

NEW INFORMATION

Pharmacist Initiated Prescribing for Women's Health Products

Effective June 15, 2014, the NIHB Program will accept claims for pharmacist initiated prescriptions for First Nations and Inuit clients to treat specific women's health issues, where allowed by provincial and territorial legislation. **Please refer to your provincial or territorial regulatory authorities for specifics related to the extended scope of practice in your area, as they differ between provinces or territories and as this section may not apply to your situation.** NIHB will reimburse these prescriptions as per usual regional reimbursement policies of the Program.

The reasons for prescribing and client specific details must be documented as per the provincial and territorial legislation and be available for review if necessary on audit.

NIHB does not compensate pharmacists for professional services including the cost of assessing the client.

Women's Health

The NIHB Program will accept claims for pharmacist initiated prescriptions for several minor ailments concerning women's health including: access to emergency contraception with or without short-term oral contraception, prenatal vitamins, prevention and treatment of nausea and vomiting in pregnancy and vaginal candidiasis. The following medications have been identified by NIHB as appropriate for pharmacist prescribing in women's health:

Emergency Contraception

Emergency Contraception Medication	DIN	Restrictions
Plan B 0.75MG TAB	02241674	Limited to a 1 day supply (2 tablets) per prescription in women of child bearing age
Norlevo 0.75MG TAB	02285576	
Next Choice	02364905	
Option 2 0.75MG TAB	02371189	

Follow-up Oral Contraception

NIHB will also recognize prescriptions for hormonal contraception initiated by pharmacists when appropriate for short-term supply (i.e. three (3) months) following use of emergency contraception. This category includes all oral contraception medications (i.e. Alesse, Marvelon, etc.) and other delivery systems for contraception (e.g. Nuvaring (DIN 02253186) and Evra (DIN 02248297)).

Prenatal vitamins and Folic Acid

NIHB will reimburse pharmacists for prescriptions of prenatal vitamins (see table below) with the appropriate dose of folic acid as per the client characteristics or medical condition. NIHB will align with the specific regional legislation governing the maximum folic acid dose pharmacists in that region are authorized to prescribe.

DIN	Product Name	Restrictions
80001842	Centrum Materna	Limited 400 tablets per year for each woman of child bearing age
02229535	Multi-Pre and Post Natal	
80005770	Prenatal & Postpartum	
02241235	Prenatal and Postpartum	
00426849	Apo-Folic Acid 5mg Tab	Limited to 1 tablet per day
02285673	Euro-Folic 5mg Tab	
02366061	Jamp Folic Acid 5mg Tab	
00318973	Folic Acid Tab 1mg	
00647039	Folic Acid Tab 1mg	
02048841	Folic Acid Tab 1mg	
02236747	Folic Acid Tab 1mg	

Nausea and Vomiting in Pregnancy

NIHB recognizes the key role pharmacists can play in helping women in early stages of their pregnancy manage nausea and vomiting. Diclectin (DIN 00609129) is the drug of choice for this condition and NIHB will cover pharmacist initiated prescriptions for this medication (or generic alternatives) where available for nausea and vomiting in pregnancy.

Vaginal Candidiasis

NIHB recognizes that pharmacists are ideally situated to provide timely access to medications to relieve this infection and its associated discomfort. This infection is commonly recurrent and pharmacist initiated prescribing will support client access to renewal of required medication in a suitable time frame.

The NIHB listed medications for vaginal candidiasis include:

Medication	DIN	Restriction
Canesten 1 Comfort Combi Pak	02264102	Limited to one package per prescription
Canesten 3 Comfort Combi Pak	02264099	
Clotrimazole 1% Vaginal Cream	02150891, 00812366	
Clotrimazole 2% Vaginal Cream	02150905, 00812374	
Monistat 3 Dual Pak	02126249	
Monistat 7 Dual Pak	02126257	
Miconazole 2% Vaginal Cream	02231106, 02084309	
Miconazole Vaginal Suppository	02171775, 02126605	
Terconazole 0.4% Vaginal Cream	02247651, 00894729	
Nystatin 25,000 Vaginal cream	00716901	
Nystatin 100,000 Vaginal cream	02194163	

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

Medication	DIN	Restriction
Fluconazole 150 mg capsule	02241895, 02311690, 02323419, 02141442, 02246620, 02282348, 02255510, 02243645	Limited to seven capsules per prescription

Other Conditions

NIHB continues to review expanded scope of practice legislation in each region and determine which additional conditions or minor ailments may be added to the list of items for which pharmacist initiated prescribing is accepted by the Program.

Pharmacist Initiated Prescribing for Smoking Cessation

Effective June 15, 2014, the NIHB Program will accept claims for pharmacist initiated prescriptions for smoking cessation aids, where allowed by provincial and territorial legislation. **Please refer to your provincial or territorial regulatory authorities for specifics related to the extended scope of practice in your area, as they differ between provinces or territories and as this section may not apply to your situation.**

NIHB will reimburse these prescriptions as per usual regional reimbursement policies of the Program. The reasons for prescribing and patient specific details must be documented as per the provincial and territorial legislation and be available for review if necessary on audit. Please note that NIHB does not compensate pharmacists for professional services including the cost of assessing the client.

NIHB covers many options to help clients stop smoking as noted in the chart below:

NIHB Treatment Cycle class	Smoking Cessation medication/ aid	Product Brand Names and DINs	Duration of treatment course
Nicotine Replacement Therapy (as needed products)	Nicotine Gum (2mg, 4mg)	Nicorette DIN 02091933, 02091941 and 80000118	12 Weeks as per limits defined in Drug Benefit List
		Thrive DIN 80000396 and 80000402	12 Weeks as per limits defined in Drug Benefit List
	Nicotine Lozenge	Nicorette (2mg, 4mg) DIN 02247347 and 02247348	12 Weeks as per limits defined in Drug Benefit List
		Thrive (1mg, 2mg) DIN 80007461 and 80007464	12 Weeks as per limits defined in Drug Benefit List
Nicotine Inhaler	Nicorette DIN 02241742	12 Weeks as per limits defined in Drug Benefit List	
Nicotine Replacement Therapy (patch)	Nicotine Patch	Nicorette, Nicotrol, Habitrol or Transdermal Nicotine DIN 02065738, 02065754, 02028697, 02029405, 02241227, 02241226, 02241228, 01943057, 01943065, 01943073, 02093111, 02093138, 02093146, 02065762 and 02029413	84 Patches
Bupropion	Bupropion	(Zyban) DIN 02238441	180 tabs
Varenicline	Varenicline	(Champix) DIN 02298309, 02291177 and 02291185	168 tabs

Please note: NIHB has pre-existing quantity limits on these medications which will remain in place. All clients are eligible for two treatment cycles of nicotine patches per year, one treatment cycle for either nicotine gum, lozenges or inhaler products per year and one treatment cycle of either bupropion or varenicline per year as defined in chart above.

Other Conditions

NIHB continues to review expanded scope of practice legislation in each region and determine which additional conditions or minor ailments may be added to the list of items for which pharmacist initiated prescribing is accepted by the Program.

Limited Use Criteria Change - Biologic Therapies for Rheumatoid Arthritis (Update to Spring 2014 newsletter)

Further to the Spring Newsletter, effective March 17, 2014, the NIHB Program's limited use criteria for coverage of biologic therapies for rheumatoid arthritis (RA) were 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 clients (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 client is 65 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.

For greater clarity, in the case of IV biologics (e.g. infliximab, abatacept), a previous trial of a minimum of 12 weeks of one of the following SC biologics (abatacept etanercept, adalimumab, certilzumab or golimumab) is also required.

Ontario Regional Office Move

The Health Canada Ontario Regional office has moved to a new address:

**First Nations and Inuit Health Branch
Ontario Region, NIHB
Sir Charles Tupper Building
2720 Riverside Drive, 4th Floor
Postal Locator: 6604D
Ottawa, Ontario K1A 0K9**

To ensure a smooth transfer, all telephone numbers will remain the same including the toll-free client information line (1-800-640-0642).

REMINDERS

Next Day Claims Verification

As part of the Next Day Claims Verification program, Express Scripts Canada (ESC) may send out a faxback request for claim validation. ESC has been receiving copies of prescriptions where the hard copy is covering important information required to complete the validation.

When responding to a faxback inquiry, Express Scripts Canada requires the following information:

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).

Please ensure your fax machine displays the current date. When responding to a next day claim verification request, please ensure the fax transmission was successful. Please note that should an appeal of a claim reversal be required, the printed fax confirmation is the appropriate supporting documentation.

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 business integrity program will then contact the provider to discuss next steps. If the requested documents are not submitted for review, the claim will remain reversed/adjusted as per the original verification.

Rewards Programs

Some pharmacies offer reward points or incentives on prescription prices billed to NIHB. As a reminder, Section 5.2 of the NIHB Provider Guide for Pharmacy Benefits states that NIHB clients may not directly or indirectly benefit from special promotions or incentives, including coupons, discounts, points or rebates in the form of cash and/or goods that may be offered by providers. In addition, to the extent permitted by such promotions and applicable law, these coupons, discounts or rebates should be applied to the NIHB claim.

The Pharmacy Provider Guide can be found at: <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/drug-med/2010-prov-fournguide/index-eng.php>

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.

GO GREEN – Move to E-mail Communications!

Make e-mail your first choice of communication delivery for general communications (e.g. NIHB Newsletters)!

- ...Receive same-day e-mail delivery from Express Scripts Canada to stay informed of Health Canada's NIHB Program.
- ...Only print as needed to reduce costs associated with business supplies (e.g., paper, printer ink, etc.) and office space (e.g., filing cabinets).
- ...Save and share your communications within your office network at the click of your mouse.

It's EASY to make the change... Either:

- Place a verbal request to the Express Scripts Canada Provider Claims Processing Call Centre at 1-888-511-4666; **OR**
- Complete the attached Modification to Pharmacy/ MS&E Provider Information Form.

Note – The above is not applicable to Prior Approval (PA) letters. These will continue to be sent via fax or mail (depending on your specified mode of communication).

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 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.

Submitting Specialty Items

Providers must submit their diplomas/certificates with their completed *Express Scripts Canada Pharmacy Provider Agreement* if they wish to submit a specialty item to the NIHB Program.

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., 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
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

**MODIFICATION TO PHARMACY/ MEDICAL SUPPLIES AND EQUIPMENT
PROVIDER INFORMATION FORM**

It is the responsibility of the Provider to notify Express Scripts Canada in writing of any changes to their provider information.

PROVIDER INFORMATION (Mandatory to Complete)

Apply all profile changes to: Express Scripts Canada Claims (Pharmacy Only)
(check both if applicable): Non-Insured Health Benefits (NIHB) Program Claims (First Nations and Inuit) (Pharmacy and MS&E)

Provider No.: _____ Language Preference: English French
 Operating Name: _____
 Legal Name: _____
 Current Address: _____
 City/ Province/ Postal Code: _____
 Phone No.: _____ Fax No.: _____
 E-mail Address: _____
 Contact Name: _____ Title: _____

 SECTION A – COMMUNICATIONS (Change) (Delivery Mode)

General Communications (select one): E-mail Fax Mail **Prior Approval Letters** (select one): Fax Mail

 SECTION B – OPERATING NAME (Change)

An Operating Name change is accepted when the **Legal Name and Ownership Names** remain the same.

Effective Date: _____

Current Operating Name: _____

New Operating Name: _____

Legal/ Ownership Name Change Required (includes adding and/ or removing owner names)
If you check this box, an Express Scripts Canada representative will contact you directly to complete a NEW Agreement.

 SECTION C – ADDRESS (Change)

Effective Date: _____

Address: _____ Phone No.: _____

City: _____ Province: _____ Postal Code: _____

Preferred Communication Mode: Please select one:
 E-mail Address: _____ Fax No.: _____ Mail

 SECTION D – PAYMENT INFORMATION (Change or Set Up) (Electronic Funds Transfer)

I instruct Express Scripts Canada to set up or change my direct EFT PAYMENTS. This form authorizes deposits to the account and does not authorize withdrawals or any other transactions with respect to the account. All information will be treated as PRIVATE AND CONFIDENTIAL. I will advise Express Scripts Canada promptly of any changes to bank, branch or account number.

Effective Date: _____ **NEW Banking Information** **REPLACE Banking Information**

Complete bank information below and **Attach a VOID Cheque or Official Bank Letter** (Photocopy of VOID cheque is acceptable when faxing)

Bank Name: _____ Branch Name: _____

Branch Address: _____

City: _____ Province: _____ Postal Code: _____

Bank No.: | | | | | Branch/ Transit No.: | | | | | Account No.: | | | | | | | | | | | | | | |

 SECTION E – DISPENSING FEE (Change) (Non-Quebec Pharmacies ONLY)
ONTARIO Pharmacies:

Eff. Date: _____ Zone Set by ODB: _____

CURRENT U&C Fee: _____

NEW U&C Fee: _____

All OTHER Pharmacies:

Eff. Date: _____

CURRENT U&C Fee: _____

NEW U&C Fee: _____

Full Name, Owner or Director of the Business (please print) Position/ Title

Signature Date

Return the completed, signed form (and VOID cheque or Official Bank Letter, if applicable) by fax or mail to:

Express Scripts Canada, Attention: Provider Relations, 5770 Hurontario St., 10th Floor, Mississauga, ON L5R 3G5, Fax No.: 1-855-622-0669.