been activated.

NIHB PROGRAM AND EXPRESS SCRIPTS CANADA CONTACT INFORMATION

Please have your Provider Number readily available when contacting the Provider Claims Processing Call Centre

EXPRESS SCRIPTS CANADA

Provider Claims Processing Call Centre

Please have your Provider Number readily available

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:

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

Other Correspondence

Mail to:

Express Scripts Canada

5770 Hurontario St., 10th Floor,

Mississauga, ON L5R 3G5

NIHB Forms

Download from the

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

www.provider.express-scripts.ca

NIHB PROGRAM PHARMACY BENEFITS

Drug Exception Centre (DEC)

PRIOR APPROVALS

Pharmacy Benefits

1-800-580-0950 (English)

1-800-281-5027 (French)

Fax No.: 1-877-789-4379

Health Canada Regional Offices

PRIOR APPROVALS

MS&E Benefits

Alberta	1-800-232-7301
Atlantic	1-800-565-3294
Manitoba	1-800-665-8507
Northwest Territories/Nunavut	1-888-332-9222
Ontario	1-800-881-3921
Quebec	1-877-483-1575
Saskatchewan	1-866-885-3933
Yukon	1-866-362-6717

INQUIRIES

Pharmacy/MS&E Benefits

Alberta	1-780-495-2694
	1-800-232-7301
Atlantic	1-902-426-2656
	1-800-565-3294
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	1-306-780-8294
	1-866-885-3933
Yukon	1-866-362-6717

British Columbia First Nations

Health Authority

PRIOR APPROVALS

MS&E Benefits

British Columbia	1-888-299-9222
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PHARMACY/MS&E INQUIRIES

British Columbia	1-604-666-3331
	1-800-317-7878