NIHB **News**Letter

NEWS AND INFORMATION FOR OUR NIHB PROVIDERS

FIRST CanadianHealth

NIHB TOLL-FREE INQUIRY CENTRE: 1-888-511-4666

For our Pharmacy Providers **Winter 2005-2006**

NEWS AND VIEWS

Welcome to the Winter 2005-2006 edition of the Non-Insured Health Benefits (NIHB) quarterly newsletter. First Canadian Health (FCH) is now in its seventh year of operations as the claims processor for the NIHB Program of the First Nations and Inuit Health Branch (FNIHB) of Health Canada.

Again, FCH would like to thank you for your support as you continue to provide quality health services to First Nations and Inuit clients of the NIHB Program.

As always, your comments and questions are welcome. Please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666**, or send your correspondence to:

FCH Provider Relations
3080 Yonge Street, Suite 3002
Toronto, ON M4N 3N1

WINTER 2005-2006 NIHB DRUG BENEFIT LIST UPDATES

Please be advised that the NIHB Drug Benefit List Updates are not included with this Newsletter. The NIHB Drug Benefit List Updates will be available on the NIHB Website on January 1, 2006.

The January 1, 2006 updates include the addition and replacement of Drug Identification Numbers (DIN), limited use benefits, drugs removed from the Canadian market and drugs discontinued by the manufacturer.

These updates are reflected in the most recent electronic version of the NIHB DBL. Please refer to the website at the following URL address:

www.hc-sc.gc.ca/fnih-spni/pubs/nihb-ssna_e.html#drug-med

Should you have any questions, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666**.

REMOVAL OF THE R14 EDIT FOR POINT OF SERVICE (POS) CLAIMS

On November 18, 2005, the rejection message **R14 INSUFFICIENT BENEFIT INFORMATION TO ADJUDICATE CLAIM** will no longer be transmitted to providers on the provider statement for POS claims. Claims that are missing any of the following data elements: date of service, DIN/item number, prescriber Id, prescription number, drug/item cost, quantity, or days supply will be rejected through POS with the appropriate existing Canadian Pharmacists Association (CPhA) code (A2, 22, 53, 55, 56, 58, 59, 61 or 66), and the corresponding message.

Should you have any questions, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666**.

NIHB DRUG EXCEPTION CENTRE ADDRESS CHANGE

The offices of the NIHB Drug Exception Centre will be moving the weekend of November 11–13, 2005, to the Graham Spry Building in Ottawa, and will be open for regular operations on Monday, November 14, 2005.

Effective November 14, 2005, the NIHB Drug Exception Centre's address on Prior Approval Confirmation letters and the Level One appeals will change to:

NIHB Drug Exception Centre
First Nations and Inuit Health Branch
Health Canada
Graham Spry Building
250 Lanark Avenue
6th Floor, Postal Locator 2006B
Ottawa, ON K1A 0K9

All toll-free phone and fax numbers will remain the same.

Should you have any questions, please call the NIHB Drug Exception Centre at **1-800-580-0950**.

IMPLEMENTATION OF THE NEW WARNING MESSAGE NE (POTENTIAL OVERUSE/ABUSE INDICATED)

As of December 16th, 2005, a new warning message, **NE (Potential Overuse/Abuse Indicated)**, will be used by the NIHB Program. This warning code will not prevent the payment of claims, but will provide pharmacists with additional information citing a potential drug entity misuse/abuse situation.

The CPhA warning message **'Potential Overuse/Abuse Indicated'** will be returned for POS claims that meet the following criteria:

- ❒ Use of Methadone for treatment of opioid dependency (pseudo-DIN 00908835) and, at the same time, use of one or more narcotic drug entities.
- ❒ Use of three (3) or more different opioid narcotic drug entities.

- ❒ Use of three (3) or more different benzodiazepine drug entities.
- ❒ Use of a combination of three (3) or more opioid narcotics drug entities and three (3) or more benzodiazepines drug entities.

In all of these cases, the **NE** warning code will appear on the *NIHB Pharmacy Claim Statement,* but the corresponding message will not appear on the statement.

Should you have any questions, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666**.

CHANGES IN REIMBURSEMENT FOR PROTON PUMP INHIBITORS (PPIS)

On October 1, 2005, the NIHB Program changed the formulary status and availability of selected PPI's. Details on this policy can be found in the September 2005 NIHB Drug Bulletin. Available evidence indicates that these agents have the same clinical effect; there will be few exemptions to this new policy.

Implementation of this policy has been phased in, beginning with new prescriptions, on October 1, 2005. For renewal requests, the NIHB Program will only authorize PA's until February 1, 2006. After this time, all requests must follow the new PPI policy.

In cases where pharmacy providers have active prior approvals which extend beyond February 1, 2006, the Program will honour these PA's until they have been exhausted. After this time, all requests must follow the new PPI policy.

The NIHB Program has been faxing letters to all PPI prescribers advising them of the Program's new policy in order to allow adequate time for reassessment and to plan for alternative therapy.

The New PPI Policy

The new limited use criteria for PPIs is: Lansoprazole 15 and 30mg (Prevacid®), Omeprazole 10 and 20mg (Losec®), Omeprazole Magnesium 10 and 20mg (Losec®), and Pantoprazole 40mg (Pantoloc®) will only be available as limited use benefits after patients have been tried for at least 60 days on Apo-Omeprazole® 20mg AND for at least 60 days on a therapeutic dose of Pariet® 10mg (for example, two tabs daily).

In addition, as a result of this policy change, Esomeprazole 20mg and 40mg (Nexium®), Pantoprazole 20mg (Pantoloc®), and Rabeprazole 20mg (Pariet®) will no longer be reimbursed by the NIHB Program.

Should you have any questions, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666**.

ITEM COST FIELD

The amount entered in the "Item Cost" field on the *NIHB Pharmacy Claim Form* must be the total acquisition cost of all units of the item dispensed for the claim. In other words, the amount in the "Item Cost" field represents the quantity dispensed, multiplied by the unit cost of the item. Failure to enter the correct amount in this field will result in claims being returned unprocessed to the providers.

For additional information, please refer to Section 5.8 of the *NIHB Pharmacy/MS&E Provider Information Kit.*

METHADONE FOR OPIOID DEPENDENCY, PSEUDO-DIN 00908835

A new policy was implemented on October 1, 2003 for the submission and reimbursement of methadone used for the treatment of addictions in all provinces and territories.

Methadone claims must be submitted by using the pseudo-DIN 00908835. Claims submitted with another pseudo-DIN will be subject to recovery through the Audit Program.

Providers **no longer have to contact the National Drug Exception Centre to obtain a special authorization** before submitting claims for methadone for opioid dependency.

Claims must be submitted **once a week (every seven days) at the end of the week**. In Ontario, claims will continue to be submitted daily to comply with legislation.

Cost of the Drug: The drug cost submitted must be the actual acquisition cost (AAC). The drug cost submitted must reflect the **number of milligrams dispensed** as opposed to the volume dispensed. Where applicable, the mark-up (MU) submitted must be in accordance with the NIHB Program Pharmacy Pricing Guidelines defined by region.

Dispensing Fee (DF): The DF, submitted at the end of the week, must be a **weekly** fee calculated as follows: Day one: 1.5 times the current DF + an "**interaction fee**" of $3.50. From day 2 to day 7: only the $3.50 interaction fee is reimbursed.

The interaction fee is reimbursed for each dose that the pharmacist witnesses. For doses that the patient carries home, the interaction fee is not allowed to be claimed.

In summary, the total claim submitted weekly (every seven days) is the total of the drug cost + the MU (where applicable) + DF. In Ontario, the total weekly amount will be divided by seven and submitted daily.

Claims found to be billed incorrectly will be subject to recovery through the Audit Program.

NIHB Pharmacy Provider Audit

Providers are reminded that under the NIHB Provider Audit Program, incorrect claim submissions are resulting in audit recoveries. We are sharing these findings for clarification purposes, to assist the pharmacist in complying with the terms and conditions of the NIHB Program.

Reversals for Prescribed Medication Not Picked Up by Clients

The 'Claim Reversal' transaction is used to reverse a previously submitted and paid POS transaction. Providers need to reverse a previously submitted claim when the item has not been picked up by the client, with the exception of extemporaneous mixtures.

For further information, please refer to section 5.6 of the NIHB Pharmacy/MS&E Provider Information Kit.

Quantity for Nix Cream Rinse 1%®

The quantity limitation for **Nix Cream Rinse 1%®** is 56 grams (or multiples thereof). Claims submitted in excess of 56 grams (or multiples thereof) that have resulted in a drug cost overpayment will be recovered through the Audit Program.

In all provinces/territories, except for Quebec, claims for **Nix Cream Rinse 1%®** must be submitted with the quantity in grams (56 grams per bottle). In Quebec, the quantity claimed for **Nix Cream Rinse 1%®** must be in millilitres (59 millilitres per bottle). Submitted quantities will not be converted to the correct measurement for the provider's province/territory. Please refer to the Fall 2004 NIHB Newsletter.

Prescription Not Found on Site

As per provincial regulations and NIHB Program requirements, providers must retain the original or faxed prescriptions for review during an on-site audit, for all prescriptions being dispensed against. Faxed prescriptions must include the mandatory transmission information (which includes the date sent and the sender's information) in order to be valid. The prescriptions therefore, should not be cut to fit the Rx cases.

In conclusion, the absence of the original or faxed prescription in the client's file during an on-site audit will result in the recovery of claim(s) associated with the prescription.

Discrepancies in the Quantities (Monistat 3 Dual Pack)

Audit findings have identified situations where the quantity recorded on the claim does not match the quantity of the prescription. For example, the provider has submitted a quantity of three (3) packs for a three (3) day supply, rather than one (1) pack for a three (3) day supply.

The NIHB Program's billing requirements are detailed in the NIHB Pharmacy/MS&E Provider Information Kit, First Canadian Health/NIHB Program Newsletters, and NIHB Program Drug Bulletins. These documents can be accessed at the following NIHB website:

www.hc-sc.gc.ca/fnih-spni/nihb-ssna/benefit-prestation/drug-med/index_e.html

Failure to comply with the requirements of the NIHB Program may result in the recovery of affected paid claims. Providers are advised to review the key documentation in order to be aware of NIHB Program requirements.

Appeal Process

When a client is denied a benefit, there are three levels of appeal available under the NIHB Program. Providers are reminded that appeals can only be initiated by the client, or with written confirmation that the client is aware that the appeal is being submitted on his/her behalf. Appeals submitted by providers without client confirmation, will not be subject to review.

Coordination of Benefits with the Ontario Drug Benefit (ODB) Limited Use List (for Ontario Pharmacies Only)

Physicians are no longer required to use the ODB Limited Use (LU) prescription form. The LU code may be written on a regular prescription for LU drugs.

Providers can download the new *NIHB Pharmacy/Medical Supplies and Equipment Provider Kit* dated September 2005 at the following NIHB website:

www.hc-sc.gc.ca/fnih-spni/pubs/drug-med/2005_kit-trousse_info/index_e.html

Providers without internet access can contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666**.
