

### NEW INFORMATION

#### Change to Opioid Dispensing Frequency from 100 to 30 Days

Effective February 25, 2014, as part of its Prescription Drug Abuse Strategy, the NIHB Program instituted a 30-day maximum dispense policy for all opioids. The policy applies to all open benefit and limited use opioids covered under the Program, as well as to other opioids that are not listed, but are covered on a case-by-case basis.

One (1) full fee is paid per 30-day dispense (or less, if prescribed in a smaller quantity). Where opioids are prescribed to be dispensed for a longer duration, NIHB reimburses up to a maximum of 30 days at a time. For audit purposes, prescriber approval to split a prescription into 30-day dispenses will not be required for opioids.

Presently, 99% of all opioid claims to NIHB are for 30 days or less. Only the remaining 1% of opioid claims will be impacted by this policy.

This policy also impacts the opioid dose limit calculation of 600 mg morphine equivalents per day. Previously, these dose limits were determined over a 100-day period; however, effective February 25, 2014, the calculations occurred over a 30-day period.

Please be advised that Express Scripts Canada (the claims processor) is unable to automatically cut back the day supply to 30 days. Providers are expected to manually apply the policy beginning February 25, 2014.

#### Gabapentin Dose Limit Change

Gabapentin is a medication used to manage conditions such as epilepsy and chronic pain.

On March 4, 2013, the NIHB Program placed a dose limit of 5000 mg per day for all clients on gabapentin. This was higher than the maximum recommended daily dose in the product monograph; however, a transition period was permitted for clients on high doses of gabapentin to meet this new dose limit.

On February 3, 2014, the NIHB Program further reduced the coverage limit on gabapentin to 4000 mg per day. Providers received notice of this change on January 21, 2014.

The NIHB Program lists various other options for the treatment of epilepsy and chronic pain. Please visit the Drug Benefit List (DBL) for more information: at: [www.healthcanada.gc.ca/dbl](http://www.healthcanada.gc.ca/dbl).

#### Change in Listing Status of ASA 80mg

Effective March 17, 2014, the NIHB Program will limit coverage of ASA (acetylsalicylic acid) 80 mg tablets to clients age 21 years and under to allow access for use in pediatric conditions (e.g. Kawasaki Syndrome). ASA 81 mg tablets will remain as an open benefit to NIHB clients of all ages. Prescribers are reminded to evaluate the risk of Reye's Syndrome in children and teenagers during a viral illness while using ASA 80 mg. Please visit the following Health Canada advisory on Reye's Syndrome for more information: [www.hc-sc.gc.ca/hl-vs/iyh-vsv/diseases-maladies/reye-eng.php](http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/diseases-maladies/reye-eng.php).

#### Nicotine patches added to the NIHB Short Term Dispensing (STD) Policy

The NIHB Program will add nicotine patches (e.g. Nicoderm, Habitrol) to the less than seven-day supply STD policy. This policy was established by the NIHB Program for short-term fills when it is medically necessary. As part of this policy, when a medication is dispensed more frequently than every seven (7) days, the Program compensates 1/7<sup>th</sup> of the usual and customary (U&C) dispensing fee, up to the Program's regional maximum. When a medication is dispensed less frequently than every seven (7) days, (e.g. once a month), the pharmacy is entitled to one (1) full dispensing fee, up to the regional maximum of the Program. Nicotine patches have been added to this STD policy as of March 31, 2014.

#### Coverage of Selenium Sulfide 2.5%

The NIHB Program covers selenium sulfide 2.5%, commonly known as Selsun 2.5%, in the form of lotion for the treatment of tinea versicolor. The Program does not cover selenium sulfide 2.5% in any other form such as Selsun Blue Shampoo for the treatment of dandruff. Prescriptions that do not meet the Program's criteria are subject to review and potential audit recovery.

#### Lancing Devices – Diabetes Blood Glucose Testing

Effective March 31, 2014, lancing devices are no longer a covered benefit and will become an exclusion under the NIHB Program. Claims for these items with a date of service on or after March 31, 2014 will be rejected. Lancing devices are normally provided free of charge to clients along with their diabetic meter. Coverage will remain for diabetic test strips and lancets as these are not provided free of charge from the manufacturer.

#### Limited Use Criteria Change - Biologic Therapies for Rheumatoid Arthritis

Effective March 17, 2014, the NIHB Program's limited use criteria for coverage of biologic therapies for rheumatoid arthritis (RA) have been modified following a recommendation from the NIHB Drugs and Therapeutics Advisory Committee (DTAC). The biologics affected by this change include Remicade (infliximab), Enbrel (etanercept), Humira (adalimumab), Simponi (golimumab), Orencia (Abatacept) and Cimzia (certilzumab).

Coverage criteria for these agents, in combination with methotrexate (MTX) or other disease modifying anti-rheumatic agents (DMARDs) are as follows:

- For the reduction in signs and symptoms of severely active RA in adult patients (18 years of age or older) who are intolerant or have contraindication or have failed:
  1. MTX 20mg (oral or parenteral-SC/IM) or greater total weekly dosage (15mg or greater total weekly dosage if patient is 65

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NIHB Newsletter**

years of age or older) for a minimum of 12 weeks of continuous treatment;

**AND**

2. MTX in combination with ≥ 2 other disease modifying anti-rheumatic agents (DMARDS), such as sulfasazine (SSZ) and hydrochloroquine (HCQ), for a minimum 12 weeks of continuous treatment. In the case of Infliximab and abatacept, a previous trial of a minimum of 12 weeks of etanercept, adalimumab or golimumab is also required.

**Revised NIHB Pharmacy Claims Submission Kit**

Please be sure to visit Express Scripts Canada’s NIHB Claims Services Provider Website to download a copy of the most current NIHB Pharmacy Claims Submission Kit. A copy can also be requested by contacting the Express Scripts Canada Provider Claims Processing Call Centre at 1-888-511-4666.

REMINDERS

**Audit Inquiries/Fax Backs**

Express Scripts Canada has been receiving copies of prescriptions where the hard copy is covering important information required to complete the validation. When responding to an audit inquiry, Express Scripts Canada anticipates a **minimum of a 3-page fax back**, including:

1. The Express Scripts Canada fax back form signed and dated;
2. A copy of the prescription; and
3. The hardcopy/store copy (the portion signed by the pharmacist).

It is imperative that Express Scripts Canada receives each item **separately**.

Please ensure your fax machine displays the current date. When responding to an audit, we suggest that you verify that your fax transmission was successful and it prints out the confirmation. We recommend you keep this transmission confirmation with your reply as it will be requested if ever you appeal an audit reversal/adjustment.

Pharmacy providers are given the opportunity to appeal an audit reversal/adjustment within 30 days from receipt of their claims statement by contacting the Express Scripts Canada Provider Claims Processing Call Centre. The audit department will then contact the provider to discuss next steps. If the requested documents are not available for review, the audited claim will remain reversed/adjusted.

**Coordination of Benefits (COB)**

As a reminder, NIHB clients that have alternate health coverage are required to access that coverage prior to claiming benefits under the NIHB Program. The NIHB Program will then coordinate payment with the other payer on eligible benefits.

Claims will be returned to the provider if the totals do not match. The total entered in the Amount Claimed field must be the sum of the Drug/Item Cost, Dispensing Fee and Mark-Up for the DIN/Item Code less any Third Party Share.

**2013 Updated 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 Express Scripts Canada’s 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](http://www.healthcanada.gc.ca/dbl)

**Special Provision for First Nations and Inuit Infants under One Year of Age**

Express Scripts Canada is receiving a high volume of infant claims that are being returned due to incorrect information supplied.

Special identification provisions for infants less than one year of age are in place to allow adequate time for NIHB clients to register their newborn children with the applicable Aboriginal organization.

If an *infant of less than one year of age* has not been registered, Clients (parents) should be referred to the appropriate office or organization to ensure ongoing Client eligibility, as well as for parents to obtain a Client Identification Number:

Clients	Office/Organization
First Nations	Their Band Office or the Registration Services Unit of AANDC at 1-800-567-9604.
Inuit Residing in the Northwest Territories and Nunavut	1. Their Land Claim Organization to be recognized; and, 2. Their respective territorial Department of Health and Social Services to obtain a health care number.
Inuit Residing Outside of the Northwest Territories and Nunavut	1. Their Land Claim Organization to be recognized, and; 2. Their nearest Health Canada Regional Office.

**First Infant Claim**

The first Pharmacy Claim for infants must be manually submitted to Express Scripts Canada using the *NIHB Pharmacy Claim Form*.

**Subsequent Claims Submitted By Electronic Claims Submission (EDI)**

Each subsequent Claim submitted on behalf of the infant may be submitted via EDI; however, the submission must include the *exact* Client Identification Number, Surname, Given Name and Date of Birth fields as the original claim or the claim will reject.

The required fields must be keyed correctly each time with the same information as the original claim:

Field	Mandatory Information Required
Client Identification Number	Child’s parent’s primary identifier (such as AANDC, Client or Band/Family Number, FNIHB Client Identification Number, NWT or NU health plan number)
Surname	Last name (family name)
Given Name	First name
Date of Birth	Date the child was born

## NIHB PROGRAM AND EXPRESS SCRIPTS CANADA CONTACT INFORMATION

### EXPRESS SCRIPTS CANADA

#### Provider Claims Processing Call Centre

*Please have your Provider Number readily available*

#### **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 Relations Department & Provider Agreements

#### **Fax Completed**

#### **Pharmacy/MS&E Provider Agreements to:**

Toll Free Fax No.: 1-855-622-0669

#### Other Correspondence

#### **Mail to:**

Express Scripts Canada

5770 Hurontario St., 10<sup>th</sup> 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](http://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
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
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

#### British Columbia First Nations

#### Health Authority

#### **PRIOR APPROVALS**

#### **MS&E Benefits**

British Columbia	1-888-299-9222
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#### **PHARMACY/MS&E INQUIRIES**

British Columbia	1-604-666-3331
	1-800-317-7878