



NEW INFORMATION

Changes and Reduction in the Opioid Dose Limits

To encourage safe opioid use, the NIHB Program has established opioid dose limits. Previously, the Program had both an overall opioid dose limit (400 mg morphine equivalents per day) and an opioid dose escalation limit (200 mg morphine equivalents per day). These dose limits have been gradually lowered since implementation in order to encourage and facilitate a slow taper to safer opioid doses.

Effective November 6, 2017, these two limits were simplified into a single opioid dose limit of 200 mg morphine equivalents per day (calculated over a 30-day period) for non-cancer/non-palliative pain. This dose limit does not apply to clients who are taking opioids for cancer or palliative pain management.

Requests sent to the Drug Exception Centre (DEC) to increase doses above 200 mg morphine equivalents per day will be considered only on a case-by-case basis. Clients who are currently approved on opioid doses above 200 mg morphine equivalents per day can continue above the limit while the dose is slowly tapered to a safer level.

Change to Acetaminophen Dose Limit

Effective November 6, 2017, oxycodone-acetaminophen combination products are no longer included in the acetaminophen dose limit but are instead included in the opioid dose limit. Codeine-acetaminophen products will continue to count toward the overall acetaminophen limit of 3600 mg per day. Providers are reminded to ensure that clients on multiple acetaminophen-containing products do not exceed the daily recommended dose.

Change to NIHB Methadone Listing Status in Quebec

Effective January 2, 2018, methadone will become an expedited special authorization benefit in the province of Quebec. To receive methadone for the treatment of opioid dependence, the following requirements will apply:

- Client is 16 years of age or older
- Client coverage for opioids, benzodiazepines, stimulants and gabapentin will be restricted to a sole prescriber or prescribers in a group practice

For the client's first methadone claim, pharmacy providers will be required to call the Drug Exception Centre (DEC) to request special authorization (SA) which will be granted at the time of the call. The DEC will place restrictions on a client's opioids, benzodiazepines, stimulants and gabapentin prescriptions.

When the client attempts to have a prescription filled for an opioid, benzodiazepine, stimulant or gabapentin for the first time, pharmacy providers will need to call the DEC. A follow-up package will be sent to the prescriber and will include an explanation of the restriction process and an agreement to be signed by a sole prescriber or prescribers in a group practice.

Please note that SAs are not required for clients who start methadone prior to January 2, 2018. However, restrictions will have been placed on the specific medications listed above. The package will be sent to the prescriber when a request is received for one of these restricted drugs.

Guide for Pharmacy Benefits

To reflect current NIHB Program policies, the [Guide for Pharmacy Benefits](#) is updated on a quarterly basis, concurrent with the Pharmacy NIHB newsletters. Providers are encouraged to update their printed or electronic copies by visiting canada.ca/nihb.

Pharmacy Providers Dispensing Medical Supplies and Equipment**Change in Coverage for Breast Pumps**

Effective December 11, 2017, manual breast pumps (benefit code 99400317) will become an open benefit (no longer requiring a prior approval (PA)), per birth event. For additional information, please refer to section 3.1.4. of the [Guide for Medical Supplies and Equipment Benefits](#).

Recognition of Registered Midwives as Prescribers

Effective November 28, 2017, the NIHB Program recognizes registered midwives (RM) as prescribers of MS&E within their scope of practice (for items such as: medical grade compression stockings, invalid rings, maternity belts and breast pumps) in provinces and territories where their practice is regulated. The item must be a benefit of the NIHB Program and will be funded in accordance with NIHB Program policies and guidelines.

When submitting claims for items prescribed by a RM, the provider must enter the following information in the claim form:

- *Prescriber ID:* Licence number of the RM
- *Prescriber ID Ref Number (RM association code):*
54 = Ordre professionnel des sages-femmes du Québec

For pharmacy providers that dispense MS&E, please refer to the MS&E NIHB Newsletter for most recent changes. Visit provider.express-scripts.ca/medical-supplies-and-equipment/newsletters and select the newsletter for your region.

Transition of the First Nations and Inuit Health Branch to the new Department of Indigenous Services

The Government of Canada recently announced plans to create a new department of Indigenous Services. Bringing Indigenous programs and services together in one department will create opportunities to address the key building blocks of Indigenous wellness in a more coordinated and seamless way. As part of this transformation, it is expected that programs and services currently delivered by the First Nations and Inuit Health Branch (FNIHB) of Health Canada, including the NIHB Program, will become part of the new department of Indigenous Services in the future.

Please be assured that this transition will not affect services to NIHB clients or benefit providers. NIHB provider registration and claims processing will not be affected by this change. In addition, NIHB Program contact information will remain the same until further notice. More information about the department's creation will be provided once it is available.

