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Fall 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 the 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.

Exclusion: 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
02243919	SCH	ST AERIUS 5MG TABLET	12-01-2011
02247193	SCH	ST AERIUS KIDS 0.5MG/ML SYRUP	12-01-2011
02242819	SAC	ST ALLEGRA 24HR 120MG TABLET	12-01-2011
02245689	SAC	LANTUS 100UNIT/ML 10ML VIAL	01-04-2011
02251930	SAC	LANTUS 100UNIT/ML CARTRIDGE	01-04-2011
02294338	SAC	LANTUS 3ML SOLOSTAR	01-04-2011
02244691	VTH	ST ALLERTIN 10MG TABLET	12-01-2011

Multi-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02314282	NOP	ST NOVO-ALFUZOSIN PR 10MG TABLET	19-11-2010
02349191	SAN	ALPRAZOLAM 0.25MG TABLET	09-12-2010
02349205	SAN	ALPRAZOLAM 0.5MG TABLET	09-12-2010

DIN (Drug Identification Number)

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)

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DIN	MFR	ITEM NAME	Effective Date
02341107	ACP	ST ACCEL-AMLODIPINE 10MG TABLET	20-09-2010
02341093	ACP	ST ACCEL-AMLODIPINE 5MG TABLET	20-09-2010
02352761	SAN	AMOXICILLIN 125MG/5ML ORAL LIQUID	22-12-2010
02352745	SAN	AMOXICILLIN 125MG/5ML ORAL LIQUID	22-12-2010
02352710	SAN	AMOXICILLIN 250MG CAPSULE	21-12-2010
02352737	SAN	AMOXICILLIN 250MG TABLET	09-12-2010
02352788	SAN	AMOXICILLIN 250MG/5ML ORAL LIQUID	22-12-2010
02352753	SAN	AMOXICILLIN 250MG/5ML ORAL LIQUID	22-12-2010
02352729	SAN	AMOXICILLIN 500MG CAPSULE	22-12-2010
02326515	PDL	AMOXI-CLAV 500MG/125MG TABLET	23-12-2010
02326523	PDL	AMOXI-CLAV 875MG/125MG TABLET	23-12-2010
02326701	PDL	ST PRO-ATENOLOL 25MG TABLET	22-12-2010
02346486	PDL	ST ATORVASTATIN 10MG TABLET	05-11-2010
02348624	RPH	ST ATORVASTATIN 10MG TABLET	22-11-2010
02346494	PDL	ST ATORVASTATIN 20MG TABLET	05-11-2010
02348632	RPH	ST ATORVASTATIN 20MG TABLET	22-11-2010
02348640	RPH	ST ATORVASTATIN 40MG TABLET	22-11-2010
02346508	PDL	ST ATORVASTATIN 40MG TABLET	05-11-2010
02346516	PDL	ST ATORVASTATIN 80MG TABLET	05-11-2010
02348659	RPH	ST ATORVASTATIN 80MG TABLET	22-11-2010
02243371	PDL	AZATHIOPRINE-50 50MG TABLET	23-12-2010
02287021	SAN	BACLOFEN 10MG TABLET	19-11-2010
02287048	SAN	BACLOFEN 20MG TABLET	19-11-2010
80017732	PRO	ST CALCIUM 500MG TABLET	22-12-2010
80017190	PDL	ST CAL-D 400MG TABLET	22-12-2010
80017196	PRO	ST CALCIUM 500MG WITH VIT D TABLET	22-12-2010
80009628	ODN	ST CALODAN D-400MG TABLET	22-12-2010
02324504	PDL	ST PRO-CARVEDILOL 3.125MG TABLET	22-12-2010
02350963	SAN	ST CILAZAPRIL 1MG TABLET	19-11-2010
02350971	SAN	ST CILAZAPRIL 2.5MG TABLET	19-11-2010
02350998	SAN	ST CILAZAPRIL 5MG TABLET	19-11-2010
02353318	SAN	CIPROFLOXACIN 250MG TABLET	19-11-2010
02353326	SAN	CIPROFLOXACIN 500MG TABLET	19-11-2010
02353334	SAN	CIPROFLOXACIN 750MG TABLET	19-11-2010
02353660	SAN	CITALOPRAM 20MG TABLET	19-11-2010
02325047	PDL	PRO-CITALOPRAM 10MG TABLET	22-12-2010
02346524	RIV	RIVA-CLARITHROMYCIN 250MG TABLET	22-12-2010
02346532	RIV	RIVA-CLARITHROMYCIN 500MG TABLET	22-12-2010
02338424	APX	ST DESLORATADINE 5MG TABLET	12-01-2011
02298155	PMS	ST DESLORATADINE ALLERGY CONTROL 5MG TABLET	12-01-2011
02352397	SAN	DICLOFENAC SODIUM 50MG SR TABLET	09-12-2010
02352400	SAN	DICLOFENAC SODIUM 75MG SR TABLET	09-12-2010
02355752	PMS	ST PMS-DILTIAZEM CD 120MG CAPSULE	20-12-2010
02355760	PMS	ST PMS-DILTIAZEM CD 180MG CAPSULE	20-12-2010
02355779	PMS	ST PMS-DILTIAZEM CD 240MG CAPSULE	20-12-2010
02355787	PMS	ST PMS-DILTIAZEM CD 300MG CAPSULE	20-12-2010
02350440	SAN	DOMPERIDONE 10MG TABLET	19-11-2010
02351234	SAN	DOXYCYCLINE 100MG CAPSULE	09-12-2010
02351242	SAN	DOXYCYCLINE 100MG TABLET	09-12-2010
02311429	PDL	ST PRO-ENALAPRIL 10MG TABLET	22-12-2010
02311402	PDL	ST PRO-ENALAPRIL 2.5MG TABLET	22-12-2010
02311437	PDL	ST PRO-ENALAPRIL 20MG TABLET	22-12-2010
02311410	PDL	ST PRO-ENALAPRIL 5MG TABLET	22-12-2010
02352265	RBY	ST RAN-ENALAPRIL 16MG TABLET	20-12-2010
02352230	RBY	ST RAN-ENALAPRIL 2MG TABLET	20-12-2010
02352249	RBY	ST RAN-ENALAPRIL 4MG TABLET	20-12-2010

DIN (Drug Identification Number)

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)

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DIN	MFR	ITEM NAME	Effective Date
02352257	RBY	ST RAN-ENALAPRIL 8MG TABLET	20-12-2010
02352923	APX	ST APO-ENALAPRIL MALEATE/HCTZ 10MG/25MG TABLET	20-12-2010
02352931	APX	ST APO-ENALAPRIL MALEATE/HCTZ 5MG/12.5MG TABLET	20-12-2010
02353210	SAN	ST ETIDROCAL 400MG/500MG TABLET	21-12-2010
02324865	PDL	FAMCICLOVIR 125MG TABLET	22-12-2010
02351102	SAN	ST FAMOTIDINE 20MG TABLET	12-10-2010
02351110	SAN	ST FAMOTIDINE 40MG TABLET	12-10-2010
02281260	CBT	CO-FLUCONAZOLE 50MG TABLET	26-10-2010
02351420	SAN	ST FUROSEMIDE 20MG TABLET	08-11-2010
02351439	SAN	ST FUROSEMIDE 40MG TABLET	08-11-2010
02351447	SAN	ST FUROSEMIDE 80MG TABLET	08-11-2010
02353245	SAN	GABAPENTIN 100MG CAPSULE	22-11-2010
02353253	SAN	GABAPENTIN 300MG CAPSULE	12-11-2010
02353261	SAN	GABAPENTIN 400MG CAPSULE	12-11-2010
02350459	SAN	ST GLYBURIDE 2.5MG TABLET	08-11-2010
02350467	SAN	ST GLYBURIDE 5MG TABLET	08-11-2010
00579718	LEO	HEPARIN LEO 10000UNIT/ML INJECTION	29-11-2010
00453811	LEO	HEPARIN LEO 1000UNIT/ML INJECTION	22-11-2010
00453781	LEO	HEPARIN LEO 25000UNIT/ML INJECTION	22-11-2010
02303094	SDZ	HEPARIN SODIUM 10000U/ML INJECTION	29-11-2010
02303108	SDZ	HEPARIN SODIUM 10000U/ML INJECTION	29-11-2010
02303086	SDZ	HEPARIN SODIUM 1000U/ML INJECTION	29-11-2010
02331551	TEP	ST TEVA-LACTULOSE 667MG/ML ORAL LIQUID	20-12-2010
00965561	JAJ	ONE TOUCH DELICA LANCETS	16-11-2010
02243880	APX	ST LORATADINE 10MG TABLET	12-01-2011
02351072	SAN	LORAZEPAM 0.5MG TABLET	08-11-2010
02351080	SAN	LORAZEPAM 1MG TABLET	08-11-2010
02351099	SAN	LORAZEPAM 2MG TABLET	08-11-2010
02353229	SAN	ST LOVASTATIN 20MG TABLET	21-12-2010
02353237	SAN	ST LOVASTATIN 40MG TABLET	21-12-2010
02353156	SAN	MELOXICAM 15MG TABLET	21-12-2010
02324326	PDL	MELOXICAM 7.5MG TABLET	22-12-2010
02353148	SAN	MELOXICAM 7.5MG TABLET	21-12-2010
02353377	SAN	ST METFORMIN 500MG TABLET	24-11-2010
02353385	SAN	ST METFORMIN 850MG TABLET	24-11-2010
02350408	SAN	METOPROLOL 100MG FILM COATED TABLET	09-11-2010
02350394	SAN	METOPROLOL 50MG FILM COATED TABLET	09-11-2010
02354195	SDZ	ST SANDOZ METOPROLOL (L) 100MG TABLET	19-11-2010
02354187	SDZ	ST SANDOZ METOPROLOL (L) 50MG TABLET	19-11-2010
02350750	SAN	NAPROXEN 250MG TABLET	09-11-2010
02350769	SAN	NAPROXEN 375MG TABLET	12-11-2010
02350777	SAN	NAPROXEN 500MG TABLET	12-11-2010
02350785	SAN	NAPROXEN EC 250MG TABLET	12-11-2010
02350793	SAN	NAPROXEN EC 375MG TABLET	12-11-2010
02310945	PDL	PRO-NAPROXEN EC 375MG TABLET	20-12-2010
02351013	SAN	NAPROXEN SODIUM 275MG TABLET	09-11-2010
02311992	PDL	OLANZAPINE 10MG TABLET	22-12-2010
02312018	PDL	OLANZAPINE 15MG TABLET	22-12-2010
02311968	PDL	OLANZAPINE 2.5MG TABLET	22-12-2010
02311976	PDL	OLANZAPINE 5MG TABLET	22-12-2010
02311984	PDL	OLANZAPINE 7.5MG TABLET	22-12-2010
02338653	PDL	OLANZAPINE ODT 10MG TABLET	22-12-2010
02338661	PDL	OLANZAPINE ODT 15MG TABLET	22-12-2010
02338645	PDL	OLANZAPINE ODT 5MG TABLET	22-12-2010
02337150	RIV	RIVA-OLANZAPINE 10MG TABLET	21-12-2010
02337169	RIV	RIVA-OLANZAPINE 15MG TABLET	21-12-2010

DIN (Drug Identification Number)

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)

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DIN	MFR	ITEM NAME	Effective Date
02337126	RIV	RIVA-OLANZAPINE 2.5MG TABLET	21-12-2010
02337134	RIV	RIVA-OLANZAPINE 5MG TABLET	21-12-2010
02337142	RIV	RIVA-OLANZAPINE 7.5MG TABLET	21-12-2010
02310384	SDZ	SANDOZ-OLANZAPINE 10MG TABLET	08-11-2010
02310392	SDZ	SANDOZ-OLANZAPINE 15MG TABLET	08-11-2010
02310341	SDZ	SANDOZ-OLANZAPINE 2.5MG TABLET	08-11-2010
02310368	SDZ	SANDOZ-OLANZAPINE 5MG TABLET	08-11-2010
02310376	SDZ	SANDOZ-OLANZAPINE 7.5MG TABLET	08-11-2010
02339927	PDL	ST OMEPRAZOLE 20MG TABLET	23-12-2010
02325160	PDL	ONDANSETRON 8MG TABLET	22-12-2010
02350238	SAN	ST OXYBUTYNIN 5MG TABLET	09-11-2010
02325950	PDL	OXYCODONE 5MG TABLET	22-12-2010
80008214	ODN	ST ODAN K-8MMOL POT CHLORIDE TABLET	24-11-2010
02325802	PDL	ST PRO-PRAMIPEXOLE 0.25MG TABLET	21-12-2010
02325810	PDL	ST PRO-PRAMIPEXOLE 0.5MG TABLET	21-12-2010
02325837	PDL	ST PRO-PRAMIPEXOLE 1.5MG TABLET	20-12-2010
02325829	PDL	ST PRO-PRAMIPEXOLE 1MG TABLET	20-12-2010
02243784	PDL	ST PROPAFENONE 300MG TABLET	20-12-2010
02353172	SAN	QUETIAPINE 100MG TABLET	22-12-2010
02353199	SAN	QUETIAPINE 200MG TABLET	22-12-2010
02353164	SAN	QUETIAPINE 25MG TABLET	22-12-2010
02353202	SAN	QUETIAPINE 300MG TABLET	22-12-2010
02343932	PMS	ST PMS-RAMIPRIL 15MG CAPSULE	20-12-2010
02342154	PMS	ST PMS-RAMIPRIL-HCTZ 10MG/12.5MG TABLET	09-11-2010
02342170	PMS	ST PMS-RAMIPRIL-HCTZ 10MG/25MG TABLET	09-11-2010
02353040	SAN	ST ROPINIROLE 0.25MG TABLET	21-12-2010
02353059	SAN	ST ROPINIROLE 1MG TABLET	21-12-2010
02353067	SAN	ST ROPINIROLE 2MG TABLET	21-12-2010
02353075	SAN	ST ROPINIROLE 5MG TABLET	21-12-2010
02353547	SAN	SERTRALINE 100MG CAPSULE	16-12-2010
02353520	SAN	SERTRALINE 25MG CAPSULE	16-12-2010
02353539	SAN	SERTRALINE 50MG CAPSULE	16-12-2010
02247224	PDL	ST SIMVASTATIN 80MG TABLET	22-12-2010
02324660	PDL	PRO-SUMATRIPTAN 100MG TABLET	20-12-2010
02324652	PDL	PRO-SUMATRIPTAN 50MG TABLET	20-12-2010
02350505	SAN	ST TERAZOSIN 10MG TABLET	09-11-2010
02350475	SAN	ST TERAZOSIN 1MG TABLET	09-11-2010
02350483	SAN	ST TERAZOSIN 2MG TABLET	09-11-2010
02350491	SAN	ST TERAZOSIN 5MG TABLET	09-11-2010
02353121	SAN	TERBINAFFINE 250MG TABLET	09-12-2010
02242735	PDL	TERBINAFFINE-250 250MG TABLET	20-12-2010
02245506	EUR	ST EURO-B1 50MG TABLET	09-12-2010
02348780	SAN	TRAZODONE 100MG TABLET	08-11-2010
02348799	SAN	TRAZODONE 150MG TABLET	08-11-2010
02348772	SAN	TRAZODONE 50MG TABLET	08-11-2010
02331748	CBT	CO-VALACYCLOVIR 500MG TABLET	09-12-2010
02354748	SAN	VENLAFAXINE XR 150MG CAPSULE	08-11-2010
02354713	SAN	VENLAFAXINE XR 37.5MG CAPSULE	08-11-2010
02354721	SAN	VENLAFAXINE XR 75MG CAPSULE	08-11-2010
02324156	PDL	ST PRO-VERAPAMIL SR 120MG TABLET	20-12-2010
02312697	PDL	ST PRO-VERAPAMIL SR 240MG TABLET	20-12-2010
80000436	JAM	ST VITAMIN D 1000IU TABLET	09-12-2010

NEW LIMITED USE BENEFITS

DIN	MFR	ITEM NAME	Effective Date
02312794	SPL	TEMODAL 140MG CAPSULE	03-11-2010
02312816	SPL	TEMODAL 180MG CAPSULE	03-11-2010
Limited use benefit (prior approval required). -For the treatment of adult patients with recurrent or progressive glioblastoma multiforme or anaplastic astrocytoma and documented evidence of recurrence or progression after standard therapy (resection, radiotherapy, and chemotherapy, OR -For treatment of adult patients with newly diagnosed glioblastoma multiforme concomitantly with radiotherapy and then as maintenance treatment.			
02352966	SAN	ST ALENDRONATE 70MG TABLET	19-11-2010
Limited use benefit (prior approval required). -osteoporosis in patients who are 60 years of age or over OR -paget's Disease OR -osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR -osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR -osteoporosis in patients under 60 with moderate 10-year fracture risk AND use of systemic glucocorticoid therapy > 3 months			
02247732	JNO	CONCERTA 18MG TABLET	01-04-2011
02250241	JNO	CONCERTA 27MG TABLET	01-04-2011
02247733	JNO	CONCERTA 36MG TABLET	01-04-2011
02247734	JNO	CONCERTA 54MG TABLET	01-04-2011
02315068	NOP	NOVO-METHYLPHENIDATE ER 18MG TABLET	01-12-2010
02315076	NOP	NOVO-METHYLPHENIDATE ER 27MG TABLET	01-12-2010
02315084	NOP	NOVO-METHYLPHENIDATE ER 36MG TABLET	01-12-2010
02315092	NOP	NOVO-METHYLPHENIDATE ER 54MG TABLET	01-12-2010
Limited use benefit (prior approval required). For the treatment of patients aged 6 to 18 with Attention Deficit Hyperactivity Disorder (ADHD): -Who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning AND -For whom the medication is prescribed by, or in consultation with, a specialist in pediatric psychiatry, pediatrics, or a general practitioner with expertise in ADHD, AND - For whom sustained release methylphenidate (e.g., Ritalin SR) or sustained release dextroamphetamine (Dexedrine Spansules) has not adequately controlled the symptoms of the disease.			
96899969	TRU	AEROCHAMBER PLUS FLOW-VU LARGE	23-12-2010
96899970	TRU	AEROCHAMBER PLUS FLOW-VU MEDIUM	23-12-2010
96899968	TRU	AEROCHAMBER PLUS FLOW-VU MOUTH	23-12-2010
96899971	TRU	AEROCHAMBER PLUS FLOW-VU SMALL	23-12-2010
Limited use benefit with quantity and frequency limits (prior approval is not required). Coverage will be limited to 3 during a one-year period.			
02356058	MYL	ST MYLAN-FINASTERIDE 5MG TABLET	20-12-2010
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-blocker is not sufficient.			
02351668	SAN	LEFLUNOMIDE 10MG TABLET	12-01-2011
02351676	SAN	LEFLUNOMIDE 20MG TABLET	12-01-2011
Limited use benefit (prior approval required). For treatment of patients with rheumatoid arthritis who: -have failed treatment with methotrexate: weekly dose (PO, SC or IM) of 20mg or greater (15mg or greater if patient is > 65 years of age) for more than 8 weeks. -cannot tolerate or have contraindications to methotrexate.			

DIN	MFR	ITEM NAME	Effective Date
02353342	SAN	LEVETIRACETAM 250MG TABLET	24-11-2010
02353350	SAN	LEVETIRACETAM 500MG TABLET	24-11-2010
02353369	SAN	LEVETIRACETAM 750MG TABLET	24-11-2010
02311380	PDL	PRO-LEVETIRACETAM 500MG TABLET	20-12-2010

Limited use benefit (prior approval required).

For use in combination with other anti-epileptic medication(s) in the treatment of partial seizures in patients who are refractory to adequate trials of three anti-epileptic medications used either as monotherapy or in combination. This product must be prescribed by a Neurologist.

02241742	JNO	NICORETTE 10MG/CARTRIDGE INHALER	17-12-2010
02247347	JNO	NICORETTE 2MG LOZENGE	17-12-2010
02247348	JNO	NICORETTE 4MG LOZENGE	17-12-2010
80000118	PER	NICOTINE 4MG GUM	17-12-2010
94799970	NOV	THRIVE 1MG LOZENGE	17-12-2010
80007461	NOV	THRIVE 1MG LOZENGE	17-12-2010
80000396	NOV	THRIVE 2MG GUM	17-12-2010
80007464	NOV	THRIVE 2MG LOZENGE	17-12-2010
94799968	NOV	THRIVE 2MG LOZENGE	17-12-2010
80000402	NOV	THRIVE 4MG GUM	17-12-2010
94799972	NOV	THRIVE 4MG GUM	17-12-2010

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage will be limited to 945 pieces of gum or lozenges during a one-year period.

02029405	WAR	NICOTROL TRANSDERMAL 10MG PATCH	17-12-2010
02029413	WAR	NICOTROL TRANSDERMAL 15MG PATCH	17-12-2010
02028697	WAR	NICOTROL TRANSDERMAL 5MG PATCH	17-12-2010
02057735	ADD	PROSTEP DAY 11MG PATCH	17-12-2010
02057743	BOE	PROSTEP DAY 22MG PATCH	17-12-2010
02241227	NVC	TRANSDERMAL NICOTINE 17.5MG PATCH	17-12-2010
02241226	NVC	TRANSDERMAL NICOTINE 35MG PATCH	17-12-2010
02241228	NVC	TRANSDERMAL NICOTINE 52.5MG PATCH	17-12-2010

Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage will be limited to 84 patches during a one-year period.

02353687	APO	ST APO-RISEDRONATE 35MG TABLET	12-01-2011
02302209	PMS	ST PMS-RISEDRONATE 35MG TABLET	12-01-2011
02341077	RIV	ST RIVA-RISEDRONATE 35MG TABLET	19-11-2010
02327295	SDZ	ST SANDOZ RISEDRONATE 35MG TABLET	12-01-2011

Limited use benefit (prior approval required).

-osteoporosis in patients who are 60 years of age or over OR

-paget's Disease OR

-osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR

-osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR

-osteoporosis in patients under 60with moderate 10-year fracture risk AND use of systemic glucocorticoid therapy > 3 months

NOT ADDED TO FORMULARY

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

DIN	MFR	ITEM NAME
02338572	GAC	SILKIS 3MCG/G OINTMENT (CALCITRIOL)

DIN (Drug Identification Number)

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)

Non-Insured Health Benefits, Fall 2010, Page 6 of 8

Canada

CRITERIA 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 has become an Exclusion under the NIHB Drug Program, and is no longer 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.

AVANDIA CRITERIA CHANGE

Based on the November 6, 2010, Health Canada endorsed new restrictions on the use of rosiglitazone, NIHB has changed the criteria for Avandia. (http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/_2010/avandia_6_hpc-cps-eng.php).

The updated criteria is as follows:

Limited use benefit (prior approval required). For the treatment of type 2 diabetic patients for whom all other oral antidiabetic agents, in monotherapy or in combination, do not result in adequate glycemic control or are inappropriate due to contraindications or intolerance.

WELLBUTRIN CRITERIA CHANGE

Effective December 17, 2010, the criteria for Wellbutrin SR, Wellbutrin XL and all equivalent generics has been changed to the following:

Limited use benefit with quantity and frequency limits (prior approval is not required). Coverage will be limited to 54 grams per 180 days (300 mg per day). A prior trial of another listed antidepressant is no longer required.

ADDITIONS TO THE SHORT-TERM DISPENSING POLICY DRUG LIST

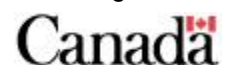
DIN	ITEM NAME
02341107	ACCEL-AMLODIPINE 10MG TABLET
02341093	ACCEL-AMLODIPINE 5MG TABLET
02243919	AERIUS 5MG TABLET
02247193	AERIUS KIDS 0.5MG/ML SYRUP
02352966	ALENDRONATE 70MG TABLET
02242819	ALLEGRA 24HR 120MG TABLET
02244691	ALLERTIN 10MG TABLET
02352923	APO-ENALAPRIL MALEATE/HCTZ 10MG/25MG TABLET
02352931	APO-ENALAPRIL MALEATE/HCTZ 5MG/12.5MG TABLET
02353687	APO-RISEDRONATE 35MG TABLET
02346486	ATORVASTATIN 10MG TABLET
02348624	ATORVASTATIN 10MG TABLET
02346494	ATORVASTATIN 20MG TABLET
02348632	ATORVASTATIN 20MG TABLET
02346508	ATORVASTATIN 40MG TABLET
02348640	ATORVASTATIN 40MG TABLET
02346516	ATORVASTATIN 80MG TABLET
02348659	ATORVASTATIN 80MG TABLET
80017196	CALCIUM 500 WITH VIT D TABLET
80017732	CALCIUM 500MG TABLET
80017190	CAL-D 400 TABLET
80009628	CALODAN D-400 TABLET
02350963	CILAZAPRIL 1MG TABLET
02350971	CILAZAPRIL 2.5MG TABLET
02350998	CILAZAPRIL 5MG TABLET
02338424	DESLORATADINE 5MG TABLET
02298155	DESLORATADINE ALLERGY CONTROL 5MG TABLET
02353210	ETIDROCAL 400MG/500MG TABLET
02245506	EURO-B1 50MG TABLET
02351102	FAMOTIDINE 20MG TABLET
02351110	FAMOTIDINE 40MG TABLET

DIN (Drug Identification Number)

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)

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DIN **ITEM NAME**

02351420	FUROSEMIDE 20MG TABLET
02351439	FUROSEMIDE 40MG TABLET
02351447	FUROSEMIDE 80MG TABLET
02350459	GLYBURIDE 2.5MG TABLET
02350467	GLYBURIDE 5MG TABLET
02243880	LORATADINE 10MG TABLET
02353229	LOVASTATIN 20MG TABLET
02353237	LOVASTATIN 40MG TABLET
02353377	METFORMIN 500MG TABLET
02353385	METFORMIN 850MG TABLET
02356058	MYLAN-FINASTERIDE 5MG TABLET
02314282	NOVO-ALFUZOSIN PR 10MG TABLET
80008214	ODAN K-8 POT CHLORIDE TABLET
02339927	OMEPRAZOLE 20MG TABLET
02350238	OXYBUTYNIN 5MG TABLET
02355752	PMS-DILTIAZEM CD 120MG CAPSULE
02355760	PMS-DILTIAZEM CD 180MG CAPSULE
02355779	PMS-DILTIAZEM CD 240MG CAPSULE
02355787	PMS-DILTIAZEM CD 300MG CAPSULE
02343932	PMS-RAMIPRIL 15MG CAPSULE
02342154	PMS-RAMIPRIL-HCTZ 10MG/12.5MG TABLET
02342170	PMS-RAMIPRIL-HCTZ 10MG/25MG TABLET
02302209	PMS-RISEDRONATE 35MG TABLET
02326701	PRO-ATENOLOL 25MG TABLET
02324504	PRO-CARVEDILOL 3.125MG TABLET
02311429	PRO-ENALAPRIL 10MG TABLET
02311402	PRO-ENALAPRIL 2.5MG TABLET
02311437	PRO-ENALAPRIL 20MG TABLET
02311410	PRO-ENALAPRIL 5MG TABLET
02243784	PROPAFENONE 300MG TABLET
02325802	PRO-PRAMIPEXOLE 0.25MG TABLET
02325810	PRO-PRAMIPEXOLE 0.5MG TABLET
02325837	PRO-PRAMIPEXOLE 1.5MG TABLET
02325829	PRO-PRAMIPEXOLE 1MG TABLET
02324156	PRO-VERAPAMIL SR 120MG TABLET
02312697	PRO-VERAPAMIL SR 240MG TABLET
02352265	RAN-ENALAPRIL 16MG TABLET
02352230	RAN-ENALAPRIL 2MG TABLET
02352249	RAN-ENALAPRIL 4MG TABLET
02352257	RAN-ENALAPRIL 8MG TABLET
02341077	RIVA-RISEDRONATE 35MG TABLET
02353040	ROPINIROLE 0.25MG TABLET
02353059	ROPINIROLE 1MG TABLET
02353067	ROPINIROLE 2MG TABLET
02353075	ROPINIROLE 5MG TABLET
02354195	SANDOZ METOPROLOL (L) 100MG TABLET
02354187	SANDOZ METOPROLOL (L) 50MG TABLET
02327295	SANDOZ RISEDRONATE 35MG TABLET
02247224	SIMVASTATIN 80MG TABLET
02350505	TERAZOSIN 10MG TABLET
02350475	TERAZOSIN 1MG TABLET
02350483	TERAZOSIN 2MG TABLET
02350491	TERAZOSIN 5MG TABLET
02331551	TEVA-LACTULOSE 667MG/ML ORAL LIQUID
80000436	VITAMINE D 1000IU TABLET