NIHB NEWSLETTER

EXPRESS SCRIPTS

PHARMACY PROVIDERS IN NOVA SCOTIA

Non-Insured Health Benefits (NIHB) Program
SPRING 2018

NEW INFORMATION

Drug Benefit List

The Winter 2018 Drug Benefit List (DBL) is now available on canada.ca/nihb. The DBL is a listing of the drugs and products provided as benefits by the NIHB Program. The listed drugs are primarily used in a home or ambulatory setting.

Expanded Coverage of Treatments for Chronic Hepatitis C

The Non-Insured Health Benefits (NIHB) Program has expanded coverage criteria for chronic hepatitis C (HCV) medications. The following chronic hepatitis C medications continue to be listed as limited use (LU) benefits, but are now covered regardless of a patient's fibrosis level or co-morbidities:

- Harvoni (ledipasvir/sofosbuvir)
- Sovaldi (sofosbuvir)
- Epclusa (sofosbuvir/velpatasvir)
- Zepatier (elbasvir/grazoprevir)
- Daklinza (daclatasvir)
- Ibavyr (ribavirin)

These medications are now covered for adult clients with chronic hepatitis C infection with any fibrosis level (F0-F4) who meet ALL of the following criteria:

- Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other prescriber experienced in treating patients with chronic hepatitis C); AND
- Laboratory confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6 or mixed genotype; AND
- Laboratory confirmed quantitative HCV RNA level taken in the last 12 months

Coverage of Metoject

Effective January 10, 2018, Metoject (brand name of methotrexate pre-filled syringes) were listed as open benefits in the following strengths:

- Metoject Subcutaneous 25 mg/0.5 mL syringe
- Metoject Subcutaneous 22.5 mg/0.45 mL syringe
- Metoject Subcutaneous 20 mg/0.4 mL syringe
- Metoject Subcutaneous 17.5 mg/0.35 mL syringe
- Metoject Subcutaneous 15 mg/0.3 mL syringe
- Metoject Subcutaneous 12.5 mg/0.25 mL syringe
- Metoject Subcutaneous 10 mg/0.2 mL syringe
- Metoject Subcutaneous 7.5 mg/0.15 mL syringe
- Metoject 7.5 mg/0.75 mL syringe
- Metoject 10 mg/mL syringe
- Metoject 15 mg/1.5 mL syringe

This change adds another source of pre-filled methotrexate syringe to the NIHB Drug Benefit List (DBL).

Update to Stimulant Coverage

Effective April 9, 2018, there will be three important changes to stimulant coverage:

1. Only generic mixed amphetamine salts XR will be listed as open benefits.
2. The NIHB Program will implement a maximum 30-day dispensing policy for stimulants.
3. The NIHB Program will reduce the dose limit for stimulants to 100 mg methylphenidate equivalents (MEQ) per day. Previously, the limit was set at 150 mg MEQ per day. MEQ refers to the total dose of methylphenidate a patient would be receiving if all agents were switched to equivalent doses of methylphenidate.

The dose limit will be calculated based on the total dose of all stimulants a client receives from NIHB. Please refer to the conversion table below to calculate methylphenidate equivalents:

1 mg of DEXTROAMPHETAMINE (Dexedrine Dexedrine Spansules)	= 2 mg of MEQ
1 mg of METHYLPHENIDATE (Concerta, generic Ritalin)	= 1 mg of MEQ
1 mg of LISDEXAMFETAMINE (Vyvanse)	= 1 mg of MEQ
1 mg of MIXED AMPHETAMINE SALTS XR (generics)	= 2 mg of MEQ

The Program will contact prescribers in cases where existing NIHB clients will exceed this new dose limit to inform them of the changes. Where the prescriber has provided NIHB with an appropriate rationale, clients will continue to be eligible for the higher dose.

For pharmacy providers that dispense MS&E, please refer to the MS&E NIHB Newsletter for most recent changes.
Visit provider.express-scripts.ca/medical-supplies-and-equipment/newsletters and select the newsletter for your region.

Formulary for Adjunct Medications Used During Active Cancer Treatment

The NIHB Program has established a new formulary to streamline access to adjunctive (non-chemotherapy) medications frequently used by clients undergoing active cancer treatment.

Clients who are approved for oral chemotherapy drugs are automatically approved for access to all of the medications in this formulary. Additionally, clients who are approved for one of these medications for a cancer-related indication are automatically approved for access to all other medications in this formulary.

Clients are automatically enrolled for a period of six months. If cancer treatment is of a longer duration, access to the formulary will be granted to align with the treatment duration. In the event that treatment duration is not known and the treatment plan extends beyond six months, access to this formulary may be extended upon request.

The formulary includes the following products:

- Aprepitant (e.g., Emend)
- Benzydamine Oral Rinse
- Darbepoetin alfa (e.g., Aranesp)
- Epoetin alfa (e.g., Eprex)
- Diphenoxylate-atropine (e.g., Lomotil)
- Minocycline
- Moistir
- Nabilone
- Pegfilgrastim
- Pregabalin (e.g., Lyrica)
- Boost/Ensure – selected list

Please note that many other adjunct medications used during cancer treatment are available as open benefits. For reference to the full Drug Benefit List (DBL) please visit: canada.ca/nihb.

Extemporaneous Mixture Policy Update National

Effective April 2, 2018, a revised Extemporaneous Mixture Policy went into effect. The revised policy can be found in the Guide for Pharmacy Benefits and the pseudo-DINs are included in the DBL available at canada.ca/nihb. Important changes include the following:

- The coverage criteria for external creams, lotions and ointments have been updated
- New non-medicinal bases and pharmaceutical powders have been added to the list of eligible ingredients for external mixtures

Pseudo-DINs for Billing Commercially Available Pre-Filled Sterile Syringes for IV Flush

The following pseudo-DINs have been established to allow providers to bill the commercially-available pre-filled syringes:

- Sodium chloride prefilled syringe for IV flush: 09991564
- Sterile water prefilled syringe for IV flush: 09991563

Please note that as per the extemporaneous mixture policy, products which are available commercially are not eligible for reimbursement as an extemporaneous mixture (except when the product is on backorder). Additionally, requests for coverage for pre-filled syringes require prior approval (PA).

Insulin Pump Reimbursement

For reimbursements of insulin pumps, the acquisition cost which is found on the invoice is required by the NIHB Program. In the past, NIHB has reimbursed insulin pumps by referring to quotes sent at the time of the insulin pump submissions; however, a quote is an estimate of the cost for an insulin pump and does not represent the actual cost or the Actual Acquisition Cost. Quotes are no longer accepted as a valid invoice.

Topical Antibiotics New listing

NIHB covers Fucidin cream and ointment as well as Polysporin cream and ointment. Effective February 19, 2018, Fucidin H cream and Polysporin Triple ointment have become open benefits under the NIHB Program, following recommendations from the Drug and Therapeutic Advisory Committee (DTAC).

Additions to the NIHB Short-Term Dispensing Policy

Effective March 19, 2018, the NIHB Program will add several medications to its short-term dispensing (STD) policy. This policy establishes dispensing fees for short-term fills when it is medically necessary. The NIHB STD policy consists of two (2) reimbursement models.

The first model applies to certain chronic use medications where short-term dispensing is medically necessary. For these medications, the Program will compensate up to one (1) full dispensing fee every 28 days, up to the Program's regional maximum. If these medications are dispensed daily, the Program will compensate 1/28th of this fee. Additions to the list of medications eligible under this model:

- Benztropine mesylate
- Baclofen

In the second compensation model, NIHB will compensate up to a maximum of one (1) full dispensing fee every seven (7) days. This means that if these medications are dispensed daily, the pharmacy will be entitled to 1/7 of their usual and customary dispensing fee, up to the Program's regional maximum. New additions to this policy include:

- Cyclobenzaprine hydrochloride
- 5-HT3 Receptor Antagonists (formerly reimbursed under the 28-day model)

Requests for Coverage of Medications Available through Health Canada's Special Access Programme (SAP)

NIHB will consider, on a case-by-case basis, claims for drugs available through Health Canada's Special Access Programme (SAP). Drugs considered for release by the SAP include pharmaceutical, biologic, and radio-pharmaceutical products not approved for sale in Canada.

Providers should follow the usual process for prior approval of pharmacy benefits and contact the Drug Exception Centre (DEC) to submit requests. Requested costs will be validated by the DEC using manufacturer receipts/invoices; adjustments may be needed based on the exchange rate. Where the drug has been supplied to pharmacies at no cost, NIHB will consider requests for reimbursement of the dispensing fee alone. Where the SAP drug is compounded into an extemporaneous mixture, it will be billed using the SAP pseudo-DIN and the dispensing fee will be adjusted according to the extemporaneous mixture reimbursement policy.

Clients who have paid for medications received through the SAP may submit requests for reimbursement to NIHB using the Client Reimbursement Form. These requests will be reviewed by DEC for approval prior to reimbursement. Where the client reimbursement process is followed, NIHB will consider reimbursing on the basis of the manufacturer receipt (at the current exchange rate) and documentation of dispensing by the physician, in lieu of an official pharmacy receipt, where applicable.

NIHB Coverage of Commercially Prepared Methadone Products in Nova Scotia

Effective January 1, 2018, for NIHB clients residing in Nova Scotia, the pseudo-DIN (00908835) for compounded methadone solution for MMT will be delisted from the NIHB DBL in Nova Scotia in accordance with the new Nova Scotia Standards of Practice: Opioid Agonist Maintenance Treatment Services.

Methadose 10 mg/mL and Metadol-D 10 mg/mL oral solutions are commercially available methadone products indicated (or approved by Health Canada) for the treatment of opioid dependence. As of January 1, 2018, the Nova Scotia College of Pharmacists' Practice Directive requires the conversion of compounded methadone prescriptions to commercially available Methadose or Metadol-D.

Methadose 10 mg/mL and Metadol-D 10 mg/mL oral solutions are listed on the NIHB Drug Benefit List as an Expedited Special Authorization benefit for methadone maintenance therapy (MMT). The specific DINs, including a sugar-free product, are 02394596, 02394618 and 02244290.

When billing a commercially prepared methadone product to the NIHB Program, the quantity submitted must be in milliliters (mL) of the product dispensed prior to any further dilution. For example, if a physician prescribes methadone 75 mg daily, the claims submission must indicate a quantity of 7.5 mL of Methadose 10 mg/mL or Metadol-D 10 mg/mL oral solution.

This is different from the method used by Nova Scotia Pharmacare for Methadose or Metadol-D (and by the NIHB Program for compounded methadone prescriptions), where the quantity is submitted in milligrams (mg). This means that if the drug file in your software system is maintained in milligrams for billing to the Nova Scotia Prescription Monitoring Program, the drug file will need to be updated using the third party plan tab for NIHB.

This system change will automatically convert the Methadose or Metadol-D prescription quantity from mg to mL when billing to NIHB. For assistance, please contact Express Script Canada at 1 (888) 511-4666 or your pharmacy software provider.

Compounded methadone solution for MMT will only be reimbursed by NIHB in exceptional circumstances, such as when there is a shortage of commercial oral solutions or when there is a true allergy to these products. Other NIHB methadone reimbursement policies will remain in effect.

2018 Claims Submission Kit

The NIHB Pharmacy Claims Submission Kit sets out terms and conditions for the submission of claims under the NIHB Program. The 2018 Kit is now available on the NIHB Claims Services Provider website at provider.express-scripts.ca/pharmacy/claims-submission-kit. Providers who do not have Internet access or email are invited to contact the Provider Claims Processing Call Centre to request a copy.

Indigenous Services Canada

On December 4, 2017, the Government of Canada created the new department, Indigenous Services Canada. As part of this change, programs and services currently delivered by the First Nations and Inuit Health Branch (FNIHB) of Health Canada, including NIHB, have become part of Indigenous Services Canada.

We want to assure you that this transition does not affect providers delivering services to NIHB clients. Provider registration and claims processing functions have not changed, and all Program contact information remains the same.

REMINDERS

NIHB Coverage of Medications Related to Problematic Substance Use

NIHB covers a range of medications in order to treat and reduce harms associated with problematic substance use, including:

Medication	Indication	Notes
Buprenorphine/naloxone (e.g., Suboxone and generics)	Opioid use disorder	Call DEC for expedited approval
Methadone	Opioid use disorder	Call DEC for expedited approval
Long-acting once daily morphine (e.g., Kadian)	Opioid use disorder	Call DEC for approval
Naloxone injection kits and nasal spray	Temporary reversal of opioid overdose	Open benefit
Naltrexone tablets	Alcohol use disorder	Open benefit
Acamprosate (e.g., Campral)	Alcohol use disorder	Call DEC for approval

Additionally, NIHB has client safety mechanisms and monitoring processes in place to reduce the risk of problematic substance use. These include:

- Dose limits on opioids, benzodiazepines, gabapentin and stimulants
- 30-day dispense limit for opioids, benzodiazepines and stimulants as per article above
- Monitoring of prescribing and dispensing patterns with educational feedback provided to prescribers and providers
- Enrolment of at-risk clients in the Prescription Monitoring Program
- NE code to flag providers when a client has been dispensed three or more opioids or benzodiazepines

Reversing Claims for Prescriptions Not Picked Up

When a prescription has not been picked up within 30 days of the fill date, the original paid claim must be reversed and resubmitted for payment of only the dispensing fee.

Once the original claim containing both the dispensing fee and the drug item cost has been reversed, the provider must submit a claim using pseudo-DIN 55555555 in the DIN No./Item Code field. The information on the new claim should include the fee, with the exception of pseudo-DIN 55555555 and must mirror the reversed claim.

Items that are dispensed daily and are not picked up should be reversed and they are not eligible for the resubmission of payment for the dispensing fee.

Consulting the Guide for Pharmacy Benefits

Providers are encouraged to consult and retain the most current version of the Guide for Pharmacy Benefits that is available at canada.ca/nihb or provider.express-scripts.ca. In addition, policy changes are communicated via the regular newsletter publication.

NIHB PROGRAM AND EXPRESS SCRIPTS CANADA CONTACT INFORMATION

EXPRESS SCRIPTS CANADA

Provider Claims Processing Call Centre

Please have your Provider Number readily available

1 (888) 511-4666

Pharmacy Extended Hours

Monday to Friday:
6:30 a.m. to midnight Eastern Time
Saturday, Sunday and Statutory Holidays:
8 a.m. to midnight 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

Fax Pharmacy and MS&E claims to:

1 (888) 249-6098

Provider Relations Department

Fax completed provider agreements to:

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 Benefits

1 (800) 580-0950 (English)
1 (800) 281-5027 (French)
Fax No.: 1 (877) 789-4379

First Nations and Inuit Health Branch 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/Yukon	1 (888) 332-9222
Ontario	1 (800) 881-3921
Quebec	1 (877) 483-1575
Saskatchewan	1 (866) 885-3933

FIRST NATIONS HEALTH AUTHORITY

PRIOR APPROVALS

British Columbia* (fax number)	1 (888) 299-9222

INQUIRIES

British Columbia*	1 (800) 317-7878

**For First Nation residents in British Columbia only.*
For non-residents and Inuit, contact the Alberta region.

NIHB Forms

Download from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre.