NIHB NEWSLETTER

EXPRESS SCRIPTS®

PHARMACY PROVIDERS IN ONTARIO

Non-Insured Health Benefits (NIHB) Program

FALL 2014

NEW INFORMATION

Change of Listing Status of Kadian – Open Benefit to Limited Use

Effective November 17, 2014, the listing status of Kadian (sustained released morphine sulphate) will be changed from open benefit to limited use (LU) with the following LU criteria:

- For the treatment of opioid dependence where methadone and Suboxone are not available or not appropriate OR
- For the treatment of chronic pain.

If Kadian is being requested for opioid dependence treatment, the client will be placed in the Non-Insured Health Benefit (NIHB) Prescription Monitoring Program (PMP) where coverage of opioids, benzodiazepines, stimulants or gabapentin will each be limited to a sole prescriber. Please note that the sole prescriber does not need to be the Kadian prescriber, however may be designated upon request. Please visit the following link for more information on the NIHB PMP (www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/_drug-med/pmp-psm/index-eng.php).

Antiseptics

Effective November 3, 2014, the following antiseptic agents will be removed from the NIHB Drug Benefit List (DBL): triclosan 0.5% (Adasept), aluminium diacetate/benzethonium chloride (Buro Sol), chlorhexidine/isopropyl alcohol 2% and 4% (Stanhexidine), hexachlorophene 3% (Phisohex), povidone iodine 10% (Betadine) and hydrogen peroxide. This is based on a recommendation from the NIHB Drugs and Therapeutics Advisory Committee (DTAC) which concluded there was limited information available about the efficacy of topical antiseptics, as well as risks of resistance from overuse and possible toxicities. Requests for these antiseptic products may be reviewed on a case-by-case basis.

Change of the Listing Status of Calcium and Vitamin D Combination Products

Effective November 3, 2014, only combination products of calcium 500 mg and vitamin D 400 IU per tablet or capsule or at a higher strength will be listed on the NIHB DBL. Other combination products with a strength lower than calcium 500 mg and vitamin D 400 IU per tablet or capsule will be delisted from the DBL.

Gabapentin and Cymbalta Maximum Limits

Current dose limits for gabapentin and Cymbalta are calculated over a 100 day period. In situations where an amount less than 100 days' supply is dispensed, in the next fill the client may not be able to get coverage for the full amount prescribed because of the dose limit. For example, if a client receives 90 days (or in multiples of 30 days), the next fill will be limited to 10 days by the system. In this situation, the provider will have to dispense 10 days of the medication. After that, the client will be able to receive up to another 100 days of medication. Therefore, providers are encouraged to dispense gabapentin and Cymbalta in 100 days' supply, when medically appropriate and safe for the client. The current dose limit for Cymbalta is set at 60mg per day and gabapentin is set at 4000 mg/day. Should these dose limits be exceeded, the prescriber will receive a letter from the Drug Exception Centre (DEC) including information on how a client/prescriber may appeal.

New Coverage Limits for Nicotine Replacement Therapy (NRT) Products

Effective August 11, 2014, based on a recommendation from the DTAC, NIHB clients are eligible to receive up to three treatment courses of NRT of 12 weeks each within a 12-month period, including two courses of NRT patches and one course of NRT products used "PRN" (e.g. gums, lozenges, inhalers). Previously, two treatment courses of NRT of 12 weeks each, within a 12-month period were allowed. Please note that the quantity limit of 180 tablets per year of Zyban and 165 tablets per year of Champix remain the same.

Changes to Listing Status of Suboxone

As communicated in a recent fax broadcast, effective September 15, 2014, the NIHB Program has changed the Limited Use criteria for Suboxone (buprenorphine/naloxone).

The new Suboxone criteria include:

- A rationale for using Suboxone instead of the alternative (i.e. methadone); and
- In cases where the client lives in a remote or isolated location, confirmation is required that the community has the ability to support Suboxone administration. These supports include the safe daily witnessing, storage and handling of the Suboxone doses. After this confirmation, NIHB will approve the Suboxone for the client.
- The client must be 16 years or older.

The pharmacy will contact the NIHB DEC, which will confirm the client's location before approving the coverage. These doses may need to be witnessed in a local pharmacy in accordance with provincial or territorial regulations.

The definition of 'remoteness' will be defined as per the Aboriginal Affairs and Northern Development Canada (AANDC) Band Classification Definitions at the following website: pse5-esd5.ainc-inac.gc.ca/fnp/Main/Search/SearchFN.aspx?lang=eng

Compensation for Opioid Addictions Treatment – Methadone, Suboxone and Kadian

Effective September 15, 2014, the NIHB Program has a new compensation model for opioid addictions treatment to allow for a more automated approach. The goal is to lessen administrative burden for pharmacists and reduce the need to contact the NIHB DEC.

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

Methadone

For methadone, the claims processor calculates the dispensing fee* (DF) using the following formula for each day of methadone treatment: (1×DF/7)+$4.60.

Suboxone

Suboxone has been added to the NIHB Short-Term Dispensing Policy and is to be billed according to the package DINs (DIN 02295695, 02295709). The Program will compensate pharmacists up to one usual and customary dispensing fee every seven days*. If Suboxone is dispensed daily, the Program will compensate 1/7th of the usual and customary dispensing fee. When dispensed less frequently than every seven days, such as once a month, the pharmacist will be entitled to one full dispensing fee*.

NIHB may approve an additional fee of $4.60 for each day the ingestion of Suboxone is witnessed in the pharmacy (using pseudo DIN 91500002).

The Suboxone pseudo DINs 09991204 and 09991205 are no longer listed on the NIHB Drug Benefit List.

Kadian

Effective November 17, 2014, when used to treat opioid addiction, Kadian will be added to the expanded NIHB Short-Term Dispensing policy. The Program will compensate pharmacists up to one usual and customary dispensing fee every seven days*. If Kadian is dispensed daily, the Program will compensate 1/7th of the usual and customary dispensing fee*. When dispensed less frequently than every seven days, such as once a month, the pharmacist will be entitled to one full dispensing fee*.

NIHB may approve an additional fee of $4.60 for each day the ingestion of Kadian is witnessed in the pharmacy (using pseudo DIN 91500002).

Providers are encouraged to contact the NIHB claims processor, Express Scripts Canada (ESC) at 1-888-511-4666 should they have questions concerning the fee structure changes for opioid addictions treatment.

** Up to the Program's regional maximum.*

Change to NIHB Methadose (Methadone) Listing Status in Ontario

Effective September 30, 2014, Methadose (methadone) became an Expedited Special Authorization (SA) benefit for NIHB clients in Ontario starting on this drug for the treatment of opioid dependence.

To receive Methadose (methadone) for the treatment of opioid dependence as a benefit, the following criteria must be met:

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

Pharmacy providers will call the DEC where an SA will be granted immediately at the time of the call. When the SA is granted for Methadose (methadone), the DEC will also place the client in the NIHB-PMP. Pharmacy providers will need to call the DEC when the client attempts to have a prescription for an opioid, benzodiazepine, stimulant or gabapentin filled for the first time after being placed in the NIHB-PMP. An information package will be faxed to the pharmacy for clients which explains why it is important for clients on Methadose (methadone) to see one prescriber for all their opioids, benzodiazepines, stimulants and/or gabapentin and will also explain how the client can chose their sole prescriber.

The pharmacy will be paid the usual and customary dispensing fee (DF) for providing the NIHB-PMP package to the client when the client first attempts to bill one of the restricted drug classes.

NIHB clients already receiving methadone or Methadose prior to September 30, 2014 will be grandfathered, as to not interrupt their methadone maintenance therapy. This means that the DEC will not need to be contacted for an SA. However, these clients will still be placed in the NIHB-PMP, which means if the client is accessing one of the restricted drug groups, a sole prescriber will need to be identified. In order to facilitate this process, NIHB clients currently on methadone or Methadose will be placed into the NIHB-PMP in a phased approach.

Tablets of 282s and 292s

Effective November 3, 2014, 282s (DIN 02234510) and 292s (DIN 02238645) will be removed from the DBL. As part of the Prescription Drug Abuse strategy, NIHB regularly reviews the DBL to look for medications at risk of abuse that may no longer play a significant therapeutic role. 282 and 292s were identified as products which were no longer needed and could potentially be harmful due to the codeine content and lack of enteric coating for the acetylsalicylic acid component.

Status in Listing Change for Proton Pump Inhibitors (PPIs)

Effective July 21, 2014, the following PPIs are no longer listed under the NIHB Program:

10MG Omeprazole Delayed Release Tablets

02230737 Losec
02260859 Ratio Omeprazole
02295407 Teva Omeprazole

10MG Omeprazole Delayed Release Capsules

02119579 Losec
02329425 Mylan Omeprazole
02296438 Sandoz Omeprazole

The change in the status of the above PPIs is based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy that states that all PPIs are equally efficacious.

Clients already on the above PPIs will be grandfathered.

For your information, the following PPIs are available on the NIHB formulary:

Pariet 10mg, including generics
Pariet 20mg, including generics
Losec 20mg tablet, including generics
Losec 20mg capsule, including generics
Pantoloc 40mg tablet, including generics
Prevacid 15mg capsule, including generics
Prevacid 30mg capsule, including generics
Prevacid Fastab 15mg tablet
Prevacid Fastab 30mg tablet
Tecta 40 mg tablet

Reduction in the Opioid Dose Limit

To ensure appropriate opioid use amongst NIHB clients, on September 30, 2013, NIHB implemented an opioid dose limit of 600 mg morphine equivalents per day for clients with non-cancer/non-palliative pain. This limit is calculated based on the total daily dose of all opioids a client is receiving covered through the Program.

According to the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, "chronic non-cancer pain can be managed effectively in most patients with dosages at or below 200 mg/day of morphine or equivalent. Consideration of a higher dosage requires careful reassessment of the pain and of risk for misuse, and frequent monitoring with evidence of improved patient outcomes."

Effective October 20, 2014, the daily opioid dose limit will be decreased to 500 mg morphine equivalents per day for non-cancer/non-palliative pain.

Benzodiazepine Dose Limit Policy

On March 4, 2013, the NIHB Program introduced a dose limit for benzodiazepines. This limit was initially set at 120 mg of diazepam equivalents per day. This limit has been lowered since 2013 and it has been decreased on September 4, 2014, to 60 mg. It will gradually be decreased to reach 40 mg of diazepam equivalents per day. 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 Pharmacists Association (CPhA) monograph for benzodiazepines: www.e-therapeutics.ca/cps.showCphaMonograph.action. If you are unable to access this link, please contact Express Scripts Canada or the NIHB DEC for more information.

REMINDERS

Syringes on the DBL

The NIHB DBL includes specific eligible items such as the following:

- Drug delivery devices, required to administer medications covered by the NIHB Program for certain conditions, when the drug delivery devices are integral to the drug product.

While the DBL does list syringes, they are intended for parenteral use; that is, the administration of insulin and other medications such as subcutaneous methotrexate. The DBL does not list oral syringes for the administration of oral liquids because they are NOT integral to the administration of the drug product.

Modifications to NIHB Provider Claim Statements

Effective August 1, 2014, your bi-weekly NIHB Provider Claim Statements were aligned with Express Scripts Canada's current business name from the previous ESI Canada and were rebranded and utilize the standard "Express Scripts" corporate logo. This modification can be seen in the header of the cover page and the statement pages to follow.

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 Express Scripts Canada 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 Express Scripts Canada Provider Claims Processing Call Centre to request a copy.

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.

GO GREEN – Move to E-mail Communications!

Make e-mail your first choice of communication delivery for general communications (e.g. NIHB Newsletters)!

… Receive same-day e-mail delivery from Express Scripts Canada to stay informed of Health Canada's NIHB Program.
… Only print as needed to reduce costs associated with business supplies (e.g., paper, printer ink, etc.) and office space (e.g., filing cabinets).
… Save and share your communications within your office network at the click of your mouse.

It's EASY to make the change… Either:

- Place a verbal request to the Express Scripts Canada Provider Claims Processing Call Centre at 1-888-511-4666; OR
- Complete the attached *Modification to Pharmacy/MS&E Provider Information Form*.

Note: The above is not applicable to Prior Approval (PA) letters. These will continue to be sent via fax or mail (depending on your specified mode of communication).

NIHB PROGRAM AND EXPRESS SCRIPTS CANADA CONTACT INFORMATION

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 Relations Department & 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

PHARMACY/MS&E INQUIRIES

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