

NEW INFORMATION

2013 Drug Benefit List and Drug Benefit List Updates

Health Canada maintains a Drug Benefit List (DBL) of NIHB eligible drugs that are to be used in a home or ambulatory setting. The DBL indicates to prescribers and pharmacy providers which drug products are eligible NIHB benefits. The DBL encourages the most optimal and cost-effective drug therapy for NIHB clients. It is recommended that prescribers and pharmacy providers regularly review the list to ensure they are aware of the drugs eligible for NIHB coverage. The DBL is published annually, and changes made during the year will continue to be communicated via regular NIHB DBL Updates. Both the DBL and DBL Updates may be viewed on the NIHB Claims Services Provider Website (select Pharmacy link "Drug Benefit List" or "Benefit Updates"). The 2013 version of the DBL is also available on the Health Canada website at: www.healthcanada.gc.ca/dbl

Benzodiazepine Dose Limit

As part of the Prescription Drug Abuse strategy, effective March 4, 2013, the NIHB Program introduced a dose limit for benzodiazepines, 120 mg diazepam equivalent per day for clients. On June 4, 2013, this limit was decreased to 110 mg and on September 4, 2013 the limit decreased a second time to 100 mg per day. This limit will continue to decrease by 10 mg every 3 months until an acceptable level is reached. Pharmacists may call the Drug Exception Centre (DEC) when the client has reached the new dose limit. If a request for coverage is received from the pharmacy provider resulting in the client exceeding the eligible dose limit, the client's prescriber will need to provide a rationale to the NIHB DEC to support the additional doses.

NIHB Dose Limits on Opioids

The Non-Insured Health Benefits (NIHB) Program has developed a strategy to address the potential misuse and abuse of opioids. This strategy was based on recommendations by the National Opioid Use Guideline Group (NOUGG) and developed in consultation with the NIHB Drugs and Therapeutics Advisory Committee (DTAC). According to the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer pain supported by the National Opioid Use Guideline Group (NOUGG) "chronic non-cancer pain can be managed effectively in most patients with dosages at or below 200 mg/day of morphine or equivalent. Consideration of a higher dosage requires careful reassessment of the pain and of risk for misuse, and frequent monitoring with evidence of improved patient outcomes."

In response to these guidelines, the NIHB Program will be taking measures to ensure appropriate opioid use amongst NIHB clients. These measures will include an initial opioid dose limit of 600 mg morphine equivalents per day (i.e. 60,000 mg morphine equivalents over 100 days) for treatment of non-cancer or non-palliative pain that will be put in place on September 30, 2013. The initial limit will be calculated based on the total dose of all opioids a client is receiving. The dose limit will be subsequently lowered on a

quarterly basis toward the NOUGG recommended dose of 200 mg morphine equivalents. The NIHB Program will continue to monitor the utilization of opioids and adjust the dose limit as required.

Methadose (methadone hydrochloride oral concentrate 10mg/ml)

Methadose is a new commercially available brand version of methadone and the only version of methadone, approved in Canada for the treatment of opioid dependence. Some provincial and territorial public drug plans have started to cover Methadose. The NIHB Program provides coverage of Methadose to ensure continuity of care for clients residing in affected provinces only. Compounding of methadone powder will continue to be covered for NIHB clients in provinces where permitted by provincial pharmacy regulations.

Updating Personal Information in the Indian Registry System (IRS)

Currently, some clients may be denied access to benefits because their identity cannot be easily determined and authenticated by NIHB health care providers. When clients provide information to health care providers that does not match information contained in the (Indian Registry System) IRS, providers may have difficulty authenticating their identity and may refuse to provide service. In order to avoid these types of situations, it is important that the IRS contain up-to-date client information including any changes to names and aliases. Clients should contact their local Band office or Aboriginal Affairs and Northern Development Canada office in order to update personal information contained in the IRS.

Find Updates about the NIHB Program On-line

The latest news about the NIHB Program is now available on-line. NIHB's Program Updates are written for clients and are intended to inform them about their coverage, as well as updates to NIHB policy and benefit information. Providers who are also interested in reading and sharing this information can find it on Health Canada's website at: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/newsletter-bulletin-eng.php

REMINDERS

Compounds with Diclofenac Preparations No Longer Eligible

Compounds with diclofenac as an ingredient were de-listed as eligible compounds in 2006. Paid compound claims found to have been prepared with diclofenac will be recovered through audit activities.

Palliative Care Formulary

Clients diagnosed with a terminal illness and near the end of life will be eligible to receive supplemental benefits as per Appendix C of the Palliative Care Formulary.

**NIHB Program and Express Scripts Canada Contact
Information can be found on the last page of this
NIHB Newsletter**

Requests for most Drug Identification Numbers (DIN) on the Palliative Care Formulary will generate a *Palliative Care Application Form*, faxed to the prescribing physician. Once completed and submitted, the client may be eligible for all medications on the Palliative Care Formulary if the following criteria are met:

1. Is not receiving care in a provincially covered hospital or provincially covered long-term care facility; and
2. Has been diagnosed with a terminal illness or disease that is expected to be the primary cause of death within six (6) months or less.

Once approved, the recipient will be eligible for all medications on the Palliative Care Formulary for six (6) months without the need for further prior approval. If coverage is required beyond the initial six (6) months, an additional six (6) months may be granted upon receipt of another completed *Palliative Care Application Form*.

During the six (6) month coverage period, a maximum 30-day supply will be reimbursed at any one (1) time.

Drug Prior Approval Requests

New prior approvals (PA) and requests to amend an approved PA are obtained from the Drug Exception Centre (DEC). Certain drug products listed as limited use benefits on the Drug Benefit List (DBL) may be considered by the NIHB Program for PA. To obtain a PA, the provider must have the client's information (first name, last name, DOB, client's registration number) prescriber name, prescriber number, and provider number along with reference to the prescription. The DEC will send an *Exception or Limited Use Drug Request Form* to the prescriber. Dependent on the prescriber's compliance in providing the necessary information, an approval may be granted. When approval/denial is provided, a confirmation of approval or denial letter is faxed or mailed to the provider.

Contact information for the DEC can be found on the contact information page of this NIHB Newsletter.

Note Express Scripts Canada is receiving PA and post-approval requests from pharmacy providers. Please be informed that Express Scripts Canada does not process these requests. All PA requests/inquiries must be sent to the DEC for adjudication.

Prior Approval Transfers

After an ownership change Express Scripts Canada will transfer an outstanding PA in our adjudication system to the newly assigned provider number.

Note PA transfers are only applicable to ownership changes.

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, the current phone number for the contact at the pharmacy 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; or
- NIHB re-registration to Express Scripts Canada.

Provider Numbers are not activated until Express Scripts Canada receives college confirmation and Health Canada approval to proceed with registration. Providers are contacted by the Provider Relations Department the week to a few days prior to the opening/effective date of the pharmacy.

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

New Pharmacy Openings

New pharmacy providers must advise Express Scripts Canada that they have had their college inspection and have been approved by the college prior to Express Scripts Canada activating their profile. Any changes (e.g., legal name, operating name, address, etc.) must be updated with the college before Express Scripts Canada can process these modifications. Please provide an **alternate phone number** for the contact person at the pharmacy, if the direct phone number for the pharmacy has not yet been activated.

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 (Pages 18-20) of the Agreement with all of the **necessary documentation** (e.g., licenses, certificates and permits) must be provided upon registration.

Existing pharmacy providers that wish to apply for MS&E specialties may amend Annex C (Pages 18-20) of their original Agreement with all the **necessary documentation** (e.g., licenses, certificates and permits).

Valid Prescriber ID and Valid Prescriber ID Reference Code

A valid **Prescriber ID** (not a 99999 code) and valid **Prescriber ID Reference Code** are required when submitting claims. The Prescriber ID is mandatory for all claims and must either be the prescriber's license number or the provincial/territorial billing number. Claims that do not contain valid Prescriber ID information are subject to audit recovery. The Prescriber ID Reference Code is a two (2) character alphanumeric code which defines the prescriber's position as a physician, a nurse practitioner, or any other licensed practitioner with authorization to prescribe within the scope of practice in his/her province or territory and who is also recognized by the NIHB Program. Providers may obtain these codes by contacting the Provider Claims Processing Call Centre.

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 as well as personal health information. To protect personal information, effective November 1, 2012, Express Scripts Canada introduced changes to our manual claims processing service. NIHB claim forms are no longer returned to the provider due to missing and/or incorrect information received. A Provider Return

Letter will be faxed or 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. **A newly completed claim form should be returned to Express Scripts Canada with the updated or missing information.** Please fax or mail your completed claim form to:

Toll Free Fax No.: 1-866-249-6098

Mail: Express Scripts Canada, NIHB Pharmacy Claims, P.O. Box 1353, Station K, Toronto, ON M4P 3J4

Claim Corrections and Adjustments for Claims Older than 30 Days

Claims that require reversal, corrections, and/or adjustments more than 30 days after the date of service (DOS) must be submitted manually on the copy of the NIHB Pharmacy Claim Statement, up to one (1) year from the original DOS.

Ensure the professional fee, corrections and/or any other change request is clearly identified and the claim line in question is clearly identified.

Payment Errors

If there is a payment error, providers should:

- Send a copy of their NIHB Pharmacy Claim Statement indicating the payment error and submit a copy of it to Express Scripts Canada, including the date of service (DOS) in question with the client name and client identification number.

Units of Measure for Claim Quantities

In general, claim quantities are the number of units dispensed wherever possible (e.g. number of tablets, capsules, millilitres, grams, etc.). For products that are dispensed in packages (e.g. oral contraceptives, inhalers), submit claim quantities according to your provincial public plan convention. For example, pharmacies in Saskatchewan and Ontario submit inhalers as a package of one (1).

Audit Documentation Requirements

Providers selected for on-site audit are notified in advance and provided with a pre-audit partial list of claims to be audited. Providers are required to have the supporting prescription documentation ready for review by the auditor(s) upon their arrival. The auditor(s) will supply the list of the remaining claims for review once they have arrived on-site. The required prescription documentation for the requested claims includes:

- The original authorizing prescription;
- The original hard copy; and
- The hard copy for the date of service requested.
- Ingredient breakdown for extemporaneous mixtures

Appropriate supporting documentation includes, but is not limited to:

1. Manufacturer's invoices required to substantiate invoice cost plus applicable negotiated maximum NIHB mark-up.
2. Shipping invoices.
3. Internal invoices.
4. Evidence of additional coverage (to support COB).
5. Methadone Log Book.

NIHB PROGRAM AND EXPRESS SCRIPTS CANADA CONTACT INFORMATION

Please have your Provider Number readily available when contacting the Provider Claims Processing Call Centre

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 Forms

Download from the
NIHB Claims Services Provider Website or contact
the Provider Claims Processing Call Centre
www.provider.express-scripts.ca

NIHB PROGRAM PHARMACY BENEFITS

Drug Exception Centre (DEC)

PRIOR APPROVALS

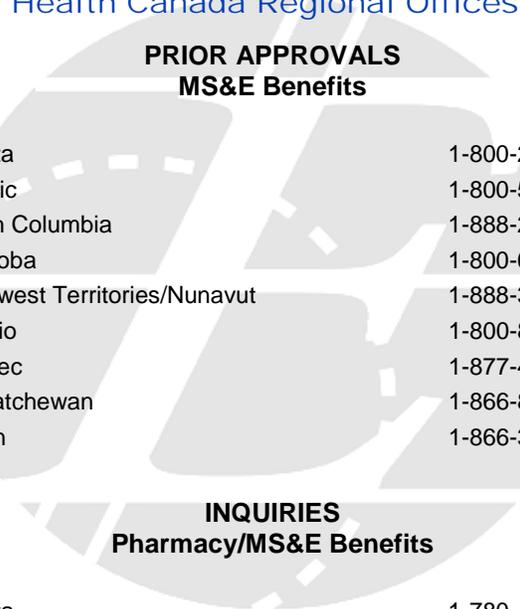
Pharmacy Benefits

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
British Columbia	1-888-299-9222
Manitoba	1-800-665-8507
Northwest Territories/Nunavut	1-888-332-9222
Ontario	1-800-881-3921
Quebec	1-877-483-1575
Saskatchewan	1-866-885-3933
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	1-877-483-1575
	1-514-283-1575
Saskatchewan	1-306-780-8294
	1-866-885-3933
Yukon	1-866-362-6717