NIHB NEWSLETTER

EXPRESS SCRIPTS®

PHARMACY PROVIDERS

Non-Insured Health Benefits (NIHB) Program
SUMMER 2013

NEW INFORMATION

Demerol (meperidine)

Effective July 9, 2013, the listing status for oral and injectable meperidine will change to exclusion. Clients who had NIHB approval for oral meperidine in 30 days preceding July 9, 2013 will continue to be eligible for coverage. The quantity limit of 60 tablets (meperidine 50 mg tablets) in a 30-day period will continue to apply. For these clients only, requests for continued coverage of oral meperidine beyond three (3) months will be reviewed on a case-by-case basis.

Lyrica (pregabalin)

Effective April 30, 2013, Lyrica (pregabalin) was listed on the NIHB Drug Benefit List (DBL) as a limited use benefit. Coverage criteria are as follows: "For the clients with neuropathic pain after failure of a tricyclic antidepressant (TCA) such as amitriptyline OR intolerance/contraindication to a TCA. The Program placed a coverage dose limit of 600 mg/day for pregabalin. This is part of the NIHB Program's prescription drug abuse (PDA) strategy to provide health professionals and clients with alternatives to opioids for the treatment of neuropathic pain.

Codeine and Children Under 12

Health Canada's Marketed Health Products Directorate has reviewed the safety of prescription pain and cough medications containing codeine and is no longer recommending their use in children less than 12 years of age.

The NIHB Program provides coverage for codeine as syrup and tablets and in combination with acetaminophen and ASA in products such Tylenol # 2 and 282s. However, as a result of Health Canada's latest recommendation, effective June 7, 2013, the NIHB Program will no longer provide coverage for codeine or codeine-containing products for children under 12 years of age.

Alternative treatments provided under the NIHB Program:

- For mild to moderate pain, children can be given acetaminophen and ibuprofen, both of which are NIHB benefits. For the treatment of moderate pain in children, morphine is also considered appropriate. Morphine tablets and syrup are both on the Program's Drug Benefit List (DBL).
- Because of previous HC warnings in 2008 and a recommendation from the Program's external expert advisory committee (DTAC), NIHB stopped paying for non-codeine based cough and cold products in July 2011 due to the lack of evidence for use. Non-drug therapies for cough are recommended for children, such as adequate fluid intake and rest.

Enhancements to the PMP Process

In 2007, the NIHB Program developed the Prescription Monitoring Program (PMP) which focused on the potentially inappropriate use of benzodiazepines and opioids. Stimulants and gabapentin were added respectively in 2011 and 2012 to the PMP review. The PMP process starts by assigning clients risk scores. The calculation of these risk scores is based on the review of some elements of the client drug profile such as: the number of prescribing physicians which may be an indication of doctor shopping, the number of dispensing pharmacies the client has visited, the number of distinct opioids, benzodiazepines, stimulants, gabapentin, claimed over a 100-day period. Recently, certain elements of the risk scores were modified. The new risk score calculations from these changes provide better identification of NIHB clients with potential prescription drug abuse problems.

The PMP Prescriber Acceptance form has also been revised. This form is included in the PMP package that pharmacists provide to NIHB clients. The form informs prescribers on the policies regarding the dose limits that NIHB has implemented in 2012/2013 for benzodiazepines and gabapentin.

Prescription Drug Abuse (PDA) Strategy

The NIHB Program has developed a comprehensive prescription drug abuse (PDA) strategy to address emerging and ongoing issues with the objective of preventing abuse and addiction. The NIHB Program recognizes the challenges that pharmacists and prescribers face in trying to address or prevent prescription drug abuse and wants to provide support wherever possible.

One of the tools developed for this strategy is PDA surveillance which involves monitoring population-level trends of drugs utilization, potential misuse/abuse in specific geographic areas and prescribing/dispensing behaviors. The NIHB Program continues to monitor client opioid use and is planning to extend the current morphine equivalent dose limit on long acting oxycodone to all opioid drugs covered by the Program.

Another tool within this PDA strategy is the NIHB Prescription Monitoring Program (PMP). The PMP was first implemented in 2007 in the Alberta region, but has since been expanded to all regions. At the end of 2012, clients on high doses of benzodiazepines and on high doses of gabapentin were placed in the PMP. At the same time, methadone was added as an element to the PMP risk score calculation and a definite number of clients on methadone were placed in the PMP. These clients were restricted from four (4) types of drugs: benzodiazepines, opioids, stimulants and gabapentin. When a claim for these drugs is submitted to the NIHB claim processing system for a PMP client, the system sends a message back to the pharmacy, inviting the pharmacist to call the Drug Exception Centre (DEC) or informing that clients have reached the dose limit for benzodiazepines or for gabapentin. It is important for the pharmacist to inquire why the claim was rejected and to call DEC. It is also important to share the reason for the claim's rejection with their clients. For more information on the NIHB PMP and related processes, please call the NIHB Program at 1 (877) 559-9986.

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

Veuillez noter que la version française de ce bulletin sera disponible sous peu

As part of the PDA strategy, effective March 4, 2013, the NIHB Program introduced a dose limit for benzodiazepines (120 mg diazepam equivalent per day) and gabapentin (5 g per day).

The benzodiazepine dose limit was initially set at 120 mg of diazepam equivalents per day, but will be lowered by 10 mg of diazepam equivalents per day every three months until an acceptable limit is reached. According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day. Regarding the gabapentin dose limit, it was initially set higher than the currently recommended maximum daily dose listed in the product monograph (3600 mg/day) to allow an interim tolerance period for clients at high doses. The Program will re-evaluate this limit after implementation for potential lowering at a future date. When a limit is reached, the adjudicating system provides a payment for benzodiazepines or for gabapentin only up to the dose limit, not the total quantity indicated on the prescription. Depending on the case, a 7-day supply of the drug may be allowed to clients that have reached the limits.

Also as part of this NIHB PDA strategy, a new initiative on methadone coverage was expanded from the Atlantic region (initiated in 2011) to clients in Saskatchewan in May 2013. This involves placing greater restrictions on access to drugs of potential abuse (e.g. opioids, benzodiazepines, stimulants and gabapentin) for NIHB clients receiving methadone. As of May 6, 2013, NIHB clients on methadone in Saskatchewan were requested to choose a sole prescriber for the drugs of potential abuse described above. The NIHB Program is planning to expand this methadone initiative to other regions based on Program capabilities.

Recent changes to the NIHB Drug Benefit List (DBL) related to the PDA strategy include delisting of Tylenol #4 (acetaminophen 300/codeine 60 mg) and brand name Ritalin and Ritalin SR as well as a change in the listing status of Nabilone (Cesamet) and Lyrica (pregabalin). Cesamet was changed from open benefit to limited use for clients with nausea and vomiting due to cancer chemotherapy or radiotherapy in May 2013 and Lyrica was added to the DBL as a limited use benefit for use in clients with neuropathic pain after failure of a tricyclic antidepressant (TCA) such as amitriptyline or intolerance/contraindication to a TCA.

Incontinence Price File and Approval Process

On September 1, 2012, the NIHB Program implemented a price file for adult diapers/pull-ups, adult diaper/tabs and disposable liners. The prices have been established based on a scan of manufacturers pricing, consultations with industry representatives, and an analysis of Program utilization and pricing data. To implement this file, new benefit codes were created for adult diapers/pull-ups, and adult diaper/tabs. Providers must use the new codes and follow the pricing structure set out by the price file.

For clients with a prior approval (PA) for incontinence supplies (items below only) received before September 1, 2012, providers were advised to submit their claims using the code(s) referenced in the prior approval confirmation letter.

Following is the list of codes and pricing (mark-up is included) for selected incontinence items.

Item Name	Item Number	Price for Provinces	Price for Territories
Adult Diapers/Pull-Ups, Small or Medium	99401087	$1.24	$1.42
Adult Diapers/Pull-Ups, Large or Extra Large	99401088	$1.33	$1.52
Adult Diapers/Pull-Ups, XXX Large	99401089	$1.51	$1.73
Adult Diaper /Tabs, Small or Medium	99401090	$0.99	$1.13
Adult Diaper /Tabs, Large or Extra Large	99401091	$1.21	$1.39
Adult Diaper /Tabs, XXX Large	99401092	$1.43	$1.63
Incontinence Disposable Liners	99400438	$0.55	$0.63

This information is also available on Health Canada's Website at www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/med-equip/criter/index-eng.php/provide-fournir/med-equip/criter/index-fra.php

On July 1, 2013, the NIHB Program will modify the approval process for incontinence products. This change will improve client service and reduce administrative burden for providers. Providers should begin submitting approval requests for incontinence products that follow the new process immediately.

Under the new process, the first time a provider applies for a client's approval for incontinence supplies, the PA form must indicate whether the client has a permanent or temporary need for incontinence supplies supported by a physician's recommendation. Clients who have a permanent condition may be approved for up to two (2) years of incontinence supplies instead of the current one (1) year. Providers will be required to submit a prescription every two (2) years, for clients who have a permanent condition.

When a client has been approved for a two (2) year period, the provider will not need to contact their local Health Canada Regional Office to get approval for further dispenses during that two (2) year period. Providers can dispense the required items as per NIHB policy (450 per 3 month period) during the two years and bill Express Scripts Canada directly as required without the need to enter a PA number. Please consult the approval confirmation letter, for details regarding the requested approval.

Note Clients with a temporary condition will continue to require a yearly prescription. The maximum quantity per period, for incontinence products has not changed. Providers will need to seek prior approval for clients that exceed the maximum quantity per period and price limit. These requests will be reviewed on a case-by-case basis.

Prescribers of methadone and Suboxone

Although new federal and provincial regulations may allow non-physicians to prescribe opioids and other controlled substances such as benzodiazepines, at this time the NIHB Program will cover methadone and buprenorphine/naloxone (Suboxone) only when prescribed by a physician.

Audit Documentation Requirements

Providers selected for on-site audit are notified in advance and provided with a pre-audit partial list of claims to be audited. Providers are required to have the supporting prescription documentation ready for review by the auditor(s) upon their arrival. The auditor(s) will supply the list of the remaining claims for review once they have arrived on-site. The required prescription documentation for the requested claims includes:

- The original authorizing prescription;
- The original hard copy; and
- The hard copy for the date of service requested.

Appropriate supporting documentation includes, but is not limited to:

1. Manufacturer's invoices required to substantiate invoice cost plus applicable negotiated maximum NIHB mark-up.
2. Shipping invoices.
3. Internal invoices.
4. Evidence of additional coverage (to support COB).
5. Methadone Log Book.

REMINDERS

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 available on the Health Canada website at www.hc-sc.gc.ca/fniah-spnia/alt_formats/pdf/nihb-ssna/provide-fournir/pharma-prod/med-list/list_drug_med_2012-eng.pdf

NIHB Program Short Term Dispensing (STD) Policy

It is the Program's expectation that medications required for long-term maintenance therapy should be prescribed and dispensed for an appropriate time period (e.g. up to 100 days). A maximum 100-day supply should be considered when the patient has been stabilized on a medication and the prescriber feels that further adjustment during the prescribed period is unlikely.

The NIHB STD policy consists of two (2) reimbursement models:

September 9, 2008 STD Policy

This policy applies to certain chronic use medications where short-term dispensing is medically necessary. For these medications, the Program will compensate up to one (1) full dispensing fee every 28 days, up to the regional maximum of the Program. If these medications are dispensed daily, the Program will compensate 1/28th of this fee.

STD Policy Expanded on July 15, 2012

A new reimbursement model was introduced on July 15, 2012 for:

- Anticonvulsants; antidepressants; antipsychotics; benzodiazepines; and stimulants.

The compensation rule for anticonvulsants, antidepressants, antipsychotics, benzodiazepines and stimulants will be a maximum of one (1) usual and customary (U&C) dispensing fee for each seven (7) day supply of prescription items up to the Program's regional maximum amount. If these medications are dispensed daily, the Program will compensate 1/7th of the U&C dispensing fee, up to the regional maximum of the Program. When these medications are dispensed less frequently than every seven (7) days, such as once a month, the pharmacy will be entitled to one (1) full dispensing fee, up to the Program's regional maximum amount, every month.

The following are exceptions to the STD policy:

- Refills for intermittent treatment of a chronic disorder or refills of a medication which is prescribed to be taken on an "as needed" (PRN) basis. Note: Medications prescribed to be taken on an "as needed" (PRN) basis and dispensed chronically may be subject to audit and recovery.
- Prescriptions for dose changes.
- The following drug categories: opioids and anticoagulants.
- The following dosage forms: oral liquid, injectable and suppository.
- Refills or new prescriptions when prescribed/dispensed in accordance with a court order.

In such cases, the Program compensates one (1) full dispensing fee as frequently as once daily. For claims falling under these exceptions, the provider is required to submit the claim with Special Services Code = 2 (SSC = 2).

These policies are 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.

Price Adjustments for Medications that Require Prior Approval

If there is a discrepancy in price for medications that require a prior approval (PA), the provider must send a copy of the invoice to the Drug Exception Centre (DEC) via fax (1-800-778-4379) referencing the case number. All invoices are subject to review.

Should approval at the higher cost be granted, the PA will be adjusted to reflect the changes and a confirmation letter will be sent to the provider. Subsequent requests for the same medication must follow the same process for every new claim.

Please note for medications that are listed as open benefits through the Program, requests for price adjustments must be sent to Express Scripts Canada along with a copy of the invoice for review and consideration.

What to Do When a Medication is on Back Order that Requires Prior Approval

The NIHB Program will reimburse only the best price, lowest cost alternative product in a group of interchangeable drug products. Pharmacists must follow their provincial/territorial pharmacy legislation/policies to identify interchangeable products and to select the lowest priced brand. If the lowest cost equivalent is not available the provider must phone the Drug Exception Centre (DEC) to obtain a prior approval (PA). The DEC will verify that the product is on back order and a PA will be granted.

Please note for medications that are listed as open benefits through the Program and, are out of stock, the requests for price adjustments must be sent to Express Scripts Canada along with a copy of the invoice for review and consideration.

Coverage of Smoking Cessation Products by the NIHB Program

Some smoking cessation products are covered by the NIHB Program and can be billed directly, but they have quantity and frequency limits. Clients are eligible to receive a 3-month supply of smoking cessation products over a one (1) year period which is renewable 12 months from the day the initial prescription was filled.

Units of Measure for Claim Quantities

In general, claim quantities are the number of units dispensed wherever possible (e.g. number of tablets, capsules, millilitres, grams, etc.). For products that are dispensed in packages (e.g. oral contraceptives, inhalers), submit claim quantities according to your provincial public plan convention. For example, pharmacies in Saskatchewan and Ontario submit inhalers as a package of one (1).

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

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

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
British Columbia	1-888-299-9222
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
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	1-306-780-8294
	1-866-885-3933
Yukon	1-866-362-6717