

For our Pharmacy Providers

Winter 2008-2009

NEWS AND VIEWS

Welcome to the Winter 2008-2009 edition of the Non-Insured Health Benefits (NIHB) quarterly newsletter. First Canadian Health (FCH) is now in its eleventh year of operations as the claims processor for the NIHB Program of the First Nations and Inuit Health Branch (FNIHB) of Health Canada.

Again, FCH would like to thank you for your support as you continue to provide quality health services to First Nations and Inuit clients of the NIHB Program.

As always, your comments and questions are welcome. Please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666**, or send your correspondence to:

FCH Provider Relations
3080 Yonge Street, Suite 3002
Toronto, ON M4N 3N1

NEW NIHB PROGRAM INFORMATION

WINTER 2008-2009 NIHB DRUG BENEFIT LIST (DBL) UPDATES

The winter DBL updates include the addition and replacement of Drug Identification Numbers (DIN), limited use benefits, drugs removed from the Canadian market, and drugs discontinued by the manufacturer. Copies of these updates are included with this newsletter.

The most recent electronic version of the complete NIHB DBL reflects these updates. Providers can refer to the website at the following URL address:

www.hc-sc.gc.ca/fnih-spni/pubs/nihb-ssna_e.html#drug-med

Should you have any questions, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666**.

HEALTH INFORMATION CLAIMS PROCESSING SERVICES

Effective December 1, 2009, ESI Canada will administer the Health Information and Claims Processing Services (HICPS) for pharmacy benefits covered by the NIHB Program.

In order to ensure that claims for services rendered to NIHB clients can be processed quickly and efficiently and that payments of such claims can be directed to appropriate pharmacy providers after December 1, 2009, pharmacists will need to re-register with ESI Canada.

In the coming weeks, ESI Canada will be sending providers an information package, which will include all the necessary documentation required for re-registration with ESI Canada. In order to ensure a seamless transition during the re-registration process, the ESI Canada NIHB Provider Re-registration Centre will be available to assist providers with any questions regarding the completion of the required documentation.

Providers may continue to submit claims to First Canadian Health (FCH) until November 30, 2009.

Additional information on ESI Canada is available at the following website address:

www.esicanada.ca

SHORT-TERM DISPENSING FEE POLICY FOR CERTAIN CHRONIC-USE MEDICATIONS

On September 9, 2008 (September 28, 2008 for Saskatchewan), Health Canada's NIHB Program implemented new compensation rules for short-term dispensing of medications used for chronic conditions. At that time, the NIHB Program communicated to providers that it will pay up to a maximum of one NIHB approved dispensing fee per 28 days. Any claims for subsequent fills of chronic-use medications with a days supply of less than 28 days were to be submitted with a dispensing fee equal to the following formula:

Dispensing Fee/28 x Days Supply

The NIHB claim adjudication system was not changed to reflect this policy. However, effective February 20, 2009, the NIHB Program will be enforcing the Short-Term Dispensing Fee Policy through the claim adjudication system for chronic-use medications included on the NIHB Short-Term Dispensing Policy Drug List. This list is available at the following URL address:

www.hc-sc.gc.ca/fnih-spni/nihb-ssna/provider/fournir/pharma-prod/short-term-court-eng.php

If a claim is submitted for a specific client for a subsequent fill of a chronic-use medication on the NIHB Short-Term Dispensing Policy Drug List, and the days supply paid is less than 28 days, the adjudication system will reduce the dispensing fee according to the formula mentioned above. The CPhA code "**DR Days Supply Lower Than Minimum Allowable**" and the NIHB warning code "**W18 DF Reduced On Chronic Drugs Based On Days Supply Paid**" will also be set on the claim.

Providers may override the dispensing fee reduction, for example when there is a dosage change to a chronic-use medication, by entering Special Service Code (SSC) '2' (Pharmacist Intervention) in the SSC field (CPhA data field D.57.03) of their Point-of-Service system. Providers may also override the dispensing fee reduction on a manual claim submission. To allow this, the NIHB Pharmacy Claim Form has been updated to include a *Special Service Code* field where providers can enter SSC '2'. For each intervention, providers must complete and retain the appropriate documentation. The use of this code will be subject to audit.

Should you have any questions, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666**.

NIHB PROGRAM POLICY CHANGE FOR PRESCRIBING NURSE PRACTITIONERS

Effective January 12, 2009, Health Canada's NIHB Program implemented a new policy authorizing Nurse Practitioners (NPs) to prescribe a limited list of MS&E items. This change is in effect in all regions, except the Yukon. It is anticipated to come into effect in the Yukon later this year when the Nurse Practitioners' scope of practice becomes territorially legislated. The NIHB Program communicated to providers via a broadcast message that prescriptions from NPs will be covered by the NIHB Program for both drugs and MS&E items.

Note: MS&E benefits requiring a specialist prescription, home oxygen and continuous positive airway pressure (CPAP) are not eligible for coverage if prescribed by an NP.

A list of all MS&E items eligible for coverage under the NIHB Program can be found in the "Benefits and Criteria" section of the NIHB Medical Supplies and Equipment Health Provider Information Kit. This list is available at the following URL address:

<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-four/nir/med-equip/criter/index-eng.php>

FREQUENCY LIMIT FOR PROTON PUMP INHIBITORS

On April 1, 2009, the NIHB Program will introduce a new frequency limit for Proton Pump Inhibitors. The frequency limit will allow for 200 tablets per 180 days.

NEW PALLIATIVE CARE FORMULARY

On April 1, 2009, the NIHB Program will introduce a new Palliative Care Formulary. Recipients diagnosed with a terminal illness and who are near the end of life will be eligible to receive a list of supplemental benefits that are not included in the NIHB Drug Benefit List.

ADDITION OF ALZHEIMER'S MEDICATIONS TO THE NIHB DRUG BENEFIT LIST

The NIHB Program has listed Aricept, Exelon and Reminyl ER as limited use benefits in the NIHB Drug Benefit List.

FREQUENCY LIMIT FOR NOVO-OXYCODONE ACET®

On December 1, 2008, the NIHB Program introduced a frequency limit for Novo-Oxycodone Acet® (DIN 02307898). The frequency limit allows for 1200 tablets per 100 days.

FREQUENCY LIMIT FOR GLUCOSE TEST STRIPS

On December 1, 2008, the NIHB Program introduced a frequency limit for the following glucose test strip DINs:

00950948	97799594	97799597	97799603
00950957	97799595	97799601	99100412
44123035	97799596	97799602	99100413
97799593			

The frequency limit allows for 500 test strips per 100 days.

COUGH AND COLD MEDICINE FOR CHILDREN

Health Canada is requiring manufacturers to re-label some over-the-counter cough and cold medicines to indicate they should not be given to children under the age of six.

For more information, please consult the following website:

<http://www.hc-sc.gc.ca/dhp-mps/medeff/res/cough-toux-eng.php>

NIHB PROGRAM REMINDERS

SPECIAL PROVISION FOR INFANTS UNDER ONE YEAR OF AGE

Infants under one year of age, who are not yet registered as an eligible First Nations or recognized Inuit client, may be eligible to receive benefits under the NIHB Program if one of their parents is an eligible NIHB client. When this is the case, providers must submit the first claim for the infant manually to FCH on a NIHB Pharmacy Claim Form. The following information must be provided on the form:

- Infant's surname, given names, and date of birth under the "Client Information" section of the form
- Parent's registered surname, given names, date of birth and client identification number at the bottom portion of the form designated for parent information

Failure to provide the above information will result in either the claim being rejected, or returned to the provider unprocessed.

Once a manual claim is paid, providers can submit subsequent claims for the infant via Point-of-Service. These claims must be submitted with the parent's client identification number, and the infant's surname, given name and date of birth.

The provision described above has been put in place to allow adequate time for parents eligible for benefits under the NIHB Program to register their newborn children on the appropriate register (for eligible First Nations clients) or list (for recognized Inuit clients). Once the infant is registered, providers can submit claims for the infant under his or her own client identification number.

PROVIDER CLAIM SUBMISSION POLICY

Providers are reminded that claims must be submitted to FCH through Point-of-Service (POS) technology, except for the following types of claims which are to be submitted to FCH manually:

First claim for infants under one year of age who are not yet registered with Indian and Northern Affairs Canada (INAC), the applicable territorial Department of Health and Social Services (for Inuit residing in Northwest Territories and Nunavut), or the applicable NIHB Regional Office (for Inuit residing outside of Northwest Territories and Nunavut)

Claims over 30 days past the date of service

For further information on the NIHB Program's claim submission policies, please refer to your NIHB Drug/Pharmacy Health Provider Information Kit.

ELIGIBILITY OF METHADONE USED FOR PAIN MANAGEMENT OR TREATMENT OF OPIOID DEPENDENCY

Providers are reminded that methadone DINs for pain management are not included on the NIHB Drug Benefit List, and are therefore not covered under the NIHB Program. However, they may be considered for coverage on a case-by-case basis by the Drug Exception Centre.

Methadone for the treatment of opioid dependency (DIN 00908835) is a benefit covered under the NIHB Program. For information regarding the adjudication rules of methadone for the treatment of opioid dependency, please refer to the following article in the FCH/NIHB Fall 2008 Newsletter: *Days Supply Used to Adjudicate Methadone Claims for the Treatment of Opioid Dependency (DIN 00908835)*.

CHANGE OF PROVIDER INFORMATION

It is important that providers notify FCH when one or more of the following occurs:

- Change of address
- Change of phone number or fax number
- Change of ownership
- Change of pharmacy name
- Closure of a location
- Opening a new location
- Change or stop electronic funds transfer

This ensures that provider records are kept up-to-date in the NIHB Health Information and Claims Processing Services (HICPS) system, which in turn ensures that any communication or payment is sent to providers in a timely manner.

This information must be provided in writing and sent to the following address:

**First Canadian Health
Provider Relations
3080 Yonge Street, Suite 3002
Toronto, ON M4N 3N1**

Should you have any questions, please contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666**.

If you need a printed version of the NIHB Drug/Pharmacy Health Provider Information Kit, please download it from the NIHB website at the following address:

www.healthcanada.gc.ca/nihb

Providers without internet access can contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-511-4666** to request a printed copy.