

Fall 2012

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 NIHB Drugs and Therapeutics Advisory Committee (DTAC). 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 DTAC 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
02371030	BOE	ST TWYNSTA 10/40MG TABLET	12-03-2012
02371057	BOE	ST TWYNSTA 10/80MG TABLET	12-03-2012
02371049	BOE	ST TWYNSTA 5/80MG TABLET	12-03-2012
02371049	BOE	ST TWYNSTA 5/80MG TABLET	12-03-2012
02351714	JAP	BACITRACIN OINTMENT	18-04-2012
09857392	JAJ	ONE TOUCH VERIO TEST STRIP	15-02-2012
02244126	LEO	DOVOBET OINTMENT	06-02-2012
02369656	TCH	ST ALLERNIX MULTI SYMPTOM 5MG TABLET	14-02-2012
80019745	PED	ZAP SPRAY	23-03-2012
02271842	NOO	LEVEMIR PENFILL 100UNIT/ML SC	07-05-2012
99401085	MSC	LIBERTE UT380 SHORT IUD	03-02-2012
99401086	MSC	LIBERTE UT380 STANDARD IUD	03-02-2012
02243716	LUI	VENOFER 20MG/ML INJECTION	04-05-2012

DIN (Drug Identification Number)

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)

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DIN	MFR	ITEM NAME	Effective Date
97799467	NOO	NOVOTWIST TIP NEEDLE 30G	18-01-2012
97799468	NOO	NOVOTWIST TIP NEEDLE 32G	18-01-2012
80001842	WHR	ST CENTRUM MATERNA TABLET	22-05-2012
02229535	PED	ST MULTI-PRE AND POST NATAL TABLETS	22-05-2012
80005770	PMT	ST PRENATAL & POSTPARTUM VIT TABLET	22-05-2012
02241235	STA	ST PRENATAL AND POSTPARTUM SUPPLEMENT	22-05-2012
00886327	ATL	PATE D"IHLE PST 25% PASTE	01-01-2012

Multi-Source Drug Products

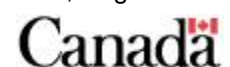
DIN	MFR	ITEM NAME	Effective Date
02378779	ODN	ST AMLODIPINE-ODAN 10MG TABLET	21-03-2012
02378744	ODN	ST AMLODIPINE-ODAN 2.5MG TABLET	21-03-2012
02378760	ODN	ST AMLODIPINE-ODAN 5MG TABLET	21-03-2012
02357186	JAP	ST JAMP-AMLODIPINE 2.5MG TABLET	14-02-2012
02371359	MPP	ST MANDA-AMLODIPINE 10MG TABLET	22-03-2012
02371332	MPP	ST MANDA-AMLODIPINE 2.5MG TABLET	22-03-2012
02371340	MPP	ST MANDA-AMLODIPINE 5MG TABLET	22-03-2012
02367572	JAP	ST JAMP-ATENOLOL 100MG TABLET	14-02-2012
02367556	JAP	ST JAMP-ATENOLOL 25MG TABLET	14-02-2012
02367564	JAP	ST JAMP-ATENOLOL 50MG TABLET	14-02-2012
02357216	JAP	ST JAMP-BICALUTAMIDE 50MG TABLET	14-02-2012
02371324	RBY	ST RAN-BICALUTAMIDE 50MG TABLET	07-05-2012
02376547	CBT	ST CO-CANDESARTAN 16MG TABLET	27-01-2012
02376555	CBT	ST CO-CANDESARTAN 32MG TABLET	27-01-2012
02376520	CBT	ST CO-CANDESARTAN 4MG TABLET	27-01-2012
02376539	CBT	ST CO-CANDESARTAN 8MG TABLET	27-01-2012
02379147	MYL	ST MYLAN-CANDESARTAN 16MG TABLET	28-05-2012
02379155	MYL	ST MYLAN-CANDESARTAN 32MG TABLET	28-05-2012
02379120	MYL	ST MYLAN-CANDESARTAN 4MG TABLET	28-05-2012
02379139	MYL	ST MYLAN-CANDESARTAN 8MG TABLET	28-05-2012
02366320	TEP	ST TEVA-CANDESARTAN 16MG TABLET	22-03-2012
02366339	TEP	ST TEVA-CANDESARTAN 32MG TABLET	22-03-2012
02366312	TEP	ST TEVA-CANDESARTAN 8MG TABLET	22-03-2012
02368919	JAP	ST JAMP-CARVEDILOL 12.5MG TABLET	14-02-2012
02368927	JAP	ST JAMP-CARVEDILOL 25MG TABLET	14-02-2012
02368897	JAP	ST JAMP-CARVEDILOL 3.125MG TABLET	14-02-2012
02368900	JAP	ST JAMP-CARVEDILOL 6.25MG TABLET	14-02-2012
02371499	PMS	ST PHARMA-D 10 000IU CAPSULE	22-03-2012
02379686	MAR	ST MAR-CIPROFLOXACIN 250MG TABLET	28-05-2012
02379694	MAR	ST MAR-CIPROFLOXACIN 500MG TABLET	28-05-2012
02379708	MAR	ST MAR-CIPROFLOXACIN 750MG TABLET	28-05-2012
02374005	MPP	ST MANDA-CITALOPRAM 10MG TABLET	22-03-2012
02373971	MPP	ST MANDA-CITALOPRAM 20MG TABLET	22-03-2012
02373998	MPP	ST MANDA-CITALOPRAM 40MG TABLET	22-03-2012
02370085	JAP	ST JAMP-CITALOPRAM 10MG TABLET	16-02-2012
02309521	PMS	ST PMS-CLOBETASOL 0.05% CREAM	13-02-2012
80026092	JAP	ST JAMP-VITAMINE B12 O/L	01-05-2012
02357127	JAP	ST JAMP-CYCLOBENZAPRINE 10MG TABLET	16-02-2012
02370611	CBT	ST CO DILTIAZEM CD 120MG CAPSULE	05-01-2012
02370638	CBT	ST CO DILTIAZEM CD 180MG CAPSULE	05-01-2012
02370646	CBT	ST CO DILTIAZEM CD 240MG CAPSULE	05-01-2012
02370654	CBT	ST CO DILTIAZEM CD 300MG CAPSULE	05-01-2012
02370441	CBT	ST CO DILTIAZEM T 120MG CAPSULE	05-01-2012
02370492	CBT	ST CO DILTIAZEM T 180MG CAPSULE	05-01-2012
02370506	CBT	ST CO DILTIAZEM T 240MG CAPSULE	05-01-2012
02370514	CBT	ST CO DILTIAZEM T 300MG CAPSULE	05-01-2012

DIN (Drug Identification Number)

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MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)



DIN	MFR	ITEM NAME	Effective Date
02370522	CBT	ST CO DILTIAZEM T 360MG CAPSULE	05-01-2012
00695033	ODN	SELAX	04-05-2012
02320525	TEP	TEVA-DORZOTIMOL 20/5MG OPHTHALMIC SOLUTION	13-02-2012
02380005	SDZ	SANDOZ ENTACAPONE 200MG TABLET	04-05-2012
02375559	TEP	TEVA-ENTACAPONE 200MG TABLET	30-05-2012
02380560	MIN	MINT-FLUOXETINE 10MG CAPSULE	29-05-2012
02380579	MIN	MINT-FLUOXETINE 20MG CAPSULE	29-05-2012
02361469	JAP	JAMP-GABAPENTIN 100MG CAPSULE	14-02-2012
02361485	JAP	JAMP-GABAPENTIN 300MG CAPSULE	14-02-2012
02361493	JAP	JAMP-GABAPENTIN 400MG CAPSULE	14-02-2012
02364115	APX	APO-HYDROMORPHONE 1MG TABLET	22-03-2012
02364123	APX	APO-HYDROMORPHONE 2MG TABLET	22-03-2012
02364131	APX	APO-HYDROMORPHONE 4MG TABLET	22-03-2012
02364158	APX	APO-HYDROMORPHONE 8MG TABLET	22-03-2012
02254786	CBT	CO LATANOPROST 50MCG/ML OPHTHALMIC SOLUTION	05-01-2012
02373041	PFI	GD-LATANOPROST 50MCG/ML OPHTHALMIC SOLUTION	01-05-2012
02338459	ACC	ST LETROZOLE 2.5MG TABLET	09-03-2012
02361558	JAP	ST JAMP-LISINOPRIL 10MG TABLET	14-02-2012
02361566	JAP	ST JAMP-LISINOPRIL 20MG TABLET	14-02-2012
02361531	JAP	ST JAMP-LISINOPRIL 5MG TABLET	14-02-2012
02353512	APX	ST APO-LOSARTAN 100MG TABLET	13-02-2012
02379058	APX	ST APO-LOSARTAN 25MG TABLET	13-02-2012
02353504	APX	ST APO-LOSARTAN 50MG TABLET	13-02-2012
02354845	CBT	ST CO LOSARTAN 100MG TABLET	22-02-2012
02354829	CBT	ST CO LOSARTAN 25MG TABLET	22-02-2012
02354837	CBT	ST CO LOSARTAN 50MG TABLET	22-02-2012
02368293	MYL	ST MYLAN-LOSARTAN 100MG TABLET	22-02-2012
02368277	MYL	ST MYLAN-LOSARTAN 25MG TABLET	22-02-2012
02368285	MYL	ST MYLAN-LOSARTAN 50MG TABLET	22-02-2012
02309777	PMS	ST PMS-LOSARTAN 100MG TABLET	10-02-2012
02309750	PMS	ST PMS-LOSARTAN 25MG TABLET	10-02-2012
02309769	PMS	ST PMS-LOSARTAN 50MG TABLET	10-02-2012
02313359	SDZ	ST SANDOZ LOSARTAN 100MG TABLET	10-02-2012
02313332	SDZ	ST SANDOZ LOSARTAN 25MG TABLET	10-02-2012
02313340	SDZ	ST SANDOZ LOSARTAN 50MG TABLET	10-02-2012
02357976	TEP	ST TEVA-LOSARTAN 100MG TABLET	10-02-2012
02380838	TEP	ST TEVA-LOSARTAN 25MG TABLET	22-03-2012
02357968	TEP	ST TEVA-LOSARTAN 50MG TABLET	10-02-2012
02371243	APX	ST APO-LOSARTAN/HCTZ 100/12.5MG	22-02-2012
02371251	APX	ST APO-LOSARTAN/HCTZ 100/25MG	22-02-2012
02371235	APX	ST APO-LOSARTAN/HCTZ 50/12.5MG	22-02-2012
02378086	MYL	ST MYLAN-LOSARTAN/HCTZ 100/12.5MG	22-02-2012
02378094	MYL	ST MYLAN-LOSARTAN/HCTZ 100/25MG	22-02-2012
02378078	MYL	ST MYLAN-LOSARTAN/HCTZ 50/12.5MG	22-02-2012
02362449	SDZ	ST SANDOZ LOSARTAN HCT 100/12.5MG	10-02-2012
02313383	SDZ	ST SANDOZ LOSARTAN HCT 100/25MG	10-02-2012
02313375	SDZ	ST SANDOZ LOSARTAN HCT 50/12.5MG	10-02-2012
02377144	TEP	ST TEVA-LOSARTAN HCT 100/12.5MG	21-03-2012
02377152	TEP	ST TEVA-LOSARTAN HCT 100/25MG	21-03-2012
02358263	TEP	ST TEVA-LOSARTAN HCTZ 50/12.5MG	21-03-2012
02378620	MAR	ST MAR-METFORMIN 500MG TABLET	28-05-2012
02378639	MAR	ST MAR-METFORMIN 850MG TABLET	28-05-2012
02378841	MAR	ST METFORMIN 500MG TABLET	28-05-2012
02378868	MAR	ST METFORMIN 850MG TABLET	28-05-2012
02356848	JAP	ST JAMP-METOPROLOL-L 100MG TABLET	14-02-2012
02356813	JAP	ST JAMP-METOPROLOL-L 25MG TABLET	14-02-2012

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MFR (Manufacturer)

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DIN	MFR	ITEM NAME	Effective Date
02356821	JAP	ST JAMP-METOPROLOL-L 50MG TABLET	14-02-2012
02380900	PMS	PMS-NABILONE 0.5MG CAPSULE	08-05-2012
02380919	PMS	PMS-NABILONE 1MG CAPSULE	08-05-2012
02358085	RBY	RAN-NABILONE 0.5MG CAPSULE	04-05-2012
02358093	RBY	RAN-NABILONE 1MG CAPSULE	04-05-2012
02350807	SAN	NAPROXEN EC 375MG TABLET	12-11-2010
02351021	SAN	NAPROXEN SODIUM DS 550MG TABLET	09-11-2010
02382717	MYL	MYLAN-OLANZAPINE ODT 10MG	29-05-2012
02382725	MYL	MYLAN-OLANZAPINE ODT 15MG	29-05-2012
02382709	MYL	MYLAN-OLANZAPINE ODT 5MG	29-05-2012
02374870	RBU	RAN-OMEPRAZOLE 20MG TABLET	07-05-2012
02370808	SAN	ST PANTOPRAZOLE 40MG TABLET	01-03-2012
80013005	JAP	ST JAMP-K 600 TABLET	16-02-2012
02310023	PDL	ST PRO-RAMIPRIL 1.25MG CAPSULE	29-05-2012
02310104	PDL	ST PRO-RAMIPRIL 10MG CAPSULE	29-05-2012
02310066	PDL	ST PRO-RAMIPRIL 2.5MG CAPSULE	29-05-2012
02310074	PDL	ST PRO-RAMIPRIL 5MG CAPSULE	29-05-2012
02359529	JAP	JAMP-RISPERIDONE 0.25MG TABLET	15-02-2012
02359537	JAP	JAMP-RISPERIDONE 0.5MG TABLET	15-02-2012
02359545	JAP	JAMP-RISPERIDONE 1MG TABLET	15-02-2012
02359553	JAP	JAMP-RISPERIDONE 2MG TABLET	15-02-2012
02359561	JAP	JAMP-RISPERIDONE 3MG TABLET	15-02-2012
02370697	PMS	ST PMS-RISPERIDONE ODT 3MG	13-02-2012
02370700	PMS	ST PMS-RISPERIDONE ODT 4MG	13-02-2012
02374749	CBT	ST CO-RIZATRIPTAN ODT 10MG	16-02-2012
02374730	CBT	ST CO-RIZATRIPTAN ODT 5MG	16-02-2012
02379678	MAR	MAR-RIZATRIPTAN 10MG TABLET	02-05-2012
02379651	MAR	MAR-RIZATRIPTAN 5MG TABLET	02-05-2012
02379201	MYL	ST MYLAN-RIZATRIPTAN ODT 10MG	22-03-2012
02379198	MYL	ST MYLAN-RIZATRIPTAN ODT 5MG	22-03-2012
02351889	SDZ	ST SANDOZ RIZATRIPTAN ODT 10MG	22-02-2012
02351870	SDZ	ST SANDOZ RIZATRIPTAN ODT 5MG	22-02-2012
02352338	JAP	ST JAMP-ROPINIROLE 0.25MG TABLET	16-02-2012
02352346	JAP	ST JAMP-ROPINIROLE 1MG TABLET	16-02-2012
02352354	JAP	ST JAMP-ROPINIROLE 2MG TABLET	16-02-2012
02352362	JAP	ST JAMP-ROPINIROLE 5MG TABLET	16-02-2012
02337983	APX	ST APO-ROSUVASTATIN 10MG TABLET	23-03-2012
02337991	APX	ST APO-ROSUVASTATIN 20MG TABLET	23-03-2012
02338009	APX	ST APO-ROSUVASTATIN 40MG TABLET	23-03-2012
02337975	APX	ST APO-ROSUVASTATIN 5MG TABLET	23-03-2012
02339773	CBT	ST CO ROSUVASTATIN 10MG TABLET	23-03-2012
02339781	CBT	ST CO ROSUVASTATIN 20MG TABLET	23-03-2012
02339803	CBT	ST CO ROSUVASTATIN 40MG TABLET	23-03-2012
02339765	CBT	ST CO ROSUVASTATIN 5MG TABLET	23-03-2012
02381273	MYL	ST MYLAN-ROSUVASTATIN 10MG TABLET	23-03-2012
02381281	MYL	ST MYLAN-ROSUVASTATIN 20MG TABLET	23-03-2012
02381303	MYL	ST MYLAN-ROSUVASTATIN 40MG TABLET	23-03-2012
02381265	MYL	ST MYLAN-ROSUVASTATIN 5MG TABLET	23-03-2012
02378531	PMS	ST PMS-ROSUVASTATIN 10MG TABLET	16-04-2012
02378558	PMS	ST PMS-ROSUVASTATIN 20MG TABLET	16-04-2012
02378566	PMS	ST PMS-ROSUVASTATIN 40MG TABLET	16-04-2012
02378523	PMS	ST PMS-ROSUVASTATIN 5MG TABLET	16-04-2012
02382652	RBY	ST RAN-ROSUVASTATIN 10MG TABLET	02-05-2012
02382660	RBY	ST RAN-ROSUVASTATIN 20MG TABLET	02-05-2012
02382679	RBY	ST RAN-ROSUVASTATIN 40MG TABLET	02-05-2012
02382644	RBY	ST RAN-ROSUVASTATIN 5MG TABLET	02-05-2012

DIN (Drug Identification Number)

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MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)



DIN	MFR	ITEM NAME	Effective Date
02338734	SDZ	ST SANDOZ ROSUVASTATIN 10MG TABLET	23-03-2012
02338742	SDZ	ST SANDOZ ROSUVASTATIN 20MG TABLET	23-03-2012
02338750	SDZ	ST SANDOZ ROSUVASTATIN 40MG TABLET	23-03-2012
02338726	SDZ	ST SANDOZ ROSUVASTATIN 5MG TABLET	23-03-2012
02354616	TEP	ST TEVA-ROSUVASTATIN 10MG TABLET	23-03-2012
02354624	TEP	ST TEVA-ROSUVASTATIN 20MG TABLET	23-03-2012
02354632	TEP	ST TEVA-ROSUVASTATIN 40MG TABLET	23-03-2012
02354608	TEP	TEVA-ROSUVASTATIN 5MG TABLET	23-03-2012
02374579	RBY	RAN-SERTRALINE 100MG CAPSULE	02-05-2012
02374552	RBY	RAN-SERTRALINE 25MG CAPSULE	02-05-2012
02374560	RBY	RAN-SERTRALINE 50MG CAPSULE	02-05-2012
02378892	ODN	ST SIMVASTATIN-ODAN 10MG TABLET	21-03-2012
02378906	ODN	ST SIMVASTATIN-ODAN 20MG TABLET	21-03-2012
02378914	ODN	ST SIMVASTATIN-ODAN 40MG TABLET	21-03-2012
02378884	ODN	ST SIMVASTATIN-ODAN 5MG TABLET	21-03-2012
02378922	ODN	ST SIMVASTATIN-ODAN 80MG TABLET	21-03-2012
02376717	MYL	ST MYLAN-TELMISARTAN 40MG TABLET	08-02-2012
02376725	MYL	ST MYLAN-TELMISARTAN 80MG TABLET	08-02-2012
02375958	SDZ	ST SANDOZ TELMISARTAN 40MG TABLET	08-02-2012
02375966	SDZ	ST SANDOZ TELMISARTAN 80MG TABLET	08-02-2012
02320177	TEP	ST TEVA-TELMISARTAN 40MG TABLET	08-02-2012
02320185	TEP	ST TEVA-TELMISARTAN 80MG TABLET	08-02-2012
02373564	MYL	ST MYLAN-TELMISARTAN HCTZ 80/12.5	22-02-2012
02373572	MYL	ST MYLAN-TELMISARTAN HCTZ 80/25MG	22-02-2012
02330288	TEP	ST TEVA-TELMISARTAN HCTZ 80/12.5	22-02-2012
02379252	TEP	ST TEVA-TELMISARTAN HCTZ 80/25MG	22-02-2012
02357070	JAP	JAMP-TERBINAFINE 250MG TABLET	16-02-2012
02382555	APX	ST APO-VALSARTAN/HCTZ 160/12.5MG	30-05-2012
02382563	APX	ST APO-VALSARTAN/HCTZ 160/25MG	30-05-2012
02382571	APX	ST APO-VALSARTAN/HCTZ 320/12.5MG	30-05-2012
02382598	APX	ST APO-VALSARTAN/HCTZ 320/25MG	30-05-2012
02382547	APX	ST APO-VALSARTAN/HCTZ 80/12.5MG	30-05-2012
02380099	RBY	RAN-VENLAFAXINE XR 150MG CAPSULE	21-03-2012
02380072	RBY	RAN-VENLAFAXINE XR 37.5MG CAPSULE	21-03-2012
02380080	RBY	RAN-VENLAFAXINE XR 75MG CAPSULE	21-03-2012
02380951	APX	APO-ZOLMITRIPTAN 2.5MG TABLET	28-05-2012

NEW LIMITED USE BENEFITS

DIN	MFR	ITEM NAME	Effective Date
02252767	APX	ST APO-CLOPIDOGREL 75MG TABLET	05-01-2012
02303027	CBT	ST CO CLOPIDOGREL 75MG TABLET	05-01-2012
02351536	MYL	ST MYLAN-CLOPIDOGREL 75MG TABLET	05-01-2012
02348004	PMS	ST PMS CLOPIDOGREL 75MG TABLET	13-02-2012
02359316	SDZ	ST SANDOZ CLOPIDOGREL 75MG TABLET	05-01-2012
02293161	TEP	ST TEVA-CLOPIDOGREL 75MG TABLET	05-01-2012

Limited use benefit (prior approval required).

- Patients with intra-coronary stent implantation following insertion.
- Patients with acute coronary syndrome (ACS) (unstable angina or non-ST-segment elevation MI), in combination with ASA
- Other Exceptional Circumstances (evaluated on an individual basis)

DIN	MFR	ITEM NAME	Effective Date
02300699	BMS	ATRIPLA 600/300/200MG TABLET	02-05-2012
<p>Limited use benefit (prior approval required). For the treatment of HIV-1 infection adults where the virus is susceptible to each of tenofovir, emtricitabine and efavirenz, and:</p> <ol style="list-style-type: none"> Atripla is used to replace existing therapy with its component drugs, or The patient is treatment naïve, or The patient has established viral suppression but requires antiretroviral therapy modification due to intolerance or adverse effects 			
02375931	KEG	INTELENCE 200MG TABLET	04-05-2012
<p>Limited use benefit (prior approval required). -For use in combination with other antiretroviral agents for treatment-experienced patients with HIV-1 infection who have failed prior antiretroviral therapy; AND -Who have HIV-1 strains resistant to multiple antiretroviral agents, including NNRTIs</p>			
02357224	JAP	ST JAMP-FINASTERIDE 5MG TABLET	16-02-2012
02371820	RBY	ST RAN-FINASTERIDE 5MG TABLET	07-05-2012
<p>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.</p>			
02377969	TEP	TEVA-GALANTAMINE ER 16MG CAPSULE	23-03-2012
02377977	TEP	TEVA-GALANTAMINE ER 24MG CAPSULE	23-03-2012
02377950	TEP	TEVA-GALANTAMINE ER 8MG CAPSULE	23-03-2012
<p>Limited use benefit (prior approval required). Initial six month coverage for cholinesterase inhibitors:</p> <ul style="list-style-type: none"> •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. <p>Criteria for coverage at every six month interval:</p> <ul style="list-style-type: none"> •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) <ol style="list-style-type: none"> 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, delusions, hallucination, apathy) 			
02375249	AUR	AURO-LEVETIRACETAM 250MG TABLET	30-04-2012
02375257	AUR	AURO-LEVETIRACETAM 500MG TABLET	30-04-2012
02375265	AUR	AURO-LEVETIRACETAM 750MG TABLET	30-04-2012
<p>Limited use benefit (prior approval required). -For the use in combination with other anti-epileptic medication(s) in the treatment of partial seizures in patients who are refractory to adequate trials of two anti-epileptic medications used either as monotherapy or in combination.</p>			
02377608	APX	APO-MONTELUKAST 4MG CHEWABLE TABLET	13-02-2012
02377616	APX	APO-MONTELUKAST 5MG CHEWABLE TABLET	13-02-2012
02380749	MYL	MYLAN-MONTELUKAST 4MG CHEWABLE TABLET	28-05-2012
02380757	MYL	MYLAN-MONTELUKAST 5MG CHEWABLE TABLET	28-05-2012
<p>Limited use benefit (prior approval required). a. Asthma b. Other (specify)</p>			

DIN	MFR	ITEM NAME	Effective Date
02352559	APX	APO-MYCOPHENOLATE 250MG CAPSULE	05-01-2012
02352567	APX	APO-MYCOPHENOLATE 500MG TABLET	05-01-2012
02379996	CBT	CO MYCOPHENOLATE 500MG TABLET	23-03-2012
02371154	MYL	MYLAN-MYCOPHENOLATE 250MG CAPSULE	05-01-2012
02370549	MYL	MYLAN-MYCOPHENOLATE 500MG TABLET	05-01-2012
02320630	SDZ	SANDOZ MYCOPHENOLATE 250MG TABLET	05-01-2012
02313855	SDZ	SANDOZ-MYCOPHENOLATE 500MG TABLET	05-01-2012
02364883	TEP	TEVA-MYCOPHENOLATE 250MG CAPSULE	05-01-2012
02348675	TEP	TEVA-MYCOPHENOLATE 500MG TABLET	05-01-2012

Limited use benefit (prior approval required).

a. For transplant therapy.

b. Other exceptional circumstances - evaluated on an individual basis

02365529	JAP	ST JAMP-PIOGLITAZONE 30MG TABLET	16-02-2012
02365537	JAP	ST JAMP-PIOGLITAZONE 45MG TABLET	16-02-2012

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
02364174	PAL	ABSTRAL 100UG TABLET
02364182	PAL	ABSTRAL 200UG TABLET
02364190	PAL	ABSTRAL 300UG TABLET
02364204	PAL	ABSTRAL 400UG TABLET
02364212	PAL	ABSTRAL 600UG TABLET
02364220	PAL	ABSTRAL 800UG TABLET
02268825	BAY	ANGELIQ (1MG,1MG) TABLET
02377721	APX	APO-RISEDRONATE 150MG TABLET
02368544	AZE	BRILINTA 90MG TABLET
02360381	JNO	NUCYNTA CR 100MG TABLET
02360403	JNO	NUCYNTA CR 150MG TABLET
02360411	JNO	NUCYNTA CR 200MG TABLET
02360438	JNO	NUCYNTA CR 250MG TABLET
02360373	JNO	NUCYNTA CR 50MG TABLET
02350726	MAB	ONSOLIS 1200MCG BUCCAL FILM
02350661	MAB	ONSOLIS 200MCG BUCCAL FILM
02350688	MAB	ONSOLIS 400MCG BUCCAL FILM
02350696	MAB	ONSOLIS 600MCG BUCCAL FILM
02350718	MAB	ONSOLIS 800MCG BUCCAL FILM
02361825	GSK	REVOLADE 25MG TABLET
02361833	GSK	REVOLADE 50MG TABLET
02339609	PFR	TARGIN 10MG/5MG ER TABLET
02339617	PFR	TARGIN 20MG/10MG ER TABLET
02339625	PFR	TARGIN 40MG/20MG ER TABLET
02370921	BOE	TRAJENTA 5MG TABLET
02361752	FRS	ZENHALE 5/100MCG INHALER
02361760	FRS	ZENHALE 5/200MCG INHALER
02361744	FRS	ZENHALE 5/50MCG INHALER

DIN (Drug Identification Number)

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)

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Canada

CRITERIA CHANGES

LISTING STATUS OF OXYCONTIN/OXYNEO

Effective February 15, 2012, the NIHB Program changed the listing status of the long-acting oxycodone (i.e. OxyContin) from Limited Use to Exception. The following DINs were affected:

02258129 5 mg Tablet
02202441 10 mg Tablet
02323192 15 mg Tablet
02202468 20 mg Tablet
02323206 30 mg Tablet
02323206 40 mg Tablet
02323214 60 mg Tablet
02202484 80 mg Tablet

Purdue Pharma, the manufacturer of OxyContin, has ceased distribution of OxyContin from the Canadian market and replaced it with a new formulation of long-acting oxycodone called OxyNeo. The NIHB Program will not be adding OxyNeo to the NIHB DBL but will consider requests for OxyNeo on a case by case basis and coverage may be granted in exceptional circumstances (i.e. cancer or palliative pain) when alternatives on the NIHB DBL have failed or are not appropriate. This decision by the NIHB Program was made upon recommendations from the NIHB Drug Use Evaluation Advisory Committee (DUEAC) and the NIHB Pharmacy and Therapeutics (P&T) Committee.

The NIHB DBL lists various other options for the treatment of pain including short and long acting opioids such as codeine, morphine, hydromorphone or fentanyl patches, over-the-counter (OTC) preparations of acetaminophen, OTC and prescription non-steroidal anti-inflammatory drugs (NSAIDs) and medications for neuropathic pain.

Clients who had received coverage of OxyContin from the NIHB Program in the three (3) months prior to February 15, 2012 were eligible for coverage of OxyNeo.

EXPANSION OF LIMITED USE METHADONE TO THE ATLANTIC REGION

Effective August 2011, methadone's status became a Limited Use (LU) benefit in New Brunswick. In March 2012, similar change to the methadone's status was done in Nova Scotia, Newfoundland and Labrador and Prince Edward Island. NIHB clients in these provinces starting methadone therapy need to meet the following criteria to receive coverage:

- The treating physician has assessed the client and prescribed methadone maintenance treatment in accordance with the policies and procedures outlined by their provincial regulations; and
- The client is 16 years of age or older; and
- The methadone prescribing physician agrees to be the only prescriber of benzodiazepines and opioids for this client while they are receiving methadone therapy; and
- The client agrees that NIHB coverage of opioids and benzodiazepines will be restricted to the methadone prescriber.

Note: NIHB clients receiving methadone for opioid dependency will be restricted to the methadone prescriber for their coverage of opioids and benzodiazepines.

The prescriber's licence number or billing number, as appropriate for their province, will be used to identify the authorized prescriber and will be requested by the analysts at the Drug Exception Centre (DEC). Please ensure to use the exact number for future claims of benzodiazepines and opioids (i.e., include the leading zeros). LU forms for methadone will be made available in authorized methadone prescribers' offices or clinics.

To facilitate the prior approval (PA) process, physicians will be completing the methadone request forms ahead of time and will give them to the NIHB client to bring to the pharmacy of their choice. When a pharmacist receives a completed form, they will need to:

1. Call the DEC at 1-800-580-0950 to obtain a case number; and
2. Fax the form to the DEC at 1-877-789-4379.

NIHB clients already receiving methadone for opioid dependence prior to March 12, 2012, were grandfathered as to not interrupt their methadone maintenance therapy. However, the NIHB Program will work with the client's treating physician and pharmacist to ensure they meet the new LU criteria within an appropriate timeframe.

Current methadone reimbursement policies will remain in effect. Please refer to the Provider Guide for Pharmacy Benefits for more information: www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/_drug-med/2010-prov-four-guide/index-eng.php

LISTING OF DOVOBET

Effective February 6, 2012, NIHB has listed Dovobet® as an open benefit on the Drug Benefit List. This change in listing status will apply to the following DIN:

02245689 DOVOBET®

REVISED CRITERIA FOR URINARY INCONTINENCE MEDICATIONS

Effective July 6, 2012, the Limited Use (LU) criteria for certain urinary incontinence medications have been revised.

The up to date criteria is:

For the symptomatic relief of overactive bladder in patients:

- With symptoms of urinary frequency, urgency or urge incontinence; AND
- Who have failed on or are intolerant to therapy with immediate-release oxybutynin

This up to date criteria will apply to the following DINs:

02239064 DETROL 1MG TABLET

02239065 DETROL 2MG TABLET

02244612 DETROL LA 2MG TABLET

02244613 DETROL LA 4MG TABLET

02273217 ENABLEX 7.5MG SR TABLET

02273225 ENABLEX 15MG SR TABLET

02275066 TROSEC 20MG TABLET

02277263 VESICARE 5MG TABLET

02277271 VESICARE 10MG TABLET
