This content was archived on June 24, 2013.

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Health Canada Santé Canada

Spring-Summer 2011

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
02270811	BAY	FINACEA 15% TOPICAL GEL	16-05-2011
02352656	PFI	FRAGMIN 10000U/0.4ML SYRINGE	21-04-2011
02352648	PFI	FRAGMIN 7500U/0.3ML SYRINGE	21-04-2011
02240342	PDL	DIVALPROEX 250MG EC TABLET	15-03-2011
02356422	SEV	ST DIAMICRON MR 60MG TABLET	07-03-2011
97799500	LIL	HUMULIN N KWIKPEN	08-02-2011

Multi-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02237390	PER	ACETAMINOPHEN 80MG/ML SUSPENSION	31-01-2011
02352427	ODN	ST ASATAB EC 325MG TABLET	02-05-2011
02352435	ODN	ST ASATAB EC 650MG TABLET	02-05-2011
02331292	SAN	ST AMLODIPINE 10MG TABLET	28-03-2011

DIN (Drug Identification Number)
MFR (Manufacturer)
ST (Short-Term Dispensing Policy Drug)

Canada

DIN	MFR	ITEM NAME	Effective Date
02331284	SAN	[ST] AMLODIPINE 5MG TABLET	28-03-2011
02351757	PDL	[ST] ATORVASTATIN 10MG TABLET	15-03-2011
02351765	PDL	[ST] ATORVASTATIN 20MG TABLET	15-03-2011
02351773	PDL	[ST] ATORVASTATIN 40MG TABLET	15-03-2011
02351781	PDL	[ST] ATORVASTATIN 80MG TABLET	15-03-2011
02343002	SAN	AZATHIOPRINE 50MG TABLET	14-04-2011
97799532	HOD	TRUETEST TEST STRIP (100)	09-05-2011
97799531	HOD	TRUETEST TEST STRIP (50)	09-05-2011
80001408	NUR	OYSTER SHELL CALCIUM 500MG CAPSULE	02-05-2011
02365367	APX	[ST] APO-CANDESARTAN 16MG TABLET	27-05-2011
02365340	APX	[ST] APO-CANDESARTAN 4MG TABLET	27-05-2011
02365359	APX	[ST] APO-CANDESARTAN 8MG TABLET	27-05-2011
02326973	SDZ	[ST] SANDOZ-CANDESARTAN 16MG TABLET	27-05-2011
02326957	SDZ	[ST] SANDOZ-CANDESARTAN 4MG TABLET	27-05-2011
02326965	SDZ	[ST] SANDOZ-CANDESARTAN 8MG TABLET	27-05-2011
02355248	ACP	ACCEL-CITALOPRAM 10MG TABLET	22-03-2011
02355256	ACP	ACCEL-CITALOPRAM 20MG TABLET	22-03-2011
02355264	ACP	ACCEL-CITALOPRAM 40MG TABLET	22-03-2011
02324482	PDL	PRO-CLARITHROMYCIN 250MG TABLET	15-03-2011
02324490	PDL	PRO-CLARITHROMYCIN 500MG TABLET	15-03-2011
02309548	PMS	PMS-CLOBETASOL 0.05% OINTMENT	15-04-2011
02237736	SWS	[ST] VITAMIN B12 1000MCG TABLET	14-04-2011
02316307	SDZ	SANDOZ DORZOLAMIDE 20MG/ML	25-03-2011
02299615	APX	APO-DORZO-TIMOP 20/5MG SOLUTION	03-02-2011
02326663	STG	ERYTHROMYCIN 0.50% OINTMENT	06-05-2011
02356570	SAN	[ST] FENOFIBRATE-S 100 MG TABLET	18-03-2011
02356589	SAN	[ST] FENOFIBRATE-S 160MG TABLET	18-03-2011
02286068	SAN	FLUOXETINE 10MG CAPSULE	28-03-2011
02286076	SAN	FLUOXETINE 20MG CAPSULE	28-03-2011
02317079	PMS	[ST] PMS-IRBESARTAN 150MG TABLET	12-04-2011
02317087	PMS	[ST] PMS-IRBESARTAN 300MG TABLET	12-04-2011
02317060	PMS	[ST] PMS-IRBESARTAN 75MG TABLET	12-04-2011
02316404	RTP	[ST] RATIO-IRBESARTAN 150MG TABLET	12-04-2011
02316412	RTP	[ST] RATIO-IRBESARTAN 300MG TABLET	12-04-2011
02316390	RTP	[ST] RATIO-IRBESARTAN 75MG TABLET	12-04-2011
02328488	SDZ	[ST] SANDOZ IRBESARTAN 150MG TABLET	12-04-2011
02328496	SDZ	[ST] SANDOZ IRBESARTAN 300MG TABLET	12-04-2011
02328461	SDZ	[ST] SANDOZ IRBESARTAN 75MG TABLET	12-04-2011
02315998	TEP	[ST] TEVA-IRBESARTAN 150MG TABLET	12-04-2011
02316005	TEP	[ST] TEVA-IRBESARTAN 300MG TABLET	12-04-2011
02315971	TEP	[ST] TEVA-IRBESARTAN 75MG TABLET	12-04-2011
02328518	PMS	[ST] PMS-IRBESARTAN/HCT 150/12.5MG TABLET	12-04-2011
02328526	PMS	[ST] PMS-IRBESARTAN/HCT 300/12.5MG TABLET	12-04-2011
02328534	PMS	[ST] PMS-IRBESARTAN/HCT 300/25MG TABLET	12-04-2011
02330512	RTP	[ST] RATIO-IRBESART/HCT 150/12.5MG TABLET	12-04-2011
02330520	RTP	[ST] RATIO-IRBESART/HCT 300/12.5MG TABLET	12-04-2011
02330539	RTP	[ST] RATIO-IRBESART/HCT 300/25MG TABLET	12-04-2011
02337428	SDZ	[ST] SANDOZ IRBESART/HCT 150/12.5MG TABLET	12-04-2011
02337436	SDZ	[ST] SANDOZ IRBESART/HCT 300/12.5MG TABLET	12-04-2011
02337444	SDZ	[ST] SANDOZ IRBESART/HCT 300/25MG TABLET	12-04-2011
02316013	TEP	[ST] TEVA-IRBESARTAN/HCT 150/12.5MG TABLET	12-04-2011
02316021	TEP	[ST] TEVA-IRBESARTAN/HCT 300/12.5MG TABLET	12-04-2011
02316048	TEP	[ST] TEVA-IRBESARTAN/HCT 300/25MG TABLET	11-04-2011
02357682	SAN	[ST] LANSOPRAZOLE 15MG CAPSULE	29-03-2011
02357690	SAN	[ST] LANSOPRAZOLE 30MG CAPSULE	29-03-2011
02358514	APX	APO-LETROZOLE 2.5MG TABLET	05-03-2011

DIN	MFR	ITEM NAME	Effective Date
02351463	SAN	[ST] 5-ASA 400MG TABLET	25-03-2011
02326248	PDL	METHYLPHENIDATE 10MG TABLET	18-03-2011
02326256	PDL	METHYLPHENIDATE 20MG TABLET	18-03-2011
02326221	PDL	METHYLPHENIDATE 5MG TABLET	18-03-2011
02351412	PDL	METOPROLOL SR 200MG TABLET	15-03-2011
02350920	SAN	MORPHINE SR 100MG TABLET	18-03-2011
02350815	SAN	MORPHINE SR 15MG TABLET	18-03-2011
02350947	SAN	MORPHINE SR 200MG TABLET	18-03-2011
02350890	SAN	MORPHINE SR 30MG TABLET	18-03-2011
02350912	SAN	MORPHINE SR 60MG TABLET	18-03-2011
97799566	DPI	INSUPEN 29GX12MM NEEDLE	08-02-2011
97799567	DPI	INSUPEN 30GX8MM NEEDLE	08-02-2011
97799569	DPI	INSUPEN 31GX6MM NEEDLE	08-02-2011
97799568	DPI	INSUPEN 31GX8MM NEEDLE	08-02-2011
97799571	DPI	INSUPEN 32GX6MM NEEDLE	08-02-2011
97799570	DPI	INSUPEN 32GX8MM NEEDLE	08-02-2011
02352893	TEP	TEVA-NEVIRAPINE 200MG TABLET	22-03-2011
02360632	APX	APO-OLANZAPINE ODT 15MG	29-03-2011
02360616	APX	APO-OLANZAPINE ODT 5MG	29-03-2011
02358034	MDS	PEG 3350 POWDER	11-04-2011
02356546	SAN	[ST] PRAVASTATIN 10MG TABLET	18-03-2011
02356554	SAN	[ST] PRAVASTATIN 20MG TABLET	18-03-2011
02356562	SAN	[ST] PRAVASTATIN 40MG TABLET	18-03-2011
02361892	PMS	PMS-QUETIAPINE 50MG TABLET	07-03-2011
02342138	PMS	[ST] PMS-RAMIPRIL-HCTZ 2.5/12.5MG TABLET	22-03-2011
02342146	PMS	[ST] PMS-RAMIPRIL-HCTZ 5/12.5MG TABLET	22-03-2011
02342162	PMS	[ST] PMS-RAMIPRIL-HCTZ 5MG/25MG TABLET	07-03-2011
02353024	SAN	[ST] RANITIDINE 300MG TABLET	31-03-2011
02321475	CBT	[ST] CO-REPAGLINIDE 0.5MG TABLET	03-02-2011
02321483	CBT	[ST] CO-REPAGLINIDE 1MG TABLET	03-02-2011
02321491	CBT	[ST] CO-REPAGLINIDE 2MG TABLET	03-02-2011
02354926	PMS	[ST] PMS-REPAGLINIDE 0.5MG TABLET	29-03-2011
02354934	PMS	[ST] PMS-REPAGLINIDE 1MG TABLET	29-03-2011
02354942	PMS	[ST] PMS-REPAGLINIDE 2MG TABLET	29-03-2011
02359790	MIN	MINT-RISPERIDONE 0.25MG TABLET	22-03-2011
02359804	MIN	MINT-RISPERIDONE 0.5MG TABLET	22-03-2011
02359812	MIN	MINT-RISPERIDONE 1MG TABLET	22-03-2011
02359820	MIN	MINT-RISPERIDONE 2MG TABLET	22-03-2011
02359839	MIN	MINT-RISPERIDONE 3MG TABLET	22-03-2011
02359847	MIN	MINT-RISPERIDONE 4MG TABLET	22-03-2011
02356880	SAN	RISPERIDONE 0.25MG TABLET	22-03-2011
02356899	SAN	RISPERIDONE 0.5MG TABLET	28-03-2011
02356902	SAN	RISPERIDONE 1MG TABLET	28-03-2011
02356910	SAN	RISPERIDONE 2MG TABLET	28-03-2011
02356929	SAN	RISPERIDONE 3MG TABLET	28-03-2011
02356937	SAN	RISPERIDONE 4MG TABLET	28-03-2011
02340208	SDZ	[ST] SANDOZ TAMSULOSIN 0.4MG CREAM	17-02-2011
02351315	ACP	ACCEL-TOPIRAMATE 100MG TABLET	22-03-2011
02351323	ACP	ACCEL-TOPIRAMATE 200MG TABLET	22-03-2011
02351307	ACP	ACCEL-TOPIRAMATE 25MG TABLET	22-03-2011
02356864	SAN	TOPIRAMATE 100MG TABLET	28-03-2011
02356872	SAN	TOPIRAMATE 200MG TABLET	28-03-2011
02356856	SAN	TOPIRAMATE 25MG TABLET	28-03-2011
02363119	RBY	[ST] RAN-VALSARTAN 160MG TABLET	07-03-2011
02363062	RBY	[ST] RAN-VALSARTAN 40MG TABLET	07-03-2011
02363100	RBY	[ST] RAN-VALSARTAN 80MG TABLET	07-03-2011

DIN	MFR	ITEM NAME	Effective Date
02356767	SDZ	[ST] SANDOZ VALSARTAN 160MG TABLET	16-03-2011
02356775	SDZ	[ST] SANDOZ VALSARTAN 320MG TABLET	16-03-2011
02356740	SDZ	[ST] SANDOZ VALSARTAN 40MG TABLET	16-03-2011
02356759	SDZ	[ST] SANDOZ VALSARTAN 80MG TABLET	16-03-2011
02356678	TEP	[ST] TEVA-VALSARTAN 160MG TABLET	07-03-2011
02356686	TEP	[ST] TEVA-VALSARTAN 320MG TABLET	07-03-2011
02356643	TEP	[ST] TEVA-VALSARTAN 40MG TABLET	07-03-2011
02356651	TEP	[ST] TEVA-VALSARTAN 80MG TABLET	07-03-2011
02357003	TEP	[ST] TEVA-VALSARTAN/HCTZ 160/12.5MG TABLET	07-03-2011
02357011	TEP	[ST] TEVA-VALSARTAN/HCTZ 160/25MG TABLET	07-03-2011
02357038	TEP	[ST] TEVA-VALSARTAN/HCTZ 320/12.5MG TABLET	07-03-2011
02357046	TEP	[ST] TEVA-VALSARTAN/HCTZ 320/25MG TABLET	07-03-2011
02356996	TEP	[ST] TEVA-VALSARTAN/HCTZ 80/12.5MG TABLET	07-03-2011
02356708	SDZ	[ST] SANDOZ VALSARTAN HCT 160/12.5 TABLET	16-03-2011
02356716	SDZ	[ST] SANDOZ VALSARTAN HCT 160/25MG TABLET	16-03-2011
02356724	SDZ	[ST] SANDOZ VALSARTAN HCT 320/12.5 TABLET	16-03-2011
02356732	SDZ	[ST] SANDOZ VALSARTAN HCT 320/25MG TABLET	16-03-2011
02356694	SDZ	[ST] SANDOZ VALSARTAN HCT 80/12.5MG TABLET	16-03-2011

NEW LIMITED USE BENEFITS

DIN	MFR	ITEM NAME	Effective Date
02350092	HLR	ACTEMRA 80MG/4ML IV SOLUTION	06-04-2011
02350106	HLR	ACTEMRA 200MG/10ML IV SOLUTION	06-04-2011
02350114	HLR	ACTEMRA 400MG/20ML IV SOLUTION	06-04-2011

Limited use benefit (prior approval required).
For the treatment of adult patients with moderate to severely active rheumatoid arthritis who have failed to respond to an adequate trial of an anti-TNF agent AND
a. Prescribed by a rheumatologist AND
b. Patient has had a tuberculin skin test performed.
Note: Treatment should be combined with methotrexate or other DMARD. Tocilizumab should not be used in combination with anti-TNF agents.

02350270	PDL	[ST] FINASTERIDE 5MG TABLET	22-03-2011
02354462	CBT	[ST] CO-FINASTERIDE 5MG TABLET	11-03-2011

Limited use benefit (prior approval required).
a. For treatment of Benign Prostatic Hyperplasia (BPH) in patients who do not tolerate or have not responded to an alpha adrenergic blocker; OR
b. For use in combination therapy when monotherapy with an alpha-blocker is not sufficient.

02356511	SAN	[ST] RABEPRAZOLE 10MG TABLET	28-03-2011
02356538	SAN	[ST] RABEPRAZOLE 20MG TABLET	28-03-2011

Limited use benefit (prior approval not required).
Coverage will be limited to 400 tablets/capsules every 180 days.

02347474	PDL	[ST] RISEDRONATE 35MG TABLET	15-04-2011

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

DIN	MFR	ITEM NAME	Effective Date
02246804	JNO	LEVAQUIN 750MG TABLET	17-05-2011
02285649	NOP	NOVO-LEVOFLOXACIN 750MG TABLET	17-05-2011
02298651	SDZ	SANDOZ-LEVOFLOXACIN 750MG TABLET	17-05-2011
02305585	PMS	PMS-LEVOFLOXACIN 750MG TABLET	17-05-2011
02315440	CBT	CO-LEVOFLOXACIN 750MG TABLET	17-05-2011
02325942	APX	APO-LEVOFLOXACIN 750MG TABLET	17-05-2011

Limited use benefit (prior approval not required).
Coverage will be limited to a maximum of 14 days.

02316943	JNO	PAT-GALANTAMINE ER 8MG CAPSULE	24-02-2011
02316951	JNO	PAT-GALANTAMINE ER 16MG CAPSULE	24-02-2011
02316978	JNO	PAT-GALANTAMINE ER 24MG CAPSULE	24-02-2011
02339439	MYL	MYLAN-GALANTAMINE ER 8MG TABLET	24-02-2011
02339447	MYL	MYLAN-GALANTAMINE ER 16MG TABLET	24-02-2011
02339455	MYL	MYLAN-GALANTAMINE ER 24MG TABLET	24-02-2011

Limited use benefit (prior approval required).
Initial six month coverage for cholinesterase inhibitors:
- Diagnosis of mild to moderate Alzheimer's disease; AND
- Mini Mental State Exam (MMSE) score of 10-26, established within the last 60 days; AND
- Global Deterioration Scale (GDS) score between 4 to 6, established within the last 60 days
- Continued coverage beyond 6 months will be based on improvement or stabilization of cognition, function or behaviour.

Criteria for coverage at every six month interval:
- Diagnosis is still mild to moderate Alzheimer's disease; AND
- MMSE score > 10; AND
- GDS score between 4 to 6; AND
- Improvement or stabilization in at least one of the following domains (please indicate improved, worsened, or no change)

1. Memory, reasoning and perception (e.g., names, tasks,MMSE)
2. Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation)
3. Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting)
4. Neuropsychiatric symptoms (e.g. agitation, delusion, hallucination, apathy)

NOT ADDED TO FORMULARY

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

DIN	MFR	ITEM NAME
02349124	LIL	EFFIENT 10MG TABLET (PRASUGREL)
02344939	NOV	ILARIS 150MG/VIAL INJECTION (CANAKINUMAB)
02354233	JNO	INVEGA SUSTENA 100MG/1ML INJECTION (PALIPERIDONE PALMITATE)
02354241	JNO	INVEGA SUSTENA 150MG/1.5ML INJECTION (PALIPERIDONE PALMITATE)
02354209	JNO	INVEGA SUSTENA 25MG/0.25ML INJECTION (PALIPERIDONE PALMITATE)
02354217	JNO	INVEGA SUSTENA 50MG/0.5ML INJECTION (PALIPERIDONE PALMITATE)
02354225	JNO	INVEGA SUSTENA 75MG/0.75ML INJECTION (PALIPERIDONE PALMITATE)
02350580	BMR	KUVAN 100MG TABLET (SAPROPTERIN DIHYDROCHLORIDE)

CRITERIA CHANGES

LISTING OF LANTUS

Effective April 1, 2011, NIHB has listed Lantus® as an open benefit on the Drug Benefit List. This change in listing status will apply to the following DINS:
02245689 LANTUS® 100UNIT/ML 10ML VIAL
02251930 LANTUS® 100UNIT/ML CARTRIDGE
02294338 LANTUS® 3ML SOLOSTAR

LISTING OF METHADONE FOR PAIN

Effective, June 1, 2011, the listing status of methadone for the treatment of pain has been changed from exception to limited use benefit (prior approval required) with the following criteria:
1. Prescriber is registered with Health Canada and is eligible to prescribe methadone for the management of pain. AND
2. For the management of moderate to severe cancer pain or chronic non-cancer pain, as an alternative to other opioids. OR,
3. For the management of pain for palliative care patients.

Metadol® 1mg Tablet 02247698
Metadol® 5mg Tablet 02247699
Metadol® 10mg Tablet 02247700
Metadol® 25mg Tablet 02247701
Metadol® 1mg/ml Liquid 02247694
Metadol® 10mg/ml Liquid 02241377
Methadone powder (pain) 09991180

Pharmacists may only dispense a maximum supply of 30 days at one time.
Methadone pseudo DINs listed for the treatment of pain should not be used for methadone maintenance therapy. Methadone for the treatment of opioid dependency is an open benefit covered under the NIHB Program (Methadone maintenance therapy pseudo DIN 908835). For information regarding the adjudication rules of methadone for the treatment of opioid dependency, please refer to the NIHB Provider guide: http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/_drug-med/2010-prov-fourn-guide/index-eng.php

LISTING OF CONCERTA

Effective April 1, 2011, NIHB has listed Concerta® as a limited use benefit, prior approval required.

This change in listing status will apply to the following DINS:
02247732 CONCERTA® 18MG Tablet
02250241 CONCERTA® 27MG Tablet
02247733 CONCERTA® 36MG Tablet
02247734 CONCERTA® 54MG Tablet

This change in listing status will also affect the following generic methylphenidate ER products:
02315068 NOVO-METHYLPHENIDATE ER 18MG Tablet
02315076 NOVO-METHYLPHENIDATE ER 27MG Tablet
02315084 NOVO-METHYLPHENIDATE ER 36MG Tablet
02315092 NOVO-METHYLPHENIDATE ER 54MG Tablet
02330377 APO-METHYLPHENIDATE ER 54MG Tablet

The limited use benefit (prior approval required) criteria for Concerta® (and generics) are:
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 interferes 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 (i.e., Ritalin® SR) or sustained release dextroamphetamine (i.e., Dexedrine Spansules) has not adequately controlled the symptoms of the disorder.

LISTING OF JANUVIA AND JANUMET

Effective July 15, 2011, NIHB listed Januvia and Janumet as limited use benefits, prior approval required, with the following criteria.

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.

This change in listing status applies to the following DINS.
02303922 JANUVIA® 100MG TAB
02333856 JANUMET® 50MG/500MG TAB
02333864 JANUMET® 50MG/850MG TAB
02333872 JANUMET® 50MG/1000MG TAB

Januvia and Janumet are eligible for Auto Approval through the NIHB Program.

NEW OXYCONTIN DOSE LIMIT

The Non-Insured Health Benefits (NIHB) Program has developed a strategy to address the potential misuse and abuse of OxyContin®. This strategy was based on recommendations by the National Opioid Use Guidelines Group (NOUGG) and developed in consultation with the Drug Use Evaluations Advisory Committee (DUEAC). The mandate of the DUEAC is to provide recommendations to NIHB to promote safe, therapeutically effective and efficient use of drug therapy as it contributes to the health outcomes of First Nations and Inuit clients.

The first phase of the NIHB OxyContin® strategy was implemented on October 18, 2010 when the Program revised the coverage criteria for OxyContin®. OxyContin® is now eligible for a maximum supply of 30 days at one time and requires previous use of an alternative long acting opioid (e.g. morphine LA) before coverage is provided.

On February 15, 2011, NIHB placed a dose limit on OxyContin®, in Ontario only, of 36000 morphine mg equivalents over 60 days (equivalent to 600 morphine mg equivalents per day or 400mg of OxyContin® per day) when used to treat non-cancer or non-palliative pain.

Effective July 26, 2011, NIHB will change the dose limit to 60000 morphine mg equivalents over 100 days, and implement it on a national basis. This is equivalent to 600 morphine mg equivalents per day or 400mg of OxyContin® per day. The dose limit will apply for any combination of the following DINs when used to treat non-cancer or non-palliative pain.
- 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)

If a request for coverage is received from the pharmacy provider resulting in the client exceeding the eligible dose limit, the client's prescriber will need to provide rationale to the NIHB Drug Exception Centre (DEC) to support the additional doses. OxyContin® used to treat cancer or palliative care pain will not be subjected to this dose limit.

The NIHB Program will continue to monitor the utilization of OxyContin® and adjust the eligible dose limit as required.

The NIHB Program relies on continued support from pharmacists in our efforts to ensure the safer use of OxyContin® among First Nations and Inuit clients.

DELISTING OF OTC COUGH AND COLD PRODUCTS

Effective July 4, 2011, the NIHB Program is no longer providing coverage of OTC cough and cold products due to a lack of proven efficacy and as well the potential risks of harm for children under 6. This change in listing status will apply to the following DINs currently listed on the NIHB DBL:

02243969 DIMETAPP DM COUGH & COLD
00896179 TRIAMINIC DM NIGHT TIME
02241495 DM COUGH SYRUP
02215268 BENYLIN DM CHILD
01928775 BALMINIL DM
01944738 BENYLIN DM
00511013 DM SANS SUCRE
01928791 KOFFEX DM RPH
02231404 BENYLIN DM NIGHTTIME
02018403 DELSYM
02231313 TRIAMINIC DM
01953966 ROBITUSSIN PEDIATRIC
00729655 BUCKLEYS DM BUY
00522791 BRONCHOPHAN FORTE DM
00800813 COUGH SYRUP RPH
00833231 COUGH SYRUP DEXTROMETHORPHAN
01928783 KOFFEX DM RPH
02243062 TRIAMINIC COUGH & CONGESTION
01944746 BENYLIN DM-D CHILD WLA
01944711 BENYLIN DM-D WLA
02238302 ACTIFED
02243980 DIMETAPP COLD
01970399 CHLOR-TRIPOLON ND SCH
01944746 BENYLIN DM-D CHILD WLA.