



EXPRESS SCRIPTS®

NIHB NEWSLETTER

NEWS AND INFORMATION FOR NIHB PROVIDERS

NIHB CLAIMS SERVICES PROVIDER WEBSITE

Non-Insured Health Benefits (NIHB)

www.provider.express-scripts.ca

Pharmacy Providers

 Winter 2012

NIHB Forms

Download from the

NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre

www.provider.express-scripts.ca

EXPRESS SCRIPTS CANADA

Provider Claims Processing Call Centre

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 Agreements

Fax Completed

Pharmacy/MS&E Provider Agreements to:

NEW 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 PROGRAM PHARMACY BENEFITS

Drug Exception Centre (DEC)

PRIOR APPROVALS

Pharmacy Drug Benefits

1-800-580-0950 (English)

1-800-281-5027 (French)

Fax No.: 1-877-789-4379

Health Canada Regional Offices

PRIOR APPROVALS

Medical Supplies & Equipment (MS&E) Benefits

Alberta	1-800-232-7301
Atlantic	1-800-565-3294
British Columbia	1-888-299-9222
Manitoba	1-877-505-0835
Northwest Territories/ Nunavut	1-888-332-9222
Ontario	1-800-881-3921
Quebec	1-877-483-1575
Saskatchewan	1-800-667-3515
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
British Columbia	1-604-666-3331
	1-800-317-7878
Manitoba	1-800-665-8507
Northwest Territories/ Nunavut	1-888-332-9222
Ontario	1-800-640-0642
Quebec	1-514-283-1575
	1-877-483-1575
Saskatchewan	1-800-667-3515
Yukon	1-866-362-6717

NEW INFORMATION

Modified Claim Return Process

Express Scripts Canada is committed to protecting personal information. Privacy affects all aspects of our business from how we communicate with you to how we handle Personal Identifiable Information (PII) and Personal Health Information (PHI).

Effective November 1, 2012, Express Scripts Canada introduced changes to our manual claims processing service.

NIHB claim forms are no longer returned to providers. Private and Confidential claims information is protected while providing providers with the information required to re-submit their claim(s). Claim forms are no longer returned to the provider as a returned claim due to missing and/or incorrect information received. A Provider Return Letter will be mailed to the provider referencing the client name and date of service for the claim(s) received, and the details of why the claim(s) was not adjudicated and not processed.

Note to Providers Concerning Item Costs Claimed to the NIHB Program for Provincial Formulary Items

Health Canada mirrors the unit prices of each province/territory, therefore pharmacy providers must use the formulary price set by each provincial/territorial jurisdiction for provincial formularies pharmacy items billed to the NIHB Program, whether the medication is or is not an open benefit under the provincial/territorial program. The formulary price is set by each provincial/territorial drug plan.

Coverage No Longer Provided for Selected Ibuprofen and Acetaminophen Products

As of September 25, 2012, the NIHB Program no longer provides coverage for the following Over the Counter (OTC) ibuprofen and acetaminophen products.

- Tylenol Gel caps 500mg - DIN 00863270
- Advil Liqui-Gels 200mg - DIN 02241769
- Advil Liqui-Gels 400mg - DIN 02248231
- Ibuprofen Liqui-Gels 400mg - DIN 02310880

If a client has a prescription for one of the affected items and requires a refill, the client will need to switch to another form of the drug. The NIHB Program will continue to provide coverage for a wide variety of other acetaminophen and ibuprofen products. Please refer to the Drug Benefit List (DBL) on the Health Canada Website at www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/pharma-prod/med-list/index-eng.php for more details.

Injectable Opioids Moving From Open Benefits to Palliative Care Formulary

As of September 25, 2012, the NIHB Program changed the listing status of injectable opioids from open benefit to limited use for palliative care clients. All other requests will be reviewed on a case-by-case basis. This decision was based on a recommendation by the NIHB Drugs and Therapeutics Advisory Committee (DTAC) due to the inappropriateness of injectable opioids in the general population as these should be reserved for hospital settings or palliative care patients choosing to remain at home.

Overview of Methadone Coverage under the NIHB Program**Methadone for Pain**

Methadone for the treatment of pain is covered as a limited use benefit (prior approval (PA) required) with the following criteria:

1. Prescriber is registered with Health Canada (Office of Controlled Substances) and is eligible to prescribe methadone for the management of pain; AND
2. For the management of moderate to severe cancer pain or chronic non-cancer pain, as an alternative to other opioids; OR
3. For the management of pain for palliative care patients.

Once a PA is received, pharmacies can bill methadone for the treatment of pain under the following DINs:

- Metadol® 1 mg tablet 02247698
- Metadol® 5 mg tablet 02247699
- Metadol® 10 mg tablet 02247700
- Metadol® 25 mg tablet 02247701
- Metadol® 1 mg/mL Liquid 02247694
- Metadol® 10 mg/mL Liquid 02241377
- Methadone powder (pain) 09991180

The maximum day supply limit per dispense for the items listed above is 30 days.

The NIHB Program would like to remind pharmacy providers that the methadone DINs listed for the treatment of pain should not be used to bill for methadone for the treatment of opioid dependency. Failure to use the appropriate pseudo DIN will be subject to audit and recovery.

Methadone for Addiction

Methadone for the treatment of opioid dependency is a benefit covered under the NIHB Program. The pseudo DIN 00908835 is used to bill the Program for methadone for the treatment of opioid dependency.

The NIHB Program would like to remind pharmacy providers that the methadone pseudo DIN listed for the treatment of opioid dependency should not be used to bill for the treatment of pain. Failure to use the appropriate pseudo DIN will be subject to audit and recovery.

For information regarding the adjudication rules of methadone for the treatment of opioid dependency, please refer to the NIHB Provider Guide for Pharmacy Benefits.

Changing the Maximum Allowed Limit of Triptans

As of November 1, 2012, the NIHB Program put a maximum limit of 12 units every 30 days for selective serotonin receptor agonists (e.g., triptans). The following DINs will be affected:

- Almotriptan malate
 - 6.25mg tablet (DIN 02248128)
 - 12.5mg tablet (DIN 02248129)
- Naratriptan hydrochloride
 - 1mg tablet (DIN 02237820, 02314290)
 - 2.5mg tablet (DIN 02237821, 02314304, 02322323)
- Rizatriptan
 - 5mg tablet (DIN 02240520, 02379651, 02380455)
 - 10mg tablet (DIN 02240521, 02379678, 02380463, 02381702)
 - 5mg wafer (DIN 02240518, 02351870, 02374730, 02379198)
 - 10MG wafer (DIN 02240519, 02351889, 02374749, 02379201)
- Sumatriptan hemisulfate
 - 5mg nasal spray (DIN 02230418)
 - 20mg nasal spray (DIN 02230420)

- Sumatriptan succinate
 - 6mg/0.5mL injection (DIN 02361698, 02212188)
 - 12mg/mL injection (DIN 02212188, 02361698)
 - 25mg tablet (DIN 02257882, 02270749, 02268906, 02286815, 02256428, 02286513)
 - 50mg tablet (DIN 02268388, 02257890, 02270757, 02212153, 02268914, 02286823, 02256436, 02263025, 02286521, 02324652, 02385570)
 - 100mg tablet (DIN 02268396, 02257904, 02270765, 02212161, 02268922, 02239367, 02286831, 02256444, 02263033, 02286548, 02324660, 02385589)
- Zolmitriptan
 - 2.5mg orally disintegrating tablet (DIN 02324768, 02362996, 02342545, 02243045, 02379988, 02387158)
 - 2.5mg tablet (DIN 02369036, 02324229, 02362988, 02313960, 02238660, 02379929, 02380951)

This change in coverage by the NIHB Program is based upon a recommendation of the Program's external expert advisory committee, the DTAC. Limits on this class of drug are consistent with other public drug plans in Canada.

The NIHB DBL lists various other options for the management of migraine headaches including OTC preparations of acetaminophen, OTC and prescription non-steroidal anti-inflammatory drugs (NSAIDs) and medications for prevention of migraines such as tricyclic antidepressants, beta-blockers, calcium channel blockers, and certain anticonvulsant medications. Please refer to the DBL on the Health Canada Website at www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/pharma-prod/med-list/index-eng.php for more details.

Prescription Drug Abuse Strategy

Health Canada's NIHB Program takes the issue of client safety and prescription drug abuse seriously. The NIHB Program continues to introduce a wide range of measures to make sure that eligible First Nations and Inuit clients can obtain the medications they need without being put at risk.

Initial stages of NIHB's Prescription Drug Abuse Strategy will be focusing on benzodiazepines. Chronic or long time use of benzodiazepines raises safety concerns, especially when used in high doses. Effective March 4, 2013, the NIHB Program will set a limit on the dose of benzodiazepines for which NIHB will provide coverage. In anticipation of implementing this dose limit and to facilitate tapering by prescribers, NIHB began restricting clients receiving ≥ 80 mg of diazepam equivalents* a day to one (1) prescriber in November 2012.

In the future, NIHB will be expanding these safety measures to include opioids whereby a dose limit will be gradually implemented.

More detailed information regarding these strategies will be communicated in the future.

**Benzodiazepines have been standardized into doses relative to that of diazepam.*

NIHB Drug Benefit List Update – Change in Listing Status of Evra Patch, Nuvaring, and IUDs

There have been multiple changes to the NIHB Drug Benefit List (DBL). Please see below for implementation dates and rationale.

Effective **October, 2012**, the NIHB Program has changed the listing status of both the Evra Patch from exception, and

Nuvaring from limited use to open benefits. In addition, the quantity limit on Intra-Uterine Devices (IUDs) has been revised as follows:

Quantity Limit	Drug	DIN
One (1) Device Per Year	FLEXI-T IUD	98099999
	LIBERTE UT380 SHORT IUD	99401085
	LIBERTE UT380 STANDARD IUD	99401086
One (1) Device Every Two (2) Years	NOVA-T IUD COPP 3 CU 200	99400482
	MIRENA INTRAUTERINE SYSTEM	02243005

The decision to make the Evra patch and Nuvaring open benefits, and to revise the quantity limits placed on IUDs, was to allow easier access to these birth control options. Please note that exceptions to the above limits may be made on a case-by-case basis.

NIHB Drug Benefit List Update – Change in Listing Status of Concerta

Effective **October 16, 2012**, the NIHB Program changed the listing status of Concerta and generic methylphenidate ER from limited use to open benefit. The following DINs were affected:

Strength	DIN
18mg	02247732, 02315068
27mg	02250241, 02315076
36mg	02247733, 02315084
54mg	02330377, 02247734, 02315092

The decision to make Concerta and methylphenidate ER open benefit was based upon a recommendation of the NIHB Program's external expert advisory committee, the Drugs and Therapeutics Advisory Committee (DTAC). The rationale for this decision is to provide NIHB clients with greater access to once (1) daily treatment options for Attention Deficit Hyperactivity Disorder (ADHD).

Incontinence Price File and Approval Process

On September 1, 2012, the NIHB Program implemented a price file for Adult Diapers/Pull-Ups, Adult Diaper/Tabs and Liners Disposable items. The prices have been established based on a scan of manufacturers pricing, consultations with industry representatives, and an analysis of program utilization and pricing data. To implement this file, new benefit codes were created for adult diapers/pull-ups, and adult diaper/tabs. Providers must use the new codes and follow the pricing structure set out by the price file.

For clients with a prior approval (PA) for incontinence supplies (items below only) received before September 1, 2012, providers are advised to submit their claims using the code(s) referenced in the PA confirmation letter. Below is the list of codes and pricing for selected incontinence items.

Item Name	Item Number	Price for Provinces	Price for Territories
Adult Diapers/Pull-Ups, Small or Medium	99401087	\$1.24	\$1.42
Adult Diapers/Pull-Ups, Large or Extra Large	99401088	\$1.33	\$1.52
Adult Diapers/Pull-Ups, XXX Large	99401089	\$1.51	\$1.73
Adult Diaper /Tabs, Small or Medium	99401090	\$0.99	\$1.13

Item Name	Item Number	Price for Provinces	Price for Territories
Adult Diaper /Tabs, Large or Extra Large	99401091	\$1.21	\$1.39
Adult Diaper /Tabs, XXX Large	99401092	\$1.43	\$1.63
Incontinence Disposable Liners	99400438	\$0.55	\$0.63

This information is also available on the Health Canada Website at www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/med-equip/criter/index-eng.php

After December 10, 2012, the NIHB changed the approval process for incontinence products in order to improve client service and reduce administrative burden for MS&E providers. The first time a client applies for approval for incontinence supplies, the *NIHB General Medical Supplies and Equipment Prior Approval Form* must indicate whether the client has a permanent or temporary need for incontinence supplies. Clients with a permanent condition are required to submit a prescription every two (2) years. When a client has been approved for a two (2) year period, the provider will not need to contact their respective Health Canada Regional Office for approval for further dispenses during that two (2) year period. Providers can dispense the required items as per NIHB policy (450 per 3 month period) during the two (2) years and bill Express Scripts Canada as per directions noted on the confirmation letter.

Note Clients with a temporary condition will continue to require a yearly prescription. The frequency limit for incontinence products has not changed. Providers will need to seek PA for clients that exceed the frequency limit. These requests will be reviewed on a case-by-case basis.

REMINDERS

Pharmacy Change of Ownership or New Registration

Important Message

When changing ownership of a pharmacy or registering/re-registering a new pharmacy, please advise Express Scripts Canada immediately, allowing Express Scripts Canada adequate time (ten (10) business days) to make changes/updates within the adjudication system. A new **fully completed Express Scripts Canada Pharmacy Provider Agreement** noting the **effective date of the pharmacy is required**. Please include a **cover page with the Agreement including the effective date and the reason for the request for registration** (e.g., new pharmacy opening or ownership change, etc.).

Note All fields on Page 18 of the *Express Scripts Canada Pharmacy Provider Agreement* must be *completed in full*. Ensure Page 20 is signed by the owner or director of the business including the **date** the Agreement was signed.

Fax *all* pages of the Agreement to fax number **1-855-622-0669** with a cover sheet advising the reason for the new Agreement:

- Change of Ownership
- New opening/registration
- NIHB re-registration to Express Scripts Canada.

Note A provider **must** first register with Express Scripts Canada before submitting claims.

Pharmacy Providers Submitting Medical Supplies and Equipment (MS&E) Claims

Pharmacy providers are able to claim for general MS&E items by selecting 'Pharmacy only' on Page 18, Annex C of the *Express Scripts Canada Pharmacy Provider Agreement*.

Pharmacy providers with qualified professionals on staff authorized to dispense specialty required MS&E items (e.g., orthotics, prosthetics or pressure garments) should select the 'Pharmacy and MS&E' Provider Type on Page 18, and complete Annex C of the Agreement with all of the **necessary documentation** (e.g., licenses, certificates and permits) must be provided upon registration.

Emergency Supply Policy

Providers are reminded that when a drug requiring PA is needed on an emergency basis, and access to the NIHB DEC is not possible (e.g., statutory holidays and after hours of operation only), a pharmacist may dispense an initial course of treatment (maximum of four-day supply). It is important that the pharmacist contact the NIHB DEC as soon as possible for an approval to be back-dated to cover the emergency supply. This approval number must be included when submitting the four-day emergency supply claim. Additional dispensing of the balance of the prescription must follow the usual PA process. If a PA is granted, the pharmacist is provided with a PA number and the details of the approved benefit by fax.

The PA number must be included on any subsequent claim submitted for the requested approved drug benefit. Claims submitted to the Program as Emergency Supply within the hours of operation of the NIHB DEC will be subject to audit.

If the item is eligible for auto PA, but did not meet the criteria, the provider may resubmit the rejected claim with applicable intervention code to initiate the PA process as soon as possible so that the NIHB DEC can review the request for NIHB emergency supply coverage. Refer to the Pharmacy Claims Submission Kit for information on how to re-submit a request.