

## For our Pharmacy Providers In Quebec

Spring/Summer 2008

### NEWS AND VIEWS

Welcome to the Spring/Summer 2008 edition of the Non-Insured Health Benefits (NIHB) quarterly newsletter. First Canadian Health (FCH) is now in its tenth 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

### NEW NIHB PROGRAM INFORMATION

#### CHANGE OF CONTACT INFORMATION FOR THE NIHB SASKATCHEWAN REGION

As of April 1, 2008, the address of the Saskatchewan NIHB Regional Office changed. The new address is:

**NIHB Saskatchewan Region  
First Nations and Inuit Health Branch  
Health Canada  
2045 Broad Street, 4<sup>th</sup> Floor  
Regina, SK S4P 3T7**

Providers may continue to direct telephone inquiries to the toll-free number: **1-800-667-3515**.

#### SPRING 2008 NIHB DRUG BENEFIT LIST (DBL) UPDATES

The Spring 2008 DBL updates, which list all changes made to the NIHB DBL since the last update in winter 2007-2008, became available on the NIHB website on April 1, 2008. These 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 effective April 1, 2008. The most recent electronic version of the NIHB DBL reflects these updates. For an electronic version of the 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](http://www.hc-sc.gc.ca/fnih-spni/pubs/nihb-ssna_e.html#drug-med)

Providers may also add their pharmacy to the distribution list to receive a hard copy of the April 2008 NIHB DBL. Please submit the following request form by completing the fields in the shaded box below, and faxing this page to **(613) 941-6249**.

**Yes! Please send a hardcopy of the April 1, 2008 DBL update to our office.**

**Name:**

**Provider Number:**

**Address:**

**City:**

**Province:**

**Postal Code:**

**Telephone:**

**Email:**

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

#### FREQUENCY LIMIT FOR ACCU-CHEK COMPACT PLUS METER<sup>®</sup>

On February 1, 2008, the NIHB Program introduced a frequency limit for Accu-Chek Compact Plus Meter<sup>®</sup> (DIN 09991039). The frequency limit allows for one glucometer every five years.

### NIHB PROGRAM REMINDERS

#### BILLING EXTEMPORANEOUS MIXTURES

The NIHB Program defines extemporaneous mixtures as “products that require compounding in a pharmacy in accordance with the orders of a prescriber (...) and must not duplicate the formulation of any commercial drug

products.”

Claims inappropriately using the DIN for extemporaneous mixtures are subject to reclaim during audit. Audit findings indicate that pharmacies sometimes draw medications into syringes and bill the item as an injectable compound. If there is a medical reason that requires the pharmacy to draw the medication into a syringe, such as a visual impairment, then the pharmacy must contact the NIHB Drug Exception Centre (DEC) for an approval. If the pharmacy draws the medication into a syringe for any other reason, such as a courtesy to the client, the paid compound fees are subject to recovery. The pharmacy must submit the DIN of the drug only, at cost, plus the dispensing fee.

If the pharmacy mixes two injectable drugs (such as insulins) together to produce an extemporaneous mixture the pharmacy must obtain prior approval or the claim is subject to reversal or recovery.

As a reminder, claims submitted without a prior approval number for extemporaneous mixtures containing exceptions, limited use benefits or duplicating the formulation of commercially manufactured drugs are subject to reversal or recovery (e.g., Hydrocortisone 0.5%).

Claims submitted as extemporaneous mixtures must contain at least one eligible NIHB benefit. If there are no eligible benefits (e.g., hydrocortisone powder, Taro-Base and vaseline), the claim will be subject to reversal or recovery.

The NIHB Drug/Pharmacy Health Provider Information Kit, First Canadian Health/NIHB Program Newsletters and NIHB Program Drug Bulletins provide information on the NIHB Program’s billing requirements. These documents are available on the NIHB website at:

[www.healthcanada.gc.ca/nihb](http://www.healthcanada.gc.ca/nihb)

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## **CHANGE OF PROVIDER INFORMATION**

Please contact FCH in writing when one or more of the following occurs:

- Change of address
- Change of phone number or fax number
- Change of ownership
- Change of pharmacy name
- Closure of a location
- Opening a new location

Please send this information to the following address:

**First Canadian Health  
Provider Relations  
3080 Yonge Street, Suite 3002  
Toronto, ON M4N 3N1**

As the Pharmacy/MS&E Provider Agreement - Declaration upon Registration indicates, the onus is on

the provider to inform FCH of **any** changes to ownership or contact information.

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We encourage you to download the current version of the NIHB Drug/Pharmacy Health Provider Information Kit from the NIHB website at following address:

[www.healthcanada.gc.ca/nihb](http://www.healthcanada.gc.ca/nihb)

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

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