

NEW INFORMATION

Coverage of Bisphosphonates

Effective March 10, 2016, the following bisphosphonates are open benefits (these were previously limited use benefits):

- Risedronate 5 mg, 30 mg, 35 mg and 150 mg
- Alendronate 5 mg, 10 mg, 40 mg and 70 mg
- Alendronate/vitamin D3

This change is intended to increase client access to medications for the treatment and prevention of osteoporosis and Paget disease.

NIHB Prescriber Policy for Pharmacy Benefits

In order to be eligible for reimbursement, the following conditions must be satisfied by all prescribers:

- Licensed by and in good standing with the respective governing body or province in which they practice.
- The prescription has been written

Specific to prescribers (except pharmacists):

- The prescription falls within the health professional's scope of practice, as defined by the relevant provincial and territorial regulations.
- In addition the NIHB Program accepts client-specific prescriptions for Schedule II, III and unscheduled (non-prescription) drugs that are not included on a health professional's prescribing list, **when the item(s) reasonably falls within the prescriber's scope of practice.**

Specific to pharmacist prescribers:

- The prescription was written within the context of one of the scopes of practice detailed below, where allowed by the relevant provincial and territorial legislation:
 - Prescribing in an emergency
 - Renewing/extending prescriptions (may include emergency refills)
 - Changing drug dosage/formulation and/or making therapeutic substitutions
 - Prescribing under a collaborative practice agreement

OR

- The treatment was initiated in accordance with the NIHB Pharmacist Initiated Treatment Policy (see the following article).

New Pharmacist Initiated Treatment Policy

Effective June 1, 2016, the Pharmacist Initiated Treatment Policy replaces the Pharmacist Initiated Prescribing Policy (section 3.12 of the NIHB Provider Guide for Pharmacy Benefits). Under this new policy, the NIHB Program will accept claims, which do not require prior approval, for pharmacist initiated treatment to treat the following conditions:

Condition	Eligible Treatments
Allergic conjunctivitis	<ul style="list-style-type: none"> • Ophthalmic products listed in AHFS class 48:10.32, 52:02.00 and 52:92.00 of NIHB Drug Benefit List (DBL) • nedocromil
Allergic rhinitis	<ul style="list-style-type: none"> • Antihistamine drugs listed in AHFS class 4:00.00 of NIHB DBL • Nasal corticosteroids listed in AHFS class 52:08.08 of NIHB DBL • Nasal solutions listed in AHFS class 12:08.08, 48:10.32 and 52:02.00 of NIHB DBL
Constipation	<ul style="list-style-type: none"> • Products listed in AHFS class 56:12.00 of NIHB DBL
Emergency contraception and/or follow-up oral contraception (up to three months' supply)	<ul style="list-style-type: none"> • Levonorgestrel 0.75 mg tablets • Contraceptives listed in AHFS class 68:12.00 of NIHB DBL
Lice	<ul style="list-style-type: none"> • Pediculicides listed in AHFS class 84:04.12 of the NIHB DBL
Nausea and vomiting in pregnancy	<ul style="list-style-type: none"> • Doxylamine succinate, pyridoxine, 10 mg & 10 mg tablets
Prenatal vitamins and prenatal folic acid	<ul style="list-style-type: none"> • Multivitamins (prenatal) listed in NIHB DBL • Folic acid 1 mg tablets and 5 mg tablets
Risk of opioid overdose	<ul style="list-style-type: none"> • Naloxone 0.4 mg/ mL 1 mL injections
Smoking Cessation	<ul style="list-style-type: none"> • Nicotine replacement products listed in AHFS class 12:92.00 of NIHB DBL • Varenicline 0.5 mg and 1 mg tablets • Bupropion (Zyban) 150 mg SR tablets
Vaginal candidiasis	<ul style="list-style-type: none"> • Vaginal preparations of anti-fungals listed in AHFS class 84.04.08 of NIHB DBL

Note: Additions to this list of conditions will be communicated by newsletter and updates will be brought to the Provider Guide for Pharmacy Benefits.

Schedule I drugs listed above will be reimbursed where prescribing is permitted by provincial and territorial legislation. Please refer to your provincial or territorial regulatory authorities for extended scope of practice details as this section may not apply to your situation.

The NIHB Program will reimburse claims for Schedule II, III and unscheduled drugs for the conditions listed in the table above, on the basis of either a valid pharmacist prescription as per jurisdictional legislation or a pharmacist's documented recommendation. The NIHB Program requires providers to maintain documentation related to claims submitted as a result of a pharmacist recommendation; at a minimum, this must include the following information:

- Date
- Name, and address or date of birth of the patient
- Proper name, common name, or brand name of the prescribed drug, and the quantity thereof
- Dosage
- Amount prescribed or recommended
- Signature of the licensed pharmacist

In jurisdictions where the condition and/or associated treatments are part of legislation and regulations related to pharmacist prescribing, pharmacists must adhere to the requirements under the provincial or territorial regulations.

The drug cost and dispensing fee submitted will be reimbursed according to NIHB reimbursement policies. Documentation must be available for review on audit. The NIHB Program does not compensate pharmacists for client assessment services.

Short-Term Dispensing Changes

It is the Program's expectation that certain medications required for long-term maintenance therapy be prescribed and dispensed for a maximum of 100-day supply when the patient has been stabilized and the prescriber feels that further adjustment during the prescribed period is unlikely.

Effective July 4, 2016, several medication classes will be added to the Short-Term Dispensing (STD) policy under the two STD reimbursement models:

- The new classes of medications added to the **28 day** - STD policy are: anticoagulants, immunosuppressants, antiemetics for cancer chemotherapy, prokinetic agents, synthetic antidiuretic hormone, respiratory smooth muscle relaxants, nonsteroidal anti-inflammatory drugs (NSAIDs) and antihistamines.
- The new classes of medications added to the **7 day** - STD policy are: antimanic agents, contraceptives, estrogens, progestins, needles & syringes, drugs used in nicotine dependence and nicotine replacement therapy.

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 dosage forms: injectable and suppository

- Refills or new prescriptions when prescribed/dispensed in accordance with a court order
- Others as identified by the NIHB Program

Note: See following article for an update to the opioid addictions treatment policy related to Methadone, Suboxone and Kadian.

For exceptions, please consult Express Scripts Canada's claim submission kit or contact them at 1-888-511-4666.

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, they set out guidelines on how the NIHB Program will compensate pharmacists for dispensing these drugs of concern.

Update on Compensation for Opioid Addictions Treatment: Methadone, Suboxone and Kadian

Effective June 1, 2016, the NIHB Program will modify compensation for opioid addiction treatment as follows:

Methadone

There will be a \$0.50 increase in the methadone reimbursement formula. The dispensing fee for methadone will be based upon the following formula (usual and customary dispensing fee*/7) + \$5.10 per dose. All other aspects related to claims submission requirements remain unchanged.

Suboxone & Kadian

Dispensing fees for Suboxone and Kadian will be no longer be subject to the NIHB Short-Term Dispensing Policy. Instead, the Program will reimburse providers their full usual and customary dispensing fee* per dispense. This replaces the previous reimbursement model and as such, pseudo DIN 91500002 will no longer be available.

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

* Up to the Program's regional maximum.

Naloxone Coverage

To improve access to treatment for opioid overdose, naloxone 0.4 mg/mL 1 mL products are now an open benefit in the DBL. The following DINs are included:

DRUG	DIN	MFR
Naloxone 0.4 mg/mL 1 mL ampoule	02148706	SDZ
Naloxone 0.4 mg/mL 1 mL ampoule	02382482	ALV
Naloxone 0.4 mg/mL 1 mL ampoule	02382601	SDZ
Naloxone 0.4 mg/mL 1 mL vial	02393034	OMG

Where pharmacies are providing ancillary supplies to support safe naloxone administration and overdose management, providers can bill the cost of the naloxone and ancillary supplies as a *naloxone kit* under pseudo-DIN 09991460. Accepted contents in a naloxone kit include:

- 2 x one mL ampoules or vials of naloxone 0.4 mg/ mL
- 2 alcohol swabs
- 2 safety syringes
- 1 rescue breathing mask
- 2 ampule breakers (if ampoules dispensed)
- 2 pairs of gloves

The ancillary items should not be billed separately from the naloxone. Please note that all claims are subject to audit verification. NIHB will reimburse for naloxone when prescribed or recommended by a pharmacist in accordance with the Pharmacist-Initiated Treatment Policy. Where NIHB clients are eligible to receive naloxone or a naloxone kit through other programs, providers are expected to coordinate claims per usual policy.

Opioid Dose Escalation Limit

Effective June 1, 2016, NIHB no longer approves requests to increase opioid doses above 300 mg morphine equivalents per day. Clients who are currently approved on doses above 300 mg morphine equivalents per day (but below the NIHB maximum opioid dose limit for 450 mg morphine equivalents per day) will be permitted to continue at their current dose, but will not be approved for dose escalations. Requests sent to the Drug Exception Centre (DEC) to increase doses above 300 mg morphine equivalents per day will be considered only on a case-by-case basis for acute, temporary pain conditions. This policy does not apply to palliative clients or clients undergoing cancer treatment. This policy, as part of NIHB's Prescription Drug Abuse strategy, is intended to promote the safe and appropriate use of opioids.

Changes to Incontinence Supplies Price File

Effective May 1, 2016, the NIHB Program increased the reimbursement rate for selected incontinence supplies by 3.1%.

For prior approvals received before May 1, 2016, providers are advised to submit their claims to Express Scripts Canada using the code(s) and prices referenced in the prior approval confirmation letter. The new price file applies to prior approvals received on or after May 1, 2016.

The maximum prices for incontinence supplies from May 1, 2016 to March 31, 2017 are as follows:

INCONTINENCE BENEFIT CODES AND PRICES

ITEM	CODE	PRICING IN PROVINCE
Adult Diapers/Pull-Ups, Small or Medium	99401087	\$1.28
Adult Diapers/Pull-Ups, Large or X Large	99401088	\$1.37
Adult Diapers/Pull-Ups, XXX Large	99401089	\$1.56
Adult Diaper /Tabs, Small or Medium	99401090	\$1.02
Adult Diaper /Tabs, Large or X Large	99401091	\$1.25
Adult Diaper /Tabs, XXX Large	99401092	\$1.47
Liners, Disposable	99400438	\$0.57

Non-Insured Health Benefits (NIHB) Program 2014/15 Annual Report

Providers may wish to consult NIHB Program's 2014/15 Annual Report, which provides national and regional data on the Program's eligible client population, expenditures, benefit utilization and NIHB's efforts in the area of client safety. To access the 2014/15 report, visit provider.express-scripts.ca/documents/Annual_Report/2014-2015_NIHB_Annual_Report_EN.pdf.

Assembly of First Nations Survey for NIHB Providers

Please be advised, NIHB is collaborating with the Assembly of First Nations (AFN) on a joint review of the Program, with the goal of identifying and implementing actions that enhance client access to benefits and increase Program efficiencies. As part of this work, the AFN has created web-based surveys to gather feedback from health providers who provide services to NIHB clients. You are invited to visit the following link to participate in the NIHB provider survey: health.afn.ca/en/highlights/general/nihb-pharmacy.

REMINDERS

Change in Listing Status of Docusate Sodium and Calcium

Effective Sept. 13, 2016, all docusate sodium and calcium products (including combination products), will become non-benefits.

This change is based on an independent review by the CADTH on the effectiveness of stool softeners for the prevention and treatment of constipation. The evidence showed that in patients taking opiates or in patients in long-term care **stool softeners did not increase stool frequency, soften stools, or lessen the symptoms of constipation**. For other patients, there was no evidence on whether stool softeners were effective in the treatment of constipation.

Providers can inform NIHB clients and prescribers of the upcoming change, and discuss the range of alternatives available. The NIHB Program has produced client information which can be printed and provided to clients that is available at: hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/newsletter-bulletin-eng.php.

The NIHB Program covers many other medications and treatments for constipation. These include:

- Osmotic agents such as PEG products and lactulose
- Stimulants, such as bisacodyl and sennosides tablets
- Bulking agents, such as Metamucil
- Rectal preparations such as glycerin suppositories and Fleet enemas
- Lubricants, such as Lansoyl gel and heavy mineral oil

A full listing of products is available at: health.gc.ca/dbl.

If alternate treatment is indicated, the NIHB Program will reimburse pharmacist-initiated constipation treatment, either a prescription or documented recommendation, in accordance with the NIHB Pharmacist Initiated Treatment Policy found in the Provider Guide for Pharmacy Benefits at hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/drug-med/2016-prov-four-guide/index-eng.php.

Coverage of Selenium Sulfide 2.5%

The NIHB Program covers selenium sulfide 2.5%, commonly known as Selsun 2.5%, for the treatment of tinea versicolor. The Program does not cover any other selenium sulfide such as Selsun Blue shampoo for the treatment of dandruff. Prescriptions that do not meet the Program's criteria are subject to review and potential audit recovery.

Claims Submission and Change of Ownership or New Registration

For ownership changes, please ensure that all claims are submitted for processing **prior** to the change of ownership and legal name changes. For any outstanding claims, please contact the Provider Claims Processing Call Centre for assistance.

Legal Business/Operating Name on Void Cheques

When registering for direct deposit and submitting void cheques to Express Scripts Canada, please ensure the cheque includes the legal business/operating name.

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 midnight (ET)
Saturday, Sunday and Statutory Holidays:
8 a.m. to midnight (ET)

MS&E Extended Hours

Monday to Friday:
6:30 a.m. to 8:30 p.m. (ET)
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

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/Yukon	1-888-332-9222
Ontario	1-800-881-3921
Quebec	1-877-483-1575
Saskatchewan	1-866-885-3933

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/Yukon	1-888-332-9222
Ontario	1-800-881-3921
Quebec	1-877-483-1575
	1-514-283-1575
Saskatchewan	1-866-885-3933

First Nations Health Authority

PRIOR APPROVALS

British Columbia*	1-888-299-9222
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INQUIRIES

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

**For First Nation residents only.
For non-residents and Inuit, contact the Alberta region.*