

Please have your Provider Number readily available when contacting the Provider Claims Processing Call Centre at 1-888-511-4666

NEW INFORMATION

Generic Long Acting Oxycodone

Based on the guidance of NIHB's Drugs and Therapeutics Advisory Committee (DTAC) and other considerations, Health Canada's NIHB Program will not include generic brands of long-acting oxycodone on its Drug Benefit List (DBL). These drugs will not be covered under any circumstance. The recommendation from DTAC and the Program's decision is consistent with ongoing concerns regarding inappropriate use of long acting opioids and NIHB prescription drug abuse strategies. NIHB has taken a wide range of actions to both prevent and respond to potential misuses of prescription drugs so that First Nations and Inuit clients can receive the medications they need without being put at risk. Alternatives for clients requiring long acting opioids are available.

Prescription Drug Abuse Surveillance Strategy

As part of its commitment to client safety, the NIHB Program frequently reviews the utilization of medications prescribed and dispensed to its clients. The Program has developed and implemented a comprehensive Prescription Drug Abuse (PDA) Surveillance Strategy aimed at ensuring appropriate prescribing and dispensing of medications of concern. A portfolio of surveillance reports that leverages sophisticated analytical tools is being used to monitor current and historical prescription drug claims at the level of clients, prescribers and providers. NIHB Program providers will be notified in writing if the dispensing pattern for PDA drugs at their pharmacy reflects significant variation from those in other pharmacies in the same community or region. The NIHB Program is looking to achieve positive client safety outcomes through positive engagement with pharmacists and prescribers.

Benzodiazepine Dose Limit Policy

On March 4, 2013, the NIHB Program introduced a dose limit for benzodiazepines. This limit is initially set at 120 mg of diazepam equivalents per day and will be lowered by 10 mg of diazepam equivalents per day every three (3) 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. Diazepam equivalents refer to the total amount of benzodiazepines a client is receiving if all benzodiazepines were switched to equivalent doses of diazepam. For a comparison of equivalent doses, see the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain from the National Opioid Use Guidelines Group (**NOUGG**) at the following link:

<http://nationalpaincentre.mcmaster.ca/documents/practicetoolkit.pdf>

Gabapentin Dose Limit Policy

On March 4, 2013, the Program placed a coverage dose limit of 5 grams/day for gabapentin. This dose limit is initially set higher than the currently recommended maximum daily dose listed in the product monograph (3.6 grams/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.

New Criteria for Tiotropium (Spiriva) Approval

Based on a recommendation by the NIHB DTAC, the Program has modified the limited use criteria for tiotropium to the following:

- Chronic obstructive pulmonary disease (COPD) unresponsive to a trial of ipratropium (Atrovent); OR
- Moderate to very severe COPD, defined as $<60\%$ FEV₁, FEV₁/FVC <0.7 and MRC 3 to 5 (e.g., without a previous trial of ipratropium).

Benefit Reimbursement for Manual Claims for Medications of Potential Abuse, Including: Methadone, Opioids, Benzodiazepines and Stimulants

Methadone (maintenance therapy and for pain), opioid, benzodiazepine and stimulant therapies require close monitoring by health care providers, such as physicians and pharmacists, to maximize safety and effectiveness and minimize the risk of harm, abuse and diversion. In order for the Program to provide coverage for these medications appropriately, information about drug use must be received in an accurate and timely fashion. The adjudication system for the NIHB Program, Health Information and Claims Processing Services (HICPS) ensures this by adjudicating claims in real time. In order to ensure client safety and Program integrity, all claims for methadone (maintenance therapy and for pain), opioids, benzodiazepines or stimulants must be adjudicated at the point of sale. Provider manual claims and client reimbursement will not be permitted for these drugs.

Change to the Listing Status: Ritalin (Brand Name) Products

Effective January 3, 2013, the NIHB Program no longer provides coverage for the following Ritalin (brand name) products:

- 00005606 Ritalin 10 mg, tablets
- 00005614 Ritalin 20 mg, tablets
- 00632775 Ritalin SR 20 mg, tablets.

The NIHB Drug Benefit List (DBL) lists various other options for the treatment of Attention Deficit Hyperactivity Disorder (ADHD)

NIHB Program Contact Information can be found on the last page of this NIHB Newsletter

as open benefit, including generic methylphenidate, Dexedrine and Concerta.

Change to the Listing Status: Tylenol No. 4 and Generic Versions

Effective January 9, 2013, the NIHB Program no longer provides coverage for the following opioid containing acetaminophen products containing 60mg of codeine:

- 02163918 Tylenol with codeine N^o. 4, tablets
- 00621463 Ratio-Lenoltec N^o. 4, tablets
- 01999656 Acet codeine 60, tablets.

This listing decision was made following a recommendation by the NIHB DTAC. Clients receiving maximum daily doses of acetaminophen (4000mg/day) using this combination product could receive up to 720mg of codeine per day, which is higher than the 600mg that is currently recommended by the National Opioid Use Guideline Group (NOUGG). The NIHB DBL lists various other options for the treatment of pain including over the counter (OTC) preparations of acetaminophen, OTC and prescription non-steroidal anti-inflammatory drugs (NSAIDs), opioids (codeine, morphine, hydromorphone or fentanyl patches) and medications for neuropathic pain.

Change to the Listing Status: Nabilone (Cesamet)

Nabilone, marketed under the brand name Cesamet, is used to manage nausea and vomiting due to cancer chemotherapy or radiation. Based on a recommendation by NIHB's DTAC, effective April 30, it will no longer be available as an open benefit. Instead, the Program is limiting coverage of this drug to treatment of:

- Nausea and vomiting due to cancer chemotherapy or radiation; OR
- Clients eligible for NIHB's palliative care formulary.
- Coverage will be granted for a maximum of six months. If coverage is required beyond the initial six months additional coverage may be reviewed on a case-by-case basis.

Sign up NOW for NIHB Electronic Statements

In keeping with our agreement with the Association québécoise des pharmaciens propriétaires (AQPP), we are pleased to provide Quebec pharmacist owners with electronic statements for the NIHB Program.

It is now possible to reconcile your bi-monthly deposits (1st and 16th of the month) against claim transactions adjudicated by Express Scripts Canada for the NIHB Program via access to an electronic statement in PDF format by visiting www.escstatement.ca.

The mailing of your pharmacy's bi-monthly NIHB Pharmacy Claim Statements was discontinued in February, 2013.

Your pharmacy's username and temporary password was sent to your pharmacy via standard mail in October, 2012. Please enroll today to take advantage of this new service to view your monthly statements. Should you have any questions please contact our Provider Claims Processing Call Centre.

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. 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 is granted, a confirmation 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.

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 and post-approval requests/inquiries must be sent to the Drug Exception Centre (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.

REMINDERS

Emergency Supply Policy

Providers are reminded that when a drug requiring PA is needed on an emergency basis, and access to the NIHB DEC is not possible (e.g., statutory holidays and after hours of operation only), a pharmacist may dispense an initial course of treatment (maximum of four-days supply). It is important that the pharmacist contact the NIHB DEC as soon as possible for an approval to be back-dated to cover the emergency supply. This approval number must be included when submitting the four-day emergency supply claim. Additional dispensing of the balance of the prescription must follow the usual PA process. If a PA is granted, the pharmacist is provided with a PA number and the details of the approved benefit by fax/mail.

A PA number starts with the letter E followed by seven (7) digits (e.g. E1234567). This number is entered electronically on the claims processing system. Providers are advised to retain the PA Confirmation Letter for billing purposes and/or to validate any discrepancies. When submitting the claim, please be sure to include the date of service (dispense date) with the claim.

The PA number must be included on any subsequent claim submitted for the requested approved drug benefit. Claims submitted to the Program as Emergency Supply within the hours of operation of the NIHB DEC will be subject to audit.

If the item is eligible for auto PA, but did not meet the criteria, the provider may resubmit the rejected claim with applicable intervention code, DR. To initiate the PA process as soon as possible so that the NIHB DEC can review the request, please refer to the Pharmacy Claims Submission Kit for information on how to re-submit.

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 (PII) and Personal Health Information (PHI).

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

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 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.

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

NIHB PROGRAM CONTACT INFORMATION

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
Atlantic	1-800-232-7301
British Columbia	1-902-426-2656
Manitoba	1-800-565-3294
Northwest Territories/Nunavut	1-604-666-3331
Ontario	1-800-317-7878
Quebec	1-800-665-8507
Saskatchewan	1-888-332-9222
Yukon	1-800-640-0642
	1-877-483-1575
	1-514-283-1575
	1-306-780-8294
	1-866-885-3933
	1-866-362-6717