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Summer 2010

Non-Insured Health Benefits

First Nations and Inuit Health Branch

Updates to the Drug Benefit List

The Non-Insured Health Benefits (NIHB) Program provides supplementary health benefits, including prescription and non-prescription drugs, for registered First Nations and recognized Inuit throughout Canada. Visit our Web Site at: www.healthcanada.gc.ca/nihb

BENEFIT DEFINITIONS

Open Benefits

Open benefits are the drugs listed in the NIHB Drug Benefit List (DBL) which do not have established criteria or prior approval requirements.

Limited Use Benefits

Limited use drugs are those that have been found to be effective in specific circumstances, or which have quantity and frequency limitations. For drugs in this category, specific criteria must be met to be eligible for coverage.

Not Added To Formulary

Drugs not added to formulary are those which are not listed in the NIHB DBL after review by the national Common Drug Review (CDR) process and/or the Federal Pharmacy and Therapeutics Committee (FPT). These drugs will not be added to the NIHB drug list because published evidence does not support the clinical value or cost of the drug relative to existing therapies. Coverage may be considered in special circumstances upon receipt of a completed "Exception Drugs Request Form" from the attending licensed practitioner. These requests are reviewed on a case by case basis.

Exclusions

Certain drug therapies for particular conditions fall outside the NIHB Program's mandate and will not be provided as benefits (e.g., cosmetic and anti-obesity drugs). As well, certain drugs will be excluded from the NIHB Program as recommended by the CDR and the FPT because published evidence does not support the clinical value, safety or cost of the drug relative to existing therapies, or there is insufficient clinical evidence to support coverage.

Note: The appeal process and the emergency supply policy does not apply to excluded drugs.

ADDITIONS TO THE DRUG BENEFIT LIST

OPEN BENEFITS

Single-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02332922	AZE	ST ATACAND PLUS 32MG/12.5MG TABLET	10-08-2010
02332957	AZE	ST ATACAND PLUS 32MG/25MG TABLET	10-08-2010
02338432	JNO	PREZISTA 75MG TABLET	09-07-2010
02279479	SAC	APIDRA 100UNIT/ML CARTRIDGE	04-08-2010
00762903	MJO	ST TRI-VI-SOL DROPS	13-08-2010

Multi-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02280167	ODN	ASATAB 80MG CHEWABLE TABLET	27-08-2010
80002703	ODN	NU-CAL D 400MG TABLET	27-08-2010
02267217	WAC	ST ASACOL 800MG TABLET	24-06-2010

DIN (Drug Identification Number)

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)

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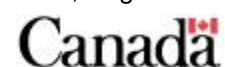
DIN	MFR	ITEM NAME	Effective Date
02286246	SAN	ST ACEBUTOLOL 100MG TABLET	25-08-2010
02286254	SAN	ST ACEBUTOLOL 200MG TABLET	25-08-2010
02286262	SAN	ST ACEBUTOLOL 400MG TABLET	25-08-2010
02286556	SAN	ACYCLOVIR 200MG TABLET	25-08-2010
02286564	SAN	ACYCLOVIR 400MG TABLET	25-08-2010
02286572	SAN	ACYCLOVIR 800MG TABLET	25-08-2010
02342804	ZYM	ST ZYM-AMLODIPINE 10MG TABLET	25-05-2010
02342790	ZYM	ST ZYM-AMLODIPINE 5MG TABLET	25-05-2010
02295261	APX	ST APO-ATORVASTATIN 10MG TABLET	18-06-2010
02295288	APX	ST APO-ATORVASTATIN 20MG TABLET	18-06-2010
02295296	APX	ST APO-ATORVASTATIN 40MG TABLET	18-06-2010
02295318	APX	ST APO-ATORVASTATIN 80MG TABLET	18-06-2010
02348705	SAN	ST ATORVASTATIN 10MG TABLET	09-08-2010
02348713	SAN	ST ATORVASTATIN 20MG TABLET	09-08-2010
02348721	SAN	ST ATORVASTATIN 40MG TABLET	09-08-2010
02348748	SAN	ST ATORVASTATIN 80MG TABLET	09-08-2010
02310899	CBT	ST CO ATORVASTATIN 10MG TABLET	18-06-2010
02310902	CBT	ST CO ATORVASTATIN 20MG TABLET	18-06-2010
02310910	CBT	ST CO ATORVASTATIN 40MG TABLET	18-06-2010
02310929	CBT	ST CO ATORVASTATIN 80MG TABLET	18-06-2010
02288346	PFI	ST GD-ATORVASTATIN 10MG TABLET	18-06-2010
02288354	PFI	ST GD-ATORVASTATIN 20MG TABLET	18-06-2010
02288362	PFI	ST GD-ATORVASTATIN 40MG TABLET	18-06-2010
02288370	PFI	ST GD-ATORVASTATIN 80MG TABLET	18-06-2010
02302675	NOP	ST NOVO-ATORVASTATIN 10MG TABLET	18-06-2010
02302683	NOP	ST NOVO-ATORVASTATIN 20MG TABLET	18-06-2010
02302691	NOP	ST NOVO-ATORVASTATIN 40MG TABLET	18-06-2010
02302713	NOP	ST NOVO-ATORVASTATIN 80MG TABLET	18-06-2010
02313448	PMS	ST PMS-ATORVASTATIN 10MG TABLET	18-06-2010
02313456	PMS	ST PMS-ATORVASTATIN 20MG TABLET	18-06-2010
02313464	PMS	ST PMS-ATORVASTATIN 40MG TABLET	18-06-2010
02313472	PMS	ST PMS-ATORVASTATIN 80MG TABLET	18-06-2010
02313707	RBY	ST RAN-ATORVASTATIN 10MG TABLET	18-06-2010
02313715	RBY	ST RAN-ATORVASTATIN 20MG TABLET	18-06-2010
02313723	RBY	ST RAN-ATORVASTATIN 40MG TABLET	18-06-2010
02313758	RBY	ST RAN-ATORVASTATIN 80MG TABLET	18-06-2010
02350297	RPH	ST RATIO-ATORVASTATIN 10MG TABLET	18-06-2010
02350319	RPH	ST RATIO-ATORVASTATIN 20MG TABLET	18-06-2010
02350327	RPH	ST RATIO-ATORVASTATIN 40MG TABLET	18-06-2010
02350335	RPH	ST RATIO-ATORVASTATIN 80MG TABLET	18-06-2010
02324946	SDZ	ST SANDOZ ATORVASTATIN 10MG TABLET	14-07-2010
02324954	SDZ	ST SANDOZ ATORVASTATIN 20MG TABLET	14-07-2010
02324962	SDZ	ST SANDOZ ATORVASTATIN 40MG TABLET	14-07-2010
02324970	SDZ	ST SANDOZ ATORVASTATIN 80MG TABLET	14-07-2010
02330881	SAN	AZITHROMYCIN 250MG TABLET	14-06-2010
02273411	ODN	ST BISACODYL-ODAN 5MG TABLET	24-08-2010
02338106	ZYM	ST ZYM-CARVEDILOL 12.5MG TABLET	25-05-2010
02338114	ZYM	ST ZYM-CARVEDILOL 25MG TABLET	25-05-2010
02338068	ZYM	ST ZYM-CARVEDILOL 3.125MG TABLET	25-05-2010
02338092	ZYM	ST ZYM-CARVEDILOL 6.25MG TABLET	25-05-2010
02306239	ODN	CITALOPRAM-ODAN 4MG TABLET	27-08-2010
02306247	ODN	CITALOPRAM-ODAN 8MG TABLET	27-08-2010
02345676	ZYM	ZYM-CLONAZEPAM 0.5MG TABLET	25-05-2010
02286092	SAN	ST FENOFIBRATE MICRO 200MG CAPSULE	25-08-2010
02248699	ODN	ST FERODAN 300MG TABLET	25-05-2010
02287072	SAN	ST GLICLAZIDE 80MG TABLET	25-08-2010

DIN (Drug Identification Number)

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MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)



DIN	MFR	ITEM NAME	Effective Date
02343096	SAN	HYDROXYUREA 500MG CAPSULE	24-08-2010
02343029	SAN	LAMOTRIGINE 100MG TABLET	25-08-2010
02343037	SAN	LAMOTRIGINE 150MG TABLET	25-08-2010
02343010	SAN	LAMOTRIGINE 25MG TABLET	25-08-2010
02348969	CBT	LETROZOLE 2.5MG TABLET	28-05-2010
02347997	TEP	LETROZOLE 2.5MG TABLET	14-07-2010
02322315	GMP	MED-LETROZOLE 2.5MG TABLET	13-07-2010
02284707	APX	APO-LEVOFLOXACIN 250MG TABLET	05-06-2010
02284715	APX	APO-LEVOFLOXACIN 500MG TABLET	05-06-2010
02315424	CBT	CO-LEVOFLOXACIN 250MG TABLET	05-07-2010
02315432	CBT	CO-LEVOFLOXACIN 500MG TABLET	05-07-2010
02286920	DOM	DOM-LEVOFLOXACIN 250MG TABLET	05-07-2010
02286939	DOM	DOM-LEVOFLOXACIN 500MG TABLET	05-07-2010
02313979	GEN	GEN-LEVOFLOXACIN 250MG TABLET	05-07-2010
02313987	GEN	GEN-LEVOFLOXACIN 500MG TABLET	05-07-2010
02236841	JNO	LEVAQUIN 250MG TABLET	05-07-2010
02236842	JNO	LEVAQUIN 500MG TABLET	05-07-2010
02307200	SOR	LEVOFLOXACIN 250MG TABLET	05-07-2010
02307219	SOR	LEVOFLOXACIN 500MG TABLET	05-07-2010
02248262	NOP	NOVO-LEVOFLOXACIN 250MG TABLET	05-07-2010
02248263	NOP	NOVO-LEVOFLOXACIN 500MG TABLET	05-07-2010
02286947	PMI	PHL-LEVOFLOXACIN 250MG TABLET	05-07-2010
02286955	PMI	PHL-LEVOFLOXACIN 500MG TABLET	05-07-2010
02284677	PMS	PMS-LEVOFLOXACIN 250MG TABLET	05-07-2010
02284685	PMS	PMS-LEVOFLOXACIN 500MG TABLET	05-07-2010
02298635	SDZ	SANDOZ LEVOFLOXACIN 250MG TABLET	05-07-2010
02298643	SDZ	SANDOZ LEVOFLOXACIN 500MG TABLET	05-07-2010
02280159	VTH	ST LORATADINE 10MG TABLET	12-08-2010
02248608	PMI	PHL-MELOXICAM 15MG TABLET	25-05-2010
02248607	PMI	PHL-MELOXICAM 7.5MG TABLET	25-05-2010
02325179	ZYM	ZYM-MIRTAZAPINE 15MG TABLET	27-05-2010
02325187	ZYM	ZYM-MIRTAZAPINE 30MG TABLET	27-05-2010
97799526	BTD	BD AUTOSHIELD PEN NEEDLE	17-09-2010
97799527	BTD	BD ULTRA-FINE NANO PEN NEEDLE	26-08-2010
97799543	UMI	ULTI 29GX1/2 INC SHARP CONTAINER	21-06-2010
97799545	UMI	ULTI 31GX1/4 INC SHARP CONTAINER	21-06-2010
97799544	UMI	ULTI 31GX5/16 INC SHARP CONTAINER	21-06-2010
02349167	MYL	ST MYLAN-NIFEDIPINE ER 30MG TABLET	18-05-2010
02325691	CBT	CO OLANZAPINE 15MG TABLET	27-05-2010
02325659	CBT	CO OLANZAPINE 2.5MG TABLET	27-05-2010
02325713	CBT	CO OLANZAPINE 20MG TABLET	27-05-2010
02325667	CBT	CO OLANZAPINE 5MG TABLET	27-05-2010
02325675	CBT	CO OLANZAPINE 7.5MG TABLET	27-05-2010
02306212	ODN	ONDANSETRON-ODAN 4MG TABLET	27-08-2010
02306220	ODN	ONDANSETRON-ODAN 8MG TABLET	27-08-2010
02344440	ZYM	ZYM-ONDANSETRON 4MG TABLET	25-05-2010
02344459	ZYM	ZYM-ONDANSETRON 8MG TABLET	25-05-2010
02282844	SAN	PAROXETINE 10MG TABLET	26-08-2010
02282852	SAN	PAROXETINE 20MG TABLET	26-08-2010
02282860	SAN	PAROXETINE 30MG TABLET	26-08-2010
09991007	WIL	POLYETHYLENE GLYCOL POWDER	07-06-2010
80004415	ODN	ST ODAN K-20 20MMOL LA TABLET	25-05-2010
02343053	SAN	ST PROPAFENONE 150MG TABLET	25-08-2010
02343061	SAN	ST PROPAFENONE 300MG TABLET	25-08-2010
02336480	RBY	RAN-RANITIDINE 150MG TABLET	24-08-2010
02336502	RBY	RAN-RANITIDINE 300MG TABLET	24-08-2010

DIN (Drug Identification Number)

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MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)



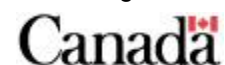
DIN	MFR	ITEM NAME	Effective Date
02336715	APX	APO-RIVASTIGMINE 1.5MG TABLET	27-08-2010
02336723	APX	APO-RIVASTIGMINE 3MG TABLET	27-08-2010
02336731	APX	APO-RIVASTIGMINE 4.5MG TABLET	27-08-2010
02336758	APX	APO-RIVASTIGMINE 6MG TABLET	27-08-2010
02284731	SAN	ST SIMVASTATIN 10MG TABLET	25-08-2010
02284758	SAN	ST SIMVASTATIN 20MG TABLET	25-08-2010
02284766	SAN	ST SIMVASTATIN 40MG TABLET	25-08-2010
02284723	SAN	ST SIMVASTATIN 5MG TABLET	25-08-2010
02284774	SAN	ST SIMVASTATIN 80MG TABLET	25-08-2010
80000689	ODN	PHOSLAX ORAL LIQUID	24-08-2010
02286548	SAN	SUMATRIPTAN 100MG TABLET	24-08-2010
02286513	SAN	SUMATRIPTAN 25MG TABLET	24-08-2010
02286521	SAN	SUMATRIPTAN 50MG TABLET	24-08-2010
97799509	UMI	ULTI SYG WITH ULTIG 29G 1/2 INCH NEEDLE	21-06-2010
97799507	UMI	ULTI SYG WITH ULTIG 29G 1/2 INCH NEEDLE	21-06-2010
97799508	UMI	ULTI SYG WITH ULTIG 29G 1/2 INCH NEEDLE	21-06-2010
97799551	UMI	ULTI SYG WITH ULTIG 30G 1/2 INCH NEEDLE	21-06-2010
97799550	UMI	ULTI SYG WITH ULTIG 30G 1/2 INCH NEEDLE	21-06-2010
97799549	UMI	ULTI SYG WITH ULTIG 30G 1/2 INCH NEEDLE	21-06-2010
97799506	UMI	ULTI SYG WITH ULTIG 30G 5/16 INCH NEEDLE	21-06-2010
97799505	UMI	ULTI SYG WITH ULTIG 30G 5/16 INCH NEEDLE	21-06-2010
97799504	UMI	ULTI SYG WITH ULTIG 30G 5/16 INCH NEEDLE	21-06-2010
97799546	UMI	ULTI SYG WITH ULTIG 31G 5/16 INCH NEEDLE	21-06-2010
97799547	UMI	ULTI SYG WITH ULTIG 31G 5/16 INCH NEEDLE	21-06-2010
97799548	UMI	ULTI SYG WITH ULTIG 31G 5/16 INCH NEEDLE	21-06-2010
97799513	UMI	ULTICARE 0.3CC 31G SYG 5/16 INCH NEEDLE	21-06-2010
97799518	UMI	ULTICARE 0.5CC 28G SYG 1/2 INCH NEEDLE	21-06-2010
97799512	UMI	ULTICARE 0.5CC 31G SYG 5/16 INCH NEEDLE	21-06-2010
97799511	UMI	ULTICARE 1CC 31G SYG 5/16 INCH NEEDLE	21-06-2010
97799997	AUC	ULTICARE INSULIN SYRINGE 29G.1CC	21-06-2010
97799999	AUC	ULTICARE INSULIN SYRINGE 29G.3CC	21-06-2010
97799998	AUC	ULTICARE INSULIN SYRINGE 29G.5CC	21-06-2010
97799994	AUC	ULTICARE INSULIN SYRINGE 30G.1CC	21-06-2010
97799996	AUC	ULTICARE INSULIN SYRINGE 30G.3CC	21-06-2010
97799995	AUC	ULTICARE INSULIN SYRINGE 30G.5CC	21-06-2010
97799510	UMI	ULTICARE LOW DEAD SPACE SYRINGE	21-06-2010
97799906	AUC	ULTIGUARD INSULIN SYRINGE 29G.1CC	21-06-2010
97799908	AUC	ULTIGUARD INSULIN SYRINGE 29G.3CC	21-06-2010
97799907	AUC	ULTIGUARD INSULIN SYRINGE 29G.5CC	21-06-2010
97799903	AUC	ULTIGUARD INSULIN SYRINGE 30G.1CC	21-06-2010
97799905	AUC	ULTIGUARD INSULIN SYRINGE 30G.3CC	21-06-2010
97799904	AUC	ULTIGUARD INSULIN SYRINGE 30G.5CC	21-06-2010
09857334	RAT	ST RATIO-TAMSULOSIN 0.4MG ER CAPSULE	04-08-2010
02296039	PAL	ST TAPAZOLE 10MG TABLET	29-06-2010
02343045	SAN	ST TICLOPIDINE 250MG TABLET	25-08-2010
02325144	ZYM	ZYM-TOPIRAMATE 100MG TABLET	18-05-2010
02325152	ZYM	ZYM-TOPIRAMATE 200MG TABLET	18-05-2010
02325136	ZYM	ZYM-TOPIRAMATE 25MG TABLET	18-05-2010
02351579	MYL	MYLAN-VALACYCLOVIR 500MG TABLET	14-07-2010
02344114	SAN	WARFARIN 10MG TABLET	26-08-2010
02344025	SAN	WARFARIN 1MG TABLET	26-08-2010
02344041	SAN	WARFARIN 2.5MG TABLET	26-08-2010
02344033	SAN	WARFARIN 2MG TABLET	26-08-2010
02344068	SAN	WARFARIN 3MG TABLET	26-08-2010
02344076	SAN	WARFARIN 4MG TABLET	26-08-2010
02344084	SAN	WARFARIN 5MG TABLET	26-08-2010

DIN (Drug Identification Number)

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MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)



DIN	MFR	ITEM NAME	Effective Date
02344092	SAN	WARFARIN 6MG TABLET	26-08-2010

NEW LIMITED USE BENEFITS

Multi-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02325373	PMS	PMS-BUPROPION SR 100MG TABLET	14-06-2010

Limited use benefit (prior approval required).

For treatment of depression in patients unresponsive to or intolerant of other listed antidepressants. (Note: this product will not be approved for coverage for smoking cessation).

02341417	PMS	PMS-FENTANYL MTX 100MCG/HR	28-06-2010
02341379	PMS	PMS-FENTANYL MTX 12MCG/HR	28-06-2010
02341387	PMS	PMS-FENTANYL MTX 25MCG/HR	28-06-2010
02341395	PMS	PMS-FENTANYL MTX 50MCG/HR	28-06-2010
02341409	PMS	PMS-FENTANYL MTX 75MCG/HR	28-06-2010

Limited use benefit (prior approval required).

For the management of chronic pain in patients who are unresponsive or intolerant to at least one long-acting oral product, such as morphine, hydromorphone and oxycodone, despite appropriate dose titration and adjunctive therapy including laxatives and antiemetics.

02348500	NOP	ST NOVO-FINASTERIDE 5MG TABLET	18-05-2010
02310112	PMS	ST PMS-FINASTERIDE 5MG TABLET	18-05-2010
02306905	RPH	ST RATIO-FINASTERIDE 5MG TABLET	18-05-2010

Limited use benefit (prior approval required).

For treatment of benign prostatic hyperplasia (BPH) in patients who do not tolerate or have not responded to an alpha-adrenergic blocker OR for use in combination therapy when monotherapy with an alpha-adrenergic blocker not sufficient.

02287234	SAN	MINOCYCLINE 100MG CAPSULE	26-08-2010
02287226	SAN	MINOCYCLINE 50MG CAPSULE	26-08-2010

Limited use benefit (prior approval required).

For:

- patients who cannot tolerate other tetracyclines.
- patients with severe widespread acne who have failed on tetracycline.

02320754	ZYM	ST ZYM-PIOGLITAZONE 15MG TABLET	23-06-2010
02320762	ZYM	ST ZYM-PIOGLITAZONE 30MG TABLET	23-06-2010
02320770	ZYM	ST ZYM-PIOGLITAZONE 45MG TABLET	23-06-2010

Limited use benefit (prior approval required).

For treatment of type 2 diabetic patients who are not adequately controlled by or are intolerant to metformin and sulfonylureas or for whom these products are contraindicated

NOT ADDED TO FORMULARY

The following drugs will not be added to the NIHB Drug Benefit List:

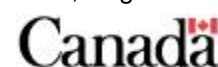
DIN	MFR	ITEM NAME
02244126	LEO	DOVOBET OINTMENT (CALCIPOTRIOL/BETAMETHASONE)
02331675	UCB	CIMZIA 200MG/ML INJECTION (CERTOLIZUMAB)
02330989	SAC	MULTAQ 400MG TABLET (DRONEDARONE)
02337282	JNO	JURNISTA 16MG TABLET (HYDROMORPHONE HYDROCHLORIDE)
02337290	JNO	JURNISTA 32MG TABLET (HYDROMORPHONE HYDROCHLORIDE)
02337266	JNO	JURNISTA 4MG TABLET (HYDROMORPHONE HYDROCHLORIDE)

DIN (Drug Identification Number)

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MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)



DIN	MFR	ITEM NAME
02337274	JNO	JURNISTA 8MG TABLET (HYDROMORPHONE HYDROCHLORIDE)
02347156	BCM	VYVANSE 20MG CAPSULE (LISDEXAMPHETAMINE)
02322951	BCM	VYVANSE 30MG CAPSULE (LISDEXAMPHETAMINE)
02347164	BCM	VYVANSE 40MG CAPSULE (LISDEXAMPHETAMINE)
02322978	BCM	VYVANSE 50MG CAPSULE (LISDEXAMPHETAMINE)
02321114	BSH	LOTEMAX 0.5% OPHTHALMIC SUSPENSION (LOTEPREDNOL ETABONATE)
02333554	BMS	ONGLYZA 5MG TABLET (SAXAGLIPTIN)

The following indication will not be added to the NIHB Drug Benefit List:

DIN	MFR	BRAND NAME
02301881	FRS	ISENTRESS 40MG TABLET (RALTEGRAVIR)

For the treatment of treatment-naïve adults with HIV.

MAJOR CHANGES

EXCLUSION OF ZOPICLONE

The status of zopiclone has been revised after consideration of its clinical evidence and drug use trends, in consultation with the NIHB Program's Drug Use Evaluation Advisory Committee (DUEAC). Effective January 1, 2011, zopiclone will be an Exclusion under the NIHB Drug Program, and will no longer be reimbursed as a benefit. Clients who have received coverage for zopiclone since July 1, 2010, may, upon their physician's request, have zopiclone coverage extended for up to one year to allow sufficient time to find alternate therapy for insomnia.

ELECTRONIC DRUG SUBMISSION PROCESS

Please be advised that all submissions for products to be reviewed for inclusion on the NIHB Drug Benefit List, including copies of submissions reviewed by the Common Drug Review (CDR), must be sent to the NIHB Program electronically. Please send all drug submissions to the following email address: NIHB.Drug.Submissions@hc-sc.gc.ca
Only one (1) copy of the submission is required. Receipt of submission will be acknowledged electronically.

REVISED CRITERIA FOR ORENCIA

The limited use criteria for Orenia (abatacept) for the treatment of adult patients with moderately to severely active rheumatoid arthritis (RA) has changed. Failure to respond to a trial of a tumour necrosis factor (TNF) alpha inhibitor (i.e., anti-TNF agent) is no longer required.

CHANGE IN DBL PUBLISHING DATE

Health Canada maintains an up-to-date NIHB drug benefit list of eligible drugs that are primarily used in a home or ambulatory setting. The drug benefit list indicates to prescribers and pharmacy providers which drug products are eligible NIHB benefits. It is a tool to encourage providers to select the most optimal and cost-effective drug therapy. Pharmacy providers should regularly review the list to ensure that they continue to be aware of the drug benefits included.

The NIHB Drug Benefit List (DBL) has previously been published each year in April. Beginning January 2011, the DBL will be posted on our website annually, at the beginning of each calendar year. Changes made to the DBL during the year will continue to be communicated via quarterly NIHB DBL Updates. The NIHB DBL and DBL updates can be found at: <http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/drug-med/index-eng.php>

Please note: the Drug Benefit List will no longer be printed and distributed in hardcopy. For your convenience, a pdf version will be available for printing on our website. If you are unable to access the Internet, you may contact the Provider Call Centre toll free at 1 888-511-4666.

PROTON PUMP INHIBITORS LISTING CHANGE

Effective July 5, 2010, the NIHB Program listed the following proton pump inhibitors (PPIs) as limited use benefits with quantity and frequency limits. Prior approval is not required unless the quantity limit is exceeded. A maximum of 400 doses of PPIs every 180 days will be permitted. This quantity limit will begin on the date of the client's first claim for a PPI.

The following PPI's became limited use, prior approval not required:

Losec® 10mg capsules, including generics
Losec® 20mg capsules, including generics
Losec® 20mg tablets, including generics
Pariet® 10mg tablets, including generics
Pariet® 20mg tablets, including generics
Pantoloc® 40mg tablets, including generics
Prevacid® 15mg capsules, including generics
Prevacid® 30mg capsules, including generics

The following PPIs will remain limited use, prior approval required and are subject to the quantity limit:

Prevacid® Fastabs 15mg tablets
Prevacid® Fastabs 30mg tablets
Tecta® 40mg tablets
Losec® 10mg tablets, including generics

The following PPIs will remain exceptions and are subject to the quantity limit:

Losec® Mups 10mg tablets
Losec® Mups 20mg tablets

REVISED CRITERIA AND NEW DAY SUPPLY LIMIT FOR OXYCONTIN

The Limited Use criteria for the following items have been revised after consideration of their clinical evidence and drug use trends, in consultation with the NIHB Program's Drug Use Evaluation Advisory Committee (DUEAC).

- OxyContin 5 mg tab (DIN 02258129)
- OxyContin 10 mg tab (DIN 02202441)
- OxyContin 15 mg tab (DIN 02323192)
- OxyContin 20 mg tab (DIN 02202468)
- OxyContin 30 mg tab (DIN 02323206)
- OxyContin 40 mg tab (DIN 02202476)
- OxyContin 60 mg tab (DIN 02323214)
- OxyContin 80 mg tab (DIN 02202484)

Effective October 18, 2010, NIHB Program clients will be required to meet one of the revised criteria (below) before they will be considered for coverage of OxyContin:

Limited Use Benefit (Prior Approval Required):

- a. for the treatment of moderate to severe cancer pain in patients who cannot tolerate or who have failed treatment with at least one other long-acting opioid (such as sustained-release morphine or controlled-release hydromorphone) OR
- b. for the treatment of moderate to severe non-cancer chronic pain in patients who cannot tolerate or who have failed treatment with at least one other long-acting opioid (such as sustained-release morphine or controlled-release hydromorphone)

Additionally, the NIHB Program will introduce a day supply limit per dispense for OxyContin. Effective October 18, 2010, the maximum day supply limit per dispense for items listed above will be 30 days.

ADDITIONS TO THE SHORT-TERM DISPENSING POLICY DRUG LIST

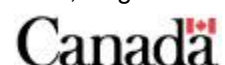
DIN	ITEM NAME
02286246	ACEBUTOLOL 100MG TABLET
02286254	ACEBUTOLOL 200MG TABLET
02286262	ACEBUTOLOL 400MG TABLET
02295261	APO-ATORVASTATIN 10MG TABLET

DIN (Drug Identification Number)

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)

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DIN	ITEM NAME
02295288	APO-ATORVASTATIN 20MG TABLET
02295296	APO-ATORVASTATIN 40MG TABLET
02295318	APO-ATORVASTATIN 80MG TABLET
02267217	ASACOL 800MG TABLET
02332922	ATACAND PLUS 32MG/12.5MG TABLET
02332957	ATACAND PLUS 32MG/25MG TABLET
02348705	ATORVASTATIN 10MG TABLET
02348713	ATORVASTATIN 20MG TABLET
02348721	ATORVASTATIN 40MG TABLET
02348748	ATORVASTATIN 80MG TABLET
02273411	BISACODYL-ODAN 5MG TABLET
02310899	CO ATORVASTATIN 10MG TABLET
02310902	CO ATORVASTATIN 20MG TABLET
02310910	CO ATORVASTATIN 40MG TABLET
02310929	CO ATORVASTATIN 80MG TABLET
02286092	FENOFIBRATE MICRO 200MG CAPSULE
02248699	FERODAN 300MG TABLET
02288346	GD-ATORVASTATIN 10MG TABLET
02288354	GD-ATORVASTATIN 20MG TABLET
02288362	GD-ATORVASTATIN 40MG TABLET
02288370	GD-ATORVASTATIN 80MG TABLET
02287072	GLICLAZIDE 80MG TABLET
02280159	LORATADINE 10MG TABLET
02349167	MYLAN-NIFEDIPINE ER 30MG TABLET
02302675	NOVO-ATORVASTATIN 10MG TABLET
02302683	NOVO-ATORVASTATIN 20MG TABLET
02302691	NOVO-ATORVASTATIN 40MG TABLET
02302713	NOVO-ATORVASTATIN 80MG TABLET
02348500	NOVO-FINASTERIDE 5MG TABLET
80004415	ODAN K-20 20MMOL LA TABLET
02313448	PMS-ATORVASTATIN 10MG TABLET
02313456	PMS-ATORVASTATIN 20MG TABLET
02313464	PMS-ATORVASTATIN 40MG TABLET
02313472	PMS-ATORVASTATIN 80MG TABLET
02310112	PMS-FINASTERIDE 5MG TABLET
02343053	PROPAFENONE 150MG TABLET
02343061	PROPAFENONE 300MG TABLET
02313707	RAN-ATORVASTATIN 10MG TABLET
02313715	RAN-ATORVASTATIN 20MG TABLET
02313723	RAN-ATORVASTATIN 40MG TABLET
02313758	RAN-ATORVASTATIN 80MG TAB
02350297	RATIO-ATORVASTATIN 10MG TABLET
02350319	RATIO-ATORVASTATIN 20MG TABLET
02350327	RATIO-ATORVASTATIN 40MG TABLET
02350335	RATIO-ATORVASTATIN 80MG TABLET
02306905	RATIO-FINASTERIDE 5MG TABLET
09857334	RATIO-TAMSULOSIN 0.4MG ER CAPSULE
02324946	SANDOZ ATORVASTATIN 10MG TABLET
02324954	SANDOZ ATORVASTATIN 20MG TABLET
02324962	SANDOZ ATORVASTATIN 40MG TABLET
02324970	SANDOZ ATORVASTATIN 80MG TABLET
02284731	SIMVASTATIN 10MG TABLET
02284758	SIMVASTATIN 20MG TABLET
02284766	SIMVASTATIN 40MG TABLET
02284723	SIMVASTATIN 5MG TABLET
02284774	SIMVASTATIN 80MG TABLET

DIN **ITEM NAME**

02296039	TAPAZOLE 10MG TABLET
02343045	TICLOPIDINE 250MG TABLET
00762903	TRI-VI-SOL DROPS
02342804	ZYM-AMLODIPINE 10MG TABLET
02342790	ZYM-AMLODIPINE 5MG TABLET
02338106	ZYM-CARVEDILOL 12.5MG TABLET
02338114	ZYM-CARVEDILOL 25MG TABLET
02338068	ZYM-CARVEDILOL 3.125MG TABLET
02338092	ZYM-CARVEDILOL 6.25MG TABLET
02320754	ZYM-PIOGLITAZONE 15MG TABLET
02320762	ZYM-PIOGLITAZONE 30MG TABLET
02320770	ZYM-PIOGLITAZONE 45MG TABLET