



NEW INFORMATION

Coverage of Ozempic

Effective September 11, 2019, Ozempic (semaglutide), a GLP-1 agent, is an open benefit (prior approval not required). The open benefit listing of Ozempic is supported with the following therapeutic note for prescribers:

- For the treatment of type 2 diabetes in combination with metformin alone, when diet and exercise plus maximal tolerated dose of metformin do not achieve adequate glycemic control.

Lidocaine 5% Ointment

Lidocaine 5% ointment is an open benefit effective June 18, 2019. Please note that this product is not eligible for extemporaneous mixtures (see **section 3.4** of the [Guide for Pharmacy Benefits](#) for full extemporaneous mixture policy). Clients are eligible for up to 35 grams per month.

Additions and Amendments to the Non-prescription Treatment Recommendation Policy

The Non-Insured Health Benefits (NIHB) Program has added multivitamins for children and youth (up to 19 years of age) to the list of medications eligible for reimbursement when a pharmacist recommends treatment. Previously, pharmacists could only recommend multivitamins to children up to 11 years of age.

The full list is available in **section 3.13** of the [Guide for Pharmacy Benefits](#).

Condition	Eligible schedule 2, 3, and unscheduled treatments
Multivitamins may be recommended by a pharmacist in children and youth age 19 and under.	Multivitamins listed in AHFS 88:28.00 of NIHB Drug Benefit List

The Non-Insured Health Benefits (NIHB) Program has amended a section of Non-Prescription Treatment Recommendation Policy in order to further clarify the eligible products for the treatment of diabetes mellitus under this policy.

Condition	Eligible schedule 2, 3, and unscheduled treatments
Diabetes mellitus	Diabetic devices that do <u>not</u> require prior approval listed in 94:01.00 of the NIHB DBL Blood glucose test strips that do <u>not</u> require prior approval listed in 36:26.00 of the NIHB DBL

Condition	Eligible schedule 2, 3, and unscheduled treatments
	Note: Requests for limited use diabetic devices and supplies that require prior approval, as well as exceptional requests for strips beyond the maximum allowable quantity must be signed by the client's physician, nurse practitioner, or certified diabetes educator.

Coverage Status Change for Zinc

Elemental zinc is now available as an open benefit; therefore, it has been removed from the Chronic Renal Failure Formulary. See the [Drug Benefit List](#) for details.

Addition of Nutrition Formulary

Effective October 1, 2019, the Non-Insured Health Benefits (NIHB) Program has established a nutrition product formulary for clients who require medically necessary nutrition products such as thickening agents, infant formulas and nutritional supplements for children, youth and adults. See the [Drug Benefit List](#) for details.

Increase in Daily Limit for Blood Glucose Test Strips and Lancets for Clients Using Insulin

Effective October 1, 2019, the limit for blood glucose test strips and lancets increased to eight (8) per day of each item for clients who manage their diabetes with insulin.

REMINDERS

Providers in British Columbia

As of September 16, 2019, the NIHB Program and Express Scripts Canada (ESC) no longer administer health benefits on behalf of the First Nations Health Authority (FNHA). Pacific Blue Cross has become the new administrator for certain elements of the FNHA Health Benefits Program for First Nations residents of BC. For further information, contact the FNHA support line at 1-855-550-5454.

For First Nations non-residents and Inuit, there is no change. Contact the NIHB Program as noted on the Contact Information page.

Gabapentin and Pregabalin

For client safety, the NIHB Program will make the following changes to the maximum dose and day supply reimbursed per month for a client for gabapentin and pregabalin:

- The dose limit for gabapentin will be reduced to 3600 mg per day;
- A 30-day maximum dispense policy will be applied to both gabapentin and pregabalin.

These new dose and day supply limits will be implemented region-by-region, starting with the following regions.

- October 7, 2019: Atlantic, Quebec, British Columbia and Northern Territories
- November 4, 2019: Saskatchewan
- January 6, 2020: Ontario

Implementation dates for other regions will be announced in future newsletters. Providers with clients who exceed the limit will need to call the Drug Exception Centre for prior approval.

Buprenorphine/naloxone Claims Submission

The Program reimburses providers their usual and customary dispensing fee (DF) per dispense of oral buprenorphine/naloxone (Suboxone® and generics), up to the Program's regional maximum.

Separate claim submissions are required for pharmacy-witnessed doses* and carry doses. One claim is to be submitted per pharmacy-witnessed dose* and one claim is to be submitted for all carry doses combined (i.e. regardless of the number of carry doses being dispensed at a time).

For providers who are shipping oral buprenorphine/naloxone for witnessing and distribution outside of the pharmacy, for example to a remote community, one claim for all doses combined within the shipment must be submitted.

See Table 1 for possible oral buprenorphine/naloxone dispensing scenarios. Providers are encouraged to contact ESC at 1-888-511-4666 for questions concerning fee structures and claim submission procedures for opioid use disorder treatments.

Table 1: Possible Oral Buprenorphine/naloxone Dispensing Scenarios:	
Scenario	Claim Submission and Eligible NIHB Dispensing Fee (DF)
Daily dispensing for pharmacy-witnessed dosing*	1 claim (1 DF) to be submitted for each pharmacy-witnessed dose*
7 carry doses	1 claim (1 DF) to be submitted for all carry doses combined.
Any combination of pharmacy-witnessed dosing* & carry doses	1 claim (1 DF) to be submitted on each day of the pharmacy-witnessed dose* 1 claim (1 DF) to be submitted for all carry doses combined.
Any combination of witness doses and carry doses whereby the care/witnessing has been transferred to a; <ul style="list-style-type: none"> • physician, • nurse, • patient representative, • other 3rd party representative, • clinic, treatment facility, 	1 claim (1 DF) to be submitted for all doses combined. For example, if a patient supply of oral buprenorphine/naloxone is shipped to a health centre every 14 days for daily witnessing at the health centre, 1 claim (1 DF) is to be submitted for all doses combined regardless of whether each dose is shipped with its own

Table 1: Possible Oral Buprenorphine/naloxone Dispensing Scenarios:

nursing station, health or community centre, or other care facility. Please note: shipping oral buprenorphine/naloxone for distribution outside of the pharmacy is equivalent to the pharmacy having transferred care/witnessing.	prescription number or not.
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* A *pharmacy-witnessed dose* is a dose that is directly witnessed by a pharmacy employee. This may occur either within the pharmacy premises or, where permitted by jurisdictional regulations, off-site by a pharmacy employee.

Preventing the Return of Pharmacy Claims Submissions

Manually submitted Pharmacy claims forms are often returned to Providers due to the omission of vital information. As a preventative measure, ESC would like to remind Providers to be diligent when submitting claims. The three (3) main reasons for the return of claims forms are listed below, along with ways to prevent errors:

1. **Issue:** The provider number was either incorrect or missing on the Pharmacy Claims form.
Remedy: Verify that the application contains the correct 10-digit provider number. If required, contact the ESC Provider Claims Processing Call Centre at 1-888-511-4666 to obtain the correct provider number.
Please note that the *Pharmacy Number* field of the claims form is to be populated by the provider number only; do not enter a store or branch number.
2. **Issue:** The *Amount Claimed* field on the Pharmacy Claims form contained an incorrect value.
Remedy: The *Amount Claimed* is comprised of the sum of the drug/item cost, dispensing fee, and mark-up for the DIN/item, minus any third-party share. In situations where a promotion, coupon and/or discount applies to a client, Providers must deduct their total value from the claim.
3. **Issue:** The *Date of Service* was either missing or incorrect on the Pharmacy Claims form.
Remedy: Verify that the date entered is in the YYYY-MM-DD format and is not for a future date. Please note that claims older than one (1) year from the date of service will not be accepted for processing nor be eligible for payment.

To review the requirements for submitting claims, consult the [Pharmacy Claims Submission Kit](#) located on the ESC Provider website.

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

Indigenous Services 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

First Nations residents of British Columbia:

FNHA support line 1-855-550-5454

Inuit and First Nations non-residents of BC:

Contact NIHB Drug Exception Centre
For MS&E contact Alberta regional office

NIHB Forms

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