

June 2012-Jan.2013

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) that 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 that 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 that 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 do not apply to excluded drugs.

ADDITIONS TO THE DRUG BENEFIT LIST

Open Benefits

Single-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02240344	PAL	SIALOR 25MG TABLET	24-10-2012
02377233	BMS	ELIQUIS 2.5MG TABLET	19-10-2012
02319012	LEO	DOVOBET GEL	16-07-2012
97799465	SAC	BG STAR TEST STRIPS (100)	28-09-2012
09857422	SAC	BG STAR TEST STRIPS (ON)	28-09-2012
97799403	MSD	MEDI+SURE BLOOD GLUCOSE STRIP	03-01-2013
09857432	MSD	MEDI+SURE BLOOD GLUCOSE STRIP (ON)	29-01-2013
02240645	JAJ	NEUTROGENA T/GEL THER SHAMPOO	26-10-2012
02369753	JNO	PREZISTA 150MG TABLET	28-11-2012
02337037	FEI	FIRMAGON 120MG/VIAL INJECTION	28-08-2012
02337029	FEI	FIRMAGON 80MG/VIAL INJECTION	28-08-2012
02378442	SAC	LOVENOX 100MG/1ML SYRINGE	24-09-2012
02378426	SAC	LOVENOX 60MG/0.6ML INJECTION	13-11-2012

DIN (Drug Identification Number)

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)

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DIN	MFR	ITEM NAME	Effective Date
02378434	SAC	LOVENOX 80 MG/0.8ML SYRINGE	11-09-2012
02378469	SAC	LOVENOX HP 150MG/1ML INJECTION	07-12-2012
02263238	LUK	CIPRALEX 10MG TABLET	16-07-2012
02263254	LUK	CIPRALEX 20MG TABLET	16-07-2012
00681989	NEB	DERMAFLEX HC 1% CREAM	14-12-2012
02377209	NOO	NOVORAPID FLEXTOUCH 100IU/ML	01-08-2012
97799466	SAC	BG STAR LANCETS	28-09-2012
02388138	FAM	ESME 21 TABLET	11-10-2012
02388146	FAM	ESME 28 TABLET	11-10-2012
02247732	JNO	CONCERTA 18MG TABLET	16-10-2012
02250241	JNO	CONCERTA 27MG TABLET	16-10-2012
02247733	JNO	CONCERTA 36MG TABLET	16-10-2012
02247734	JNO	CONCERTA 54MG TABLET	16-10-2012
02243595	FRS	ASMANEX TWISTHALER 200MCG	03-07-2012
02243596	FRS	ASMANEX TWISTHALER 400MCG	03-07-2012
97799440	DPI	ULTICARE PEN NEEDLE 32GX4MM	26-07-2012
02216345	PFI	SALAGEN 5MG TABLET	28-08-2012
02370603	KEG	EDURANT 25MG TABLET	12-07-2012
02357534	TEP	NOVO-VALACYCLOVIR 500MG TABLET	04-12-2012

Multi-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
00553328	GSK	ABENOL 120MG SUPPOSITORY	20-07-2012
01919385	PED	ABENOL 120MG SUPPOSITORY	19-06-2012
02355299	JAP	ST JAMP-ACETAMINOPHEN 500MG TABLET	19-06-2012
02372177	VTH	ST ASA 81MG TABLET LA	24-07-2012
02243896	PMS	ST ASA EC 81MG TAB (EXACT)	17-08-2012
02296004	EUR	ST LOWPRIN 80MG CHEW TABLET	21-09-2012
02295563	EUR	ST LOWPRIN 80MG TABLET	21-09-2012
02385465	SIV	ST AMIODARONE 200MG TABLET	21-09-2012
02385805	SIV	ST AMLODIPINE 10MG TABLET	04-10-2012
02385783	SIV	ST AMLODIPINE 2.5MG TABLET	04-10-2012
02385791	SIV	ST AMLODIPINE 5MG TABLET	04-10-2012
02357720	SPT	ST SEPTA-AMLODIPINE 10MG TABLET	22-01-2013
02357704	SPT	ST SEPTA-AMLODIPINE 2.5MG TABLET	22-01-2013
02374420	APX	APO-ANASTROZOLE 1MG TABLET	30-11-2012
02394898	CBT	CO-ANASTROZOLE 1MG TABLET	30-11-2012
02339080	JAP	JAMP-ANASTROZOLE 1MG TABLET	30-11-2012
02379562	MAR	MAR-ANASTROZOLE 1MG TABLET	07-12-2012
02379104	GMP	MED-ANASTROZOLE 1MG TABLET	30-11-2012
02393573	MIN	MINT-ANASTROZOLE 1MG TABLET	30-11-2012
02361418	MYL	MYLAN-ANASTROZOLE 1MG TABLET	30-11-2012
02320738	PMS	PMS-ANASTROZOLE 1MG TABLET	30-11-2012
02328690	RBY	RAN-ANASTROZOLE 1MG TABLET	30-11-2012
02338467	SDZ	SANDOZ ANASTROZOLE 1MG TABLET	16-08-2012
02365650	TAR	TARO-ANASTROZOLE 1MG TABLET	30-11-2012
02313049	TEP	TEVA-ANASTROZOLE 1MG TABLET	27-11-2012
80001809	ODN	CITRODAN SOLUTION	31-07-2012
02373963	RBY	ST RAN-ATENOLOL 25 MG TABLET	19-06-2012
02368668	SPT	ST SEPTA-ATENOLOL 100MG TABLET	22-01-2013
02368633	SPT	ST SEPTA-ATENOLOL 25MG TABLET	22-01-2013
02368641	SPT	ST SEPTA-ATENOLOL 50MG TABLET	22-01-2013
02396424	APX	ST ATORVASTATIN 10MG TABLET	07-12-2012
02387891	SIV	ST ATORVASTATIN 10MG TABLET	21-09-2012
02387905	SIV	ST ATORVASTATIN 20MG TABLET	21-09-2012
02396432	APX	ST ATORVASTATIN 20MG TABLET	07-12-2012

DIN (Drug Identification Number)

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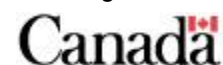
DIN	MFR	ITEM NAME	Effective Date
02396440	APX	ST ATORVASTATIN 40MG TABLET	07-12-2012
02387913	SIV	ST ATORVASTATIN 40MG TABLET	21-09-2012
02387921	SIV	ST ATORVASTATIN 80MG TABLET	21-09-2012
02396459	APX	ST ATORVASTATIN 80MG TABLET	07-12-2012
02391058	JAP	ST JAMP-ATORVASTATIN 10MG TABLET	26-09-2012
02391066	JAP	ST JAMP-ATORVASTATIN 20MG TABLET	26-09-2012
02391074	JAP	ST JAMP-ATORVASTATIN 40MG TABLET	26-09-2012
02390182	JAP	ST JAMP-ATORVASTATIN 80MG TABLET	26-09-2012
02278499	DOM	DOM-AZITHROMYCIN 250MG TABLET	05-10-2012
02357844	VAO	CELESTODERM V 0.1% CREAM	05-12-2012
02382423	SIV	BICALUTAMIDE 50MG TABLET	21-09-2012
02383063	SIV	ST BISOPROLOL 10MG TABLET	21-09-2012
02391597	SAN	ST BISOPROLOL 10MG TABLET	27-11-2012
02391589	SAN	ST BISOPROLOL 5MG TABLET	27-11-2012
02383055	SIV	ST BISOPROLOL 5MG TABLET	21-09-2012
02384426	MYL	ST MYLAN-BISOPROLOL 10MG TABLET	14-08-2012
02384418	MYL	ST MYLAN-BISOPROLOL 5MG TABLET	14-08-2012
02391562	SAN	BUPROPION SR 100MG TABLET	27-11-2012
02391570	SAN	BUPROPION SR 150MG TABLET	27-11-2012
80025527	JAP	SOLUCAL GREEN APPLE 100MG O/L	17-11-2012
80025523	JAP	SOLUCAL RASPBERRY 100MG O/L	27-11-2012
99100832	JAP	ST JAMP-CALCIUM+VIT D 400 TABLET	24-10-2012
80013612	EUR	ST CI-CAL D 200IU TABLET	21-09-2012
99100833	JAP	SOLUCAL 100MG/5ML O/L	24-10-2012
80025543	JAP	SOLUCAL D CITRUS O/L	07-12-2012
80008126	JAP	SOLUCAL D O/L	27-11-2012
80025541	JAP	SOLUCAL D RASPBERRY O/L	27-11-2012
02377942	PDL	ST CANDESARTAN 16MG TABLET	19-06-2012
02388936	SAN	ST CANDESARTAN 16MG TABLET	21-09-2012
02388715	SIV	ST CANDESARTAN 16MG TABLET	27-09-2012
02388901	SAN	ST CANDESARTAN 4MG TABLET	21-09-2012
02388693	SIV	ST CANDESARTAN 4MG TABLET	27-09-2012
02377934	PDL	ST CANDESARTAN 8MG TABLET	19-06-2012
02388707	SIV	ST CANDESARTAN 8MG TABLET	27-09-2012
02388928	SAN	ST CANDESARTAN 8MG TABLET	21-09-2012
02386526	JAP	ST JAMP-CANDESARTAN 16MG TABLET	15-08-2012
02386534	JAP	ST JAMP-CANDESARTAN 32MG TABLET	15-08-2012
02386496	JAP	ST JAMP-CANDESARTAN 4MG TABLET	15-08-2012
02386518	JAP	ST JAMP-CANDESARTAN 8MG TABLET	15-08-2012
02391201	PMS	ST PMS-CANDESARTAN 16MG TABLET	27-09-2012
02391228	PMS	ST PMS-CANDESARTAN 32MG TABLET	27-09-2012
02391171	PMS	ST PMS-CANDESARTAN 4MG TABLET	27-09-2012
02391198	PMS	ST PMS-CANDESARTAN 8MG TABLET	27-09-2012
02392267	SDZ	ST SANDOZ CANDESARTAN 32MG TABLET	07-12-2012
02394812	SIV	ST CANDESARTAN HCT 16/12.5MG TABLET	11-01-2013
02394804	SAN	ST CANDESARTAN/HCTZ 16/12.5MG TABLET	11-01-2013
02367866	APX	ST APO-CANDESARTAN/HCTZ 16/12.5MG	19-10-2012
02395126	APX	ST APO-CANDESARTAN/HCTZ 32/12.5MG	04-12-2012
02395134	APX	ST APO-CANDESARTAN/HCTZ 32/25MG	04-12-2012
02388650	CBT	ST CO CANDESARTAN/HCTZ 16/12.5MG	19-10-2012
02374897	MYL	ST MYLAN-CANDESART/HCTZ 16/12.5MG	19-10-2012
02391295	CBT	ST PMS-CANDESARTAN/HCTZ 16/12.5MG	19-10-2012
02327902	SDZ	ST SANDOZ CANDESAR PLUS 16/12.5MG	19-10-2012
02347261	AUR	AURO-CEFPROZIL 125MG/5ML O/L	04-12-2012
02347245	AUR	AURO-CEFPROZIL 250MG TABLET	04-12-2012
02347288	AUR	AURO-CEFPROZIL 250MG/5ML O/L	04-12-2012

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02347253	AUR	AURO-CEFPROZIL 500MG TABLET	04-12-2012
02344823	APL	AURO-CEFUROXIME 250MG TABLET	18-10-2012
02344831	APL	AURO-CEFUROXIME 500MG TABLET	05-11-2012
02379007	JAP	ST JAMP-VITAMINE D 10 000IU TABLET	21-09-2012
02380358	JAP	JAMP-CIPROFLOXACIN 250MG TABLET	15-08-2012
02380366	JAP	JAMP-CIPROFLOXACIN 500MG TABLET	15-08-2012
02380374	JAP	JAMP-CIPROFLOXACIN 750MG TABLET	15-08-2012
02381907	AUR	AURO-CIPROFLOXACIN 250MG TABLET	05-12-2012
02381923	AUR	AURO-CIPROFLOXACIN 500MG TABLET	05-12-2012
02381931	AUR	AURO-CIPROFLOXACIN 750MG TABLET	05-12-2012
02387131	SDZ	SANDOZ CIPROFLOXACIN 0.3% OPTHTHALMIC	21-09-2012
02386119	SIV	CIPROFLOXACIN 250MG TABLET	21-09-2012
02386127	SIV	CIPROFLOXACIN 500MG TABLET	21-09-2012
02379627	SPT	SEPTA-CIPROFLOXACIN 250MG TABLET	17-01-2013
02379635	SPT	SEPTA-CIPROFLOXACIN 500MG TABLET	30-11-2012
02379643	SPT	SEPTA-CIPROFLOXACIN 750MG TABLET	17-01-2013
02275562	AUR	AURO-CITALOPRAM 20MG TABLET	04-12-2012
02275570	AUR	AURO-CITALOPRAM 40MG TABLET	04-12-2012
02387948	SIV	CITALOPRAM 10MG TABLET	21-09-2012
02387956	SIV	CITALOPRAM 20MG TABLET	21-09-2012
02387964	SIV	CITALOPRAM 40MG TABLET	21-09-2012
02273055	PMS	DOM-CITALOPRAM 10MG TABLET	05-10-2012
02355272	SPT	SEPTA-CITALOPRAM 20MG TABLET	17-01-2013
02355280	SPT	SEPTA-CITALOPRAM 40MG TABLET	17-01-2013
02390442	ACP	ACCEL-CLARITHROMYCIN 125MG/5ML	23-01-2013
02390450	ACP	ACCEL-CLARITHROMYCIN 250MG/5ML	24-01-2013
02248804	NOP	TEVA-CLARITHROMYCIN 250MG TABLET	04-12-2012
02248805	TEP	TEVA-CLARITHROMYCIN 500MG TABLET	04-12-2012
02373823	JAP	JAMP-COLCHICINE 0.6MG TABLET	21-09-2012
02373831	JAP	JAMP-COLCHICINE 1MG TABLET	21-09-2012
80028902	JAP	ST JAMP-VITAMIN B12 RAPID SOLUTION	30-07-2012
80015265	JAP	ST JAMP-VITAMINE B12	15-10-2012
80015294	JAP	ST JAMP-VITAMINE B12	15-10-2012
02348853	AUR	AURO-CYCLOBENZAPRINE 10MG TABLET	04-12-2012
02390760	GMP	MED-CYPROTERONE 50MG TABLET	30-11-2012
02204274	OMG	DEXAMETHASONE-OMEGA 10MG/ML IN	01-06-2012
80023410	HPP	HYDRALYTE ELECTROLYTE MAIN POP	11-10-2012
80026860	HPP	HYDRALYTE ELECTROLYTE MAIN POWDER	11-10-2012
80026861	HPP	HYDRALYTE ELECTROLYTE MAIN SOLUTION	11-10-2012
02238283	ATL	DOCUSATE SODIUM SYRUP 20MG/5ML	04-01-2013
02281031	PMS	ST STOOL SOFTENER 100MG CAPSULE	17-08-2012
02238341	SIV	DOMPERIDONE 10MG TABLET	21-09-2012
02369206	JAP	JAMP-DOMPERIDONE 10MG TABLET	19-06-2012
80027403	JAP	JAMP REHYDRALYTE 5.1G PDR	11-10-2012
02390337	MYL	MYLAN-ENTACAPONE 200MG TABLET	22-10-2012
02390183	CBT	CO EXEMESTANE 25MG TABLET	16-08-2012
02390701	SDZ	ST SANDOZ FENOFIBRATE E 145MG TABLET	01-02-2013
02246109	PMS	DOM-FLUCONAZOLE 100MG TABLET	27-11-2012
00432814	SDZ	SANDOZ FLUOROMETHOLONE 0.1% OPTHTHALMIC	21-09-2012
02386402	JAP	JAMP-FLUOXETINE 20MG CAPSULE	16-08-2012
02374447	SIV	FLUOXETINE 10MG CAPSULE	16-08-2012
02374455	SIV	FLUOXETINE 20MG CAPSULE	16-08-2012
02299224	TEP	ST TEVA-FLUVASTATIN 20MG CAPSULE	19-12-2012
02299232	TEP	ST TEVA-FLUVASTATIN 40MG CAPSULE	19-12-2012
02020394	TCH	GLYCERIN SUPP ADULT	25-07-2012
00564281	TCH	HYDROSONE 0.5% CREAM	29-01-2013

DIN (Drug Identification Number)

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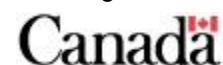
DIN	MFR	ITEM NAME	Effective Date
02387239	JAP	JAMP ZINC-HC OINTMENT	04-12-2012
02231289	NVC	GENTEAL ARTIFICIAL TEARS	31-08-2012
02314762	PMS	IBUPROFEN 200MG CAPLETS	17-08-2012
02314754	PMS	IBUPROFEN 200MG TABLET	24-08-2012
02314770	PMS	IBUPROFEN EXTRA STRE 400MG TABLET	17-08-2012
02373904	JAP	ST JAMP-INDAPAMIDE 1.25MG TABLET	21-09-2012
02373912	JAP	ST JAMP-INDAPAMIDE 2.5MG TABLET	21-09-2012
02386976	APX	ST APO-IRBESARTAN 150MG TABLET	15-08-2012
02386984	APX	ST APO-IRBESARTAN 300MG TABLET	15-08-2012
02386968	APX	ST APO-IRBESARTAN 75MG TABLET	15-08-2012
02385295	SIV	ST IRBESARTAN 150MG TABLET	21-09-2012
02385309	SIV	ST IRBESARTAN 300MG TABLET	21-09-2012
02385287	SIV	ST IRBESARTAN 75MG TABLET	21-09-2012
02385317	SIV	ST IRBESARTAN HCT 150/12.5MG TABLET	26-09-2012
02385325	SIV	ST IRBESARTAN HCT 300/12.5MG TABLET	26-09-2012
02385333	SIV	ST IRBESARTAN HCT 300/25MG TABLET	26-09-2012
80024232	JAP	ST JAMP-FER 100MG CAPSULE	01-08-2012
02393239	APX	APO-LAMIVUDINE HBV 100MG TABLET	07-11-2012
02375540	APX	APO-LAMIVUD.-ZIDOVUD. 150/300	01-08-2012
02369052	APX	APO-LAMIVUDINE 150MG TABLET	19-06-2012
02369060	APX	APO-LAMIVUDINE 300MG TABLET	19-06-2012
02387247	TEP	TEVA-LAMIVUDINE/ZIDOVUDINE TABLET	01-08-2012
02381362	AUR	AURO-LAMOTRIGINE 100MG TABLET	05-12-2012
02381370	AUR	AURO-LAMOTRIGINE 150MG TABLET	05-12-2012
02381354	AUR	AURO-LAMOTRIGINE 25MG TABLET	05-12-2012
02385767	SIV	ST LANSOPRAZOLE 15MG CAPSULE	21-09-2012
02385775	SIV	ST LANSOPRAZOLE 30MG CAPSULE	21-09-2012
02385643	SDZ	ST SANDOZ LANSOPRAZOLE 15MG CAPSULE	15-08-2012
02385651	SDZ	ST SANDOZ LANSOPRAZOLE 30MG CAPSULE	15-08-2012
02373009	JAP	ST JAMP-LETROZOLE 2.5MG TABLET	16-08-2012
02386240	SIV	ST LISINOPRIL 10MG TABLET	21-09-2012
02386259	SIV	ST LISINOPRIL 20MG TABLET	21-09-2012
02386232	SIV	ST LISINOPRIL 5MG TABLET	21-09-2012
02291800	JNO	IMODIUM ORAL SOL 2MG/15ML	19-11-2012
02388812	SIV	ST LOSARTAN 100MG TABLET	04-10-2012
02388898	SAN	ST LOSARTAN 100MG TABLET	21-09-2012
02388863	SAN	ST LOSARTAN 25MG TABLET	21-09-2012
02388790	SIV	ST LOSARTAN 25MG TABLET	04-10-2012
02388804	SIV	ST LOSARTAN 50MG TABLET	04-10-2012
02388871	SAN	ST LOSARTAN 50MG TABLET	21-09-2012
02388979	SIV	ST LOSARTAN/HCT 100/12.5MG TABLET	04-10-2012
02388987	SIV	ST LOSARTAN/HCT 100/25MG TABLET	04-10-2012
02388960	SIV	ST LOSARTAN/HCT 50/12.5MG TABLET	04-10-2012
02388278	CBT	ST CO LOSARTAN/HCT 100/12.5MG TABLET	15-08-2012
02388286	CBT	ST CO LOSARTAN/HCT 100/25MG TABLET	15-08-2012
02388251	CBT	ST CO LOSARTAN/HCT 50/12.5MG TABLET	15-08-2012
02392240	PMS	ST PMS-LOSARTAN-HCTZ 100/25MG	11-10-2012
02392232	PMS	ST PMS-LOSARTAN-HCTZ 100/12.5MG	11-10-2012
02392224	PMS	ST PMS-LOSARTAN-HCTZ 50/12.5MG	11-10-2012
80004109	ODN	MAGNESIUM-ODAN 500MG/5ML O/L	09-08-2012
02245289	PMS	MILK OF MAGNESIA 400MG/5ML	17-07-2012
02380722	JAP	ST JAMP-METFORMIN 500MG TABLET	16-08-2012
02380196	JAP	ST JAMP-METFORMIN 500MG TABLET	16-08-2012
02380218	JAP	JAMP-METFORMIN 850MG TABLET	16-08-2012
02380730	JAP	ST JAMP-METFORMIN 850MG TABLET	16-08-2012
02385341	SIV	ST METFORMIN FC 500MG TABLET	26-09-2012

DIN (Drug Identification Number)

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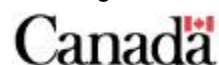
DIN	MFR	ITEM NAME	Effective Date
02385368	SIV	ST METFORMIN FC 850MG TABLET	26-09-2012
02379767	SPT	ST SEPTA-METFORMIN 500MG TABLET	22-01-2013
02379775	SPT	ST SEPTA-METFORMIN 850MG TABLET	22-01-2013
02330377	APX	APO-METHYLPHENIDATE 54MG ER	16-10-2012
02315068	TEP	TEVA-METHYLPHENIDATE ER 18MG	16-10-2012
02315076	TEP	TEVA-METHYLPHENIDATE ER 27MG	16-10-2012
02315084	TEP	TEVA-METHYLPHENIDATE ER 36MG	16-10-2012
02315092	TEP	TEVA-METHYLPHENIDATE ER 54MG	16-10-2012
02362430	PMS	NAPROXEN 220MG TABLET	17-08-2012
02387727	MYL	MYLAN-NEVIRAPINE 200MG TABLET	14-08-2012
02385899	SIV	OLANZAPINE 10MG TABLET	21-09-2012
02385902	SIV	OLANZAPINE 15MG TABLET	21-09-2012
02385864	SIV	OLANZAPINE 2.5MG TABLET	21-09-2012
02385872	SIV	OLANZAPINE 5MG TABLET	21-09-2012
02385880	SIV	OLANZAPINE 7.5MG TABLET	21-09-2012
02372835	SAN	OLANZAPINE 7.5MG TABLET	03-08-2012
02343673	SIV	OLANZAPINE ODT 10MG	14-08-2012
02343681	SIV	OLANZAPINE ODT 15MG	14-08-2012
02343665	SIV	OLANZAPINE ODT 5MG	14-08-2012
02233143	ALC	PATANOL 0.1% OPHTHALMIC SOLUTION	12-07-2012
02385384	SIV	ST OMEPRAZOLE 20MG CAPSULE	26-09-2012
02376091	SPT	SEPTA-ONDANSETRON 4MG TABLET	22-01-2013
02376105	SPT	SEPTA-ONDANSETRON 8MG TABLET	22-01-2013
02310007	DOM	ST DOM-PANTOPRAZOLE 40MG TABLET	27-11-2012
02385759	SIV	ST PANTOPRAZOLE 40MG TABLET	21-09-2012
02383276	AUR	AURO-PAROXETINE 10MG TABLET	07-12-2012
02383284	AUR	AURO-PAROXETINE 20MG TABLET	07-12-2012
02383292	AUR	AURO-PAROXETINE 30MG TABLET	07-12-2012
02368862	JAP	JAMP-PAROXETINE 10MG TABLET	21-09-2012
02368870	JAP	JAMP-PAROXETINE 20MG TABLET	21-09-2012
02368889	JAP	JAMP-PAROXETINE 30MG TABLET	21-09-2012
02388227	SIV	PAROXETINE 10MG TABLET	21-09-2012
02388235	SIV	PAROXETINE 20MG TABLET	21-09-2012
02388243	SIV	PAROXETINE 30MG TABLET	21-09-2012
02326302	PEI	BI-PEGLYTE TROUSSE	28-11-2012
02304473	PED	ANTIBIOTIC 10000/500U OINTMENT	08-08-2012
80013007	JAP	ST JAMP-K 1500 TABLET	31-07-2012
80025624	MAN	ST MK 20 TABLET	01-08-2012
80026332	MAN	ST MK 10 TABLET LA	01-08-2012
02309017	DOM	ST DOM-PRAMIPEXOLE 0.25MG TABLET	05-10-2012
02309122	SIV	ST PRAMIPEXOLE 0.25MG TABLET	15-08-2012
02309130	SIV	ST PRAMIPEXOLE 0.5MG TABLET	15-08-2012
02309157	SIV	ST PRAMIPEXOLE 1.5MG TABLET	15-08-2012
02309149	SIV	ST PRAMIPEXOLE 1MG TABLET	15-08-2012
02389703	SIV	ST PRAVASTATIN 10MG TABLET	21-09-2012
02389738	SIV	ST PRAVASTATIN 20MG TABLET	21-09-2012
02389746	SIV	ST PRAVASTATIN 40MG TABLET	21-09-2012
02345579	APX	ST APO-RABEPRAZOLE LA 10MG TABLET	19-06-2012
02345587	APX	ST APO-RABEPRAZOLE LA 20MG TABLET	19-06-2012
02320460	DOM	ST DOM-RABEPRAZOLE EC 20MG TABLET	05-10-2012
02381737	KLA	ST PAT-RABEPRAZOLE EC 10MG TABLET	15-08-2012
02381745	KLA	ST PAT-RABEPRAZOLE EC 20MG TABLET	15-08-2012
02385449	SIV	ST RABEPRAZOLE 10MG TABLET	21-09-2012
02385457	SIV	ST RABEPRAZOLE 20MG TABLET	21-09-2012
02308363	SIV	ST RAMIPRIL 1.25MG CAPSULE	21-09-2012
02287943	SIV	ST RAMIPRIL 10MG CAPSULE	21-09-2012

DIN (Drug Identification Number)

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MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)



DIN	MFR	ITEM NAME	Effective Date
02287927	SIV	ST RAMIPRIL 2.5MG CAPSULE	21-09-2012
02287935	SIV	ST RAMIPRIL 5MG CAPSULE	21-09-2012
02385953	SIV	ST RANITIDINE 150MG TABLET	03-10-2012
02385961	SIV	ST RANITIDINE 300MG TABLET	03-10-2012
02355663	APX	ST APO-REPAGLINIDE 0.5MG TABLET	19-10-2012
02374129	GIL	COMPLERA 25/200/300MG TABLET	12-07-2012
02386712	DOM	ST DOM-ROSUVASTATIN 10MG TABLET	27-11-2012
02386720	DOM	ST DOM-ROSUVASTATIN 20MG TABLET	27-11-2012
02386704	DOM	ST DOM-ROSUVASTATIN 5MG TABLET	27-11-2012
02391260	JAP	ST JAMP-ROSUVASTATIN 10MG TABLET	11-10-2012
02391279	JAP	ST JAMP-ROSUVASTATIN 20MG TABLET	11-10-2012
02391287	JAP	ST JAMP-ROSUVASTATIN 40MG TABLET	11-10-2012
02391252	JAP	ST JAMP-ROSUVASTATIN 5MG TABLET	11-10-2012
02381184	PDL	ST ROSUVASTATIN 10MG TABLET	21-09-2012
02389045	SIV	ST ROSUVASTATIN 10MG TABLET	21-09-2012
02381192	PDL	ST ROSUVASTATIN 20MG TABLET	21-09-2012
02389053	SIV	ST ROSUVASTATIN 20MG TABLET	21-09-2012
02389061	SIV	ST ROSUVASTATIN 40MG TABLET	21-09-2012
02381206	PDL	ST ROSUVASTATIN 40MG TABLET	21-09-2012
02381176	PDL	ST ROSUVASTATIN 5MG TABLET	21-09-2012
02389037	SIV	ST ROSUVASTATIN 5MG TABLET	21-09-2012
02357178	JAP	JAMP-SERTRALINE 100MG CAPSULE	16-08-2012
02357143	JAP	JAMP-SERTRALINE 25MG CAPSULE	16-08-2012
02357151	JAP	JAMP-SERTRALINE 50MG CAPSULE	16-08-2012
02386097	SIV	SERTRALINE 100MG CAPSULE	21-09-2012
02386070	SIV	SERTRALINE 25MG CAPSULE	21-09-2012
02386089	SIV	SERTRALINE 50MG CAPSULE	21-09-2012
02375605	JAP	ST JAMP-SIMVASTATIN 10MG TABLET	14-08-2012
02375613	JAP	ST JAMP-SIMVASTATIN 20MG TABLET	14-08-2012
02375621	JAP	ST JAMP-SIMVASTATIN 40MG TABLET	14-08-2012
02375591	JAP	ST JAMP-SIMVASTATIN 5MG TABLET	14-08-2012
02375648	JAP	ST JAMP-SIMVASTATIN 80MG TABLET	14-08-2012
02386305	SIV	ST SIMVASTATIN 10MG TABLET	04-10-2012
02386313	SIV	ST SIMVASTATIN 20MG TABLET	04-10-2012
02386321	SIV	ST SIMVASTATIN 40MG TABLET	04-10-2012
02386291	SIV	ST SIMVASTATIN 5MG TABLET	04-10-2012
02386348	SIV	ST SIMVASTATIN 80MG TABLET	04-10-2012
00037796	ABB	SODIUM CHLORIDE INJECTION 0.9%	31-07-2012
02368625	JAP	ST JAMP-SOTALOL 160MG TABLET	16-08-2012
02368617	JAP	ST JAMP-SOTALOL 80MG TABLET	16-08-2012
02385996	SIV	ST SOTALOL 160MG TABLET	21-09-2012
02385988	SIV	ST SOTALOL 80MG TABLET	21-09-2012
02393247	CBT	ST CO TELMISARTAN 40MG TABLET	26-11-2012
02393255	CBT	ST CO TELMISARTAN 80MG TABLET	26-11-2012
02391236	PMS	ST PMS-TELMISARTAN 40MG TABLET	26-09-2012
02391244	PMS	ST PMS-TELMISARTAN 80MG TABLET	26-09-2012
02390345	SIV	ST TELMISARTAN 40MG TABLET	21-09-2012
02388944	SAN	ST TELMISARTAN 40MG TABLET	21-09-2012
02390353	SIV	ST TELMISARTAN 80MG TABLET	21-09-2012
02388952	SAN	ST TELMISARTAN 80MG TABLET	21-09-2012
02393557	SDZ	ST SANDOZ TELMISARTAN HCT 80/12.5	17-10-2012
02393565	SDZ	ST SANDOZ TELMISARTAN HCT 80/25MG	17-10-2012
02390302	SIV	ST TELMISARTAN HCTZ 80/12.5MG TABLET	21-09-2012
02390310	SIV	ST TELMISARTAN HCTZ 80/25MG TABLET	21-09-2012
02393263	CBT	ST CO TELMISARTAN/HCT 80/12.5MG	26-11-2012
02393271	CBT	ST CO TELMISARTAN/HCT 80/25MG	26-11-2012

DIN (Drug Identification Number)

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MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)



DIN	MFR	ITEM NAME	Effective Date
02395355	SAN	ST TELMISARTAN/HCTZ 80/12.5MG TABLET	11-01-2013
02395363	SAN	ST TELMISARTAN/HCTZ 80/25MG TABLET	11-01-2013
02396319	MYL	ST MYLAN-TERAZOSIN 10MG TABLET	14-12-2012
02396289	MYL	ST MYLAN-TERAZOSIN 1MG TABLET	14-12-2012
02396297	MYL	ST MYLAN-TERAZOSIN 2MG TABLET	14-12-2012
02396300	MYL	ST MYLAN-TERAZOSIN 5MG TABLET	14-12-2012
02320134	AUR	AURO-TERBINAFINE 250MG TABLET	30-11-2012
02385279	SIV	TERBINAFINE 250MG TABLET	03-10-2012
02360101	AAP	THEO ER 400MG TABLET	14-11-2012
02360128	AAP	THEO ER 600MG TABLET	08-11-2012
80009588	JAP	ST JAMP-VITAMIN B1 100MG TABLET	15-10-2012
02239350	PMT	ST VITAMIN B1 100MG TABLET	21-11-2012
02345838	APL	AURO-TOPIRAMATE 100MG TABLET	04-12-2012
02345846	APL	AURO-TOPIRAMATE 200MG TABLET	04-12-2012
02345803	APL	AURO-TOPIRAMATE 25MG TABLET	04-12-2012
02389487	SIV	TOPIRAMATE 100MG TABLET	03-10-2012
02389460	SIV	TOPIRAMATE 25MG TABLET	03-10-2012
02239234	SDZ	SANDOZ POLYTRIMETHOPRIM OPHTHALMIC SOLUTION	19-12-2012
02383543	MYL	ST MYLAN-VALSARTAN 160MG TABLET	19-06-2012
02383551	MYL	ST MYLAN-VALSARTAN 320MG TABLET	19-06-2012
02383527	MYL	ST MYLAN-VALSARTAN 40MG TABLET	19-06-2012
02383535	MYL	ST MYLAN-VALSARTAN 80MG TABLET	19-06-2012
02313014	PMS	ST PMS-VALSARTAN 160MG TABLET	25-06-2012
02344564	PMS	ST PMS-VALSARTAN 320MG TABLET	25-06-2012
02312999	PMS	ST PMS-VALSARTAN 40MG TABLET	25-06-2012
02313006	PMS	ST PMS-VALSARTAN 80MG TABLET	25-06-2012
02384558	SIV	ST VALSARTAN 160MG TABLET	21-09-2012
02366967	SAN	ST VALSARTAN 160MG TABLET	26-09-2012
02384566	SIV	ST VALSARTAN 320MG TABLET	21-09-2012
02366975	SAN	ST VALSARTAN 320MG TABLET	26-09-2012
02384523	SIV	ST VALSARTAN 40MG TABLET	21-09-2012
02366940	SAN	ST VALSARTAN 40MG TABLET	26-09-2012
02366959	SAN	ST VALSARTAN 80MG TABLET	26-09-2012
02384531	SIV	ST VALSARTAN 80MG TABLET	21-09-2012
02367017	SAN	ST VALSARTAN HCT 160/12.5MG	21-09-2012
02384744	SIV	ST VALSARTAN HCT 160/12.5MG TABLET	21-09-2012
02367025	SAN	ST VALSARTAN HCT 160/25MG	21-09-2012
02384752	SIV	ST VALSARTAN HCT 160/25MG TABLET	21-09-2012
02367033	SAN	ST VALSARTAN HCT 320/12.5MG	21-09-2012
02384760	SIV	ST VALSARTAN HCT 320/12.5MG TABLET	21-09-2012
02367041	SAN	ST VALSARTAN HCT 320/25MG	21-09-2012
02384779	SIV	ST VALSARTAN HCT 320/25MG TABLET	21-09-2012
02367009	SAN	ST VALSARTAN HCT 80/12.5MG	21-09-2012
02384736	SIV	ST VALSARTAN HCT 80/12.5MG TABLET	21-09-2012
02385945	SIV	VENLAFAXINE XR 150MG CAPSULE	21-09-2012
02385929	SIV	VENLAFAXINE XR 37.5MG CAPSULE	21-09-2012
02385937	SIV	VENLAFAXINE XR 75MG CAPSULE	21-09-2012
80020776	JAP	D2-DOL O/L 8288 IU/ML	30-07-2012
80019649	JAP	D3-DOL O/L 400IU	30-07-2012
80001145	PED	ST PHARMA D 400 GELCAP	30-07-2012
80008496	PMS	ST PHARMA-D 1,000IU CAPSULE	31-07-2012
80002169	PMS	ST VITAMIN D 1000IU TABLET	30-07-2012
80003663	WNP	ST VITAMIN D 1000 IU TABLET	01-10-2012
02381575	APX	APO-ZOLMITRIPTAN RAPID 2.5MG	27-11-2012

DIN (Drug Identification Number)

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MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)



New Limited Use Benefits

DIN	MFR	ITEM NAME	Effective Date
02385031	JAP	ST JAMP-ALENDRONATE 70MG TABLET	15-08-2012
02384698	RBY	ST RAN-ALENDRONATE 5MG TABLET	07-11-2012
Limited use benefit (prior approval required). For the treatment of: a. - Osteoporosis in patients who are 60 years of age or over OR b. - Paget's Disease OR c. - Osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR d. - Osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR e. - Osteoporosis in patients under 60 with moderate 10-year fracture risk AND use of systemic glucocorticoid therapy > 3 months			
02370816	FRS	VICTRELIS 200MG CAPSULE	03-07-2012
Limited use benefit (prior approval required). For the treatment of chronic Hepatitis C in treatment-naïve and treatment experienced patients who meet all the following criteria (patient must meet all criteria before consideration): a- HCV genotype 1 b- Detectable levels of hepatitis C virus HCV RNA in the last six months c- No co-infection with HIV d- Fibrosis stage F2 or greater (Metavir scale or equivalent) e- No diagnosis of cirrhosis OR compensated liver disease (cirrhosis with a Child Pugh Score = A (5-6))			
02371464	FRS	VICTRELIS TRIPLE 200/100/200	03-07-2012
02371456	FRS	VICTRELIS TRIPLE 200/120/200	03-07-2012
02371472	FRS	VICTRELIS TRIPLE 200/150/200	03-07-2012
02371448	FRS	VICTRELIS TRIPLE 200/80/200	03-07-2012
Limited use benefit (prior approval required). For the treatment of chronic Hepatitis C in treatment-naïve and treatment experienced patients who meet all the following criteria (patient must meet all criteria before consideration): a- HCV genotype 1 b- Detectable levels of hepatitis C virus HCV RNA in the last six months c- No co-infection with HIV d- Fibrosis stage F2 or greater (Metavir scale or equivalent) e- No diagnosis of cirrhosis OR compensated liver disease (cirrhosis with a Child Pugh Score = A (5-6))			
02386208	CBT	ST CO BOSENTAN 125MG TABLET	21-06-2012
02386194	CBT	ST CO BOSENTAN 62.5MG TABLET	21-06-2012
02383500	MYL	ST MYLAN-BOSENTAN 125MG TABLET	21-06-2012
02383497	MYL	ST MYLAN-BOSENTAN 62.5MG TABLET	21-06-2012
02383020	PMS	ST PMS-BOSENTAN 125MG TABLET	21-06-2012
02383012	PMS	ST PMS-BOSENTAN 62.5MG TABLET	21-06-2012
02386283	SDZ	ST SANDOZ BOSENTAN 125MG TABLET	21-06-2012
02386275	SDZ	ST SANDOZ BOSENTAN 62.5MG TABLET	21-06-2012
Limited use benefit (prior approval required). • Patients with World Health Organization (WHO) class III pulmonary artery hypertension (PAH), either idiopathic (i.e. primary) or associated with a congenital or systemic condition (e.g. connective tissue disease) and confirmed by right heart catheterization; AND • who have failed to respond to sildenafil OR tadalafil; OR • who have contraindications to sildenafil OR tadalafil.			

DIN	MFR	ITEM NAME	Effective Date
02331675	UCB	CIMZIA 200MG/ML INJECTION	18-06-2012
Limited use benefit (prior approval required).			
Criteria for initial one year coverage for a MAXIMUM dose dose of 400mg at weeks 0, 2, and 4, followed by 200mg every other week or 400mg every 4 weeks.			
1. Prescribed by a rheumatologist, AND			
2. For the treatment of severely active RHEUMATOID ARTHRITIS:			
•Patient is refractory to methotrexate weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks			
PLUS a minimum of two of the following:			
•leflunomide: 20mg daily for 10 weeks OR			
•gold: weekly injections for 20 weeks OR			
•cyclosporine: 2-5 mg/kg/day for 12 weeks OR			
•azathioprine: 2-3 mg/kg/day for 3 months OR			
•sulfasalazine at least 2g daily for 3 months			
PLUS one of the following combinations:			
•methotrexate with cyclosporine (minimum 4 month trial on both) OR			
•methotrexate with hydroxychloroquine and sulfasalazine (minimum 4 month trial on triple therapy) OR			
•methotrexate with gold (minimum 12 week trial) OR			
•in patients who are intolerant or who have contraindication to methotrexate therapy, or are refractory to a combination of at least 2 DMARDS			
02385813	SIV	ST CLOPIDOGREL 75MG TABLET	07-11-2012
02378507	DOM	ST DOM-CLOPIDOGREL 75MG TABLET	19-10-2012
02379813	RBY	ST RAN-CLOPIDOGREL 75MG TABLET	16-08-2012
02388529	RIV	ST RIVA CLOPIDOGREL 75MG TABLET	08-01-2013
Limited use benefit (one-year duration, prior approval required).			
a. - Patients with intra-coronary stent implantation following insertion.			
b. - Patients with acute coronary syndrome (ACS) (unstable angina or non-ST-segment elevation MI), in combination with ASA.			
02386895	CBT	CO FENTANYL 100MCG/HR PATCH	27-11-2012
02386844	CBT	CO FENTANYL 12MCG/HR PATCH	27-11-2012
02386852	CBT	CO FENTANYL 25MCG/HR PATCH	27-11-2012
02386879	CBT	CO FENTANYL 50MCG/HR PATCH	27-11-2012
02386887	CBT	CO FENTANYL 75MCG/HR PATCH	27-11-2012
02396742	MYL	MYLAN-FENTANYL MATRIX 100MCG/H	11-01-2013
02396696	MYL	MYLAN-FENTANYL MATRIX 12MCG/HR	11-01-2013
02396718	MYL	MYLAN-FENTANYL MATRIX 25MCG/HR	11-01-2013
02396726	MYL	MYLAN-FENTANYL MATRIX 50MCG/HR	11-01-2013
02396734	MYL	MYLAN-FENTANYL MATRIX 75MCG/HR	11-01-2013
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 sustained released product, such as morphine, hydromorphone and oxycodone, despite appropriate dose titration and adjunctive therapy including laxatives and antiemetics.			
02389878	MIN	ST MINT-FINASTERIDE 5MG TABLET	21-09-2012
Limited use benefit (prior approval required).			
a. - For treatment of Benign Prostatic Hyperplasia (BPH) inpatients 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.			
02239505	MDC	ALDARA 50MG/G CREAM	01-02-2013
Limited use benefit (prior approval required).			
For the treatment of condylomata acuminata (genital warts) in patients who have failed:			
a. self-applied podophyllotoxin (podofilox 0.5% solution); OR			
b. provider-applied podophyllum resin (10%-25%)			

DIN	MFR	ITEM NAME	Effective Date
02357623	UCB	VIMPAT 100MG TABLET	01-04-2013
02357631	UCB	VIMPAT 150MG TABLET	01-04-2013
02357658	UCB	VIMPAT 200MG TABLET	01-04-2013
02357615	UCB	VIMPAT 50MG TABLET	01-04-2013
Limited use benefit (prior approval required).			
For adjunctive therapy in patients with refractory partial-onset seizures who meet all of the following criteria:			
a- Are under the care of a physician experienced in the treatment of epilepsy, AND			
b- Are currently receiving two or more antiepileptic medications, AND			
c- Have failed or demonstrated intolerance to at least two other antiepileptic medications.			
02297418	DOM	DOM-LEVETIRACETAM 500MG TABLET	07-11-2012
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.			
02248263	NOP	NOVO-LEVOFLOXACIN 500MG TABLET	28-06-2012
Limited use benefit (prior approval not required).			
Coverage will be limited to a maximum of 14 days.			
02376695	DOM	DOM-MONTELUKAST 10MG TABLET	07-11-2012
02391422	JAP	JAMP-MONTELUKAST 10MG TABLET	07-11-2012
02379856	PDL	MONTELUKAST 10MG TABLET	20-06-2012
02379333	SAN	MONTELUKAST 10MG TABLET	01-06-2012
02382474	SIV	MONTELUKAST 10MG TABLET	21-09-2012
02382458	SIV	MONTELUKAST 4MG CHEW TABLET	21-09-2012
02379821	PDL	MONTELUKAST 4MG TABLET	20-06-2012
02379317	SAN	MONTELUKAST 4MG TABLET	01-06-2012
02382466	SIV	MONTELUKAST 5MG CHEW TABLET	21-09-2012
02379325	SAN	MONTELUKAST 5MG CHEW TABLET	01-06-2012
02379848	PDL	MONTELUKAST 5MG TABLET	20-06-2012
Limited use benefit (prior approval required).			
For treatment of:			
a. - asthma when used in patients on concurrent steroid therapy.			
b. - asthma patients not well controlled with or intolerant to inhaled corticosteroids.			
02386399	JAP	JAMP-MYCOPHENOLATE 250MG CAPSULE	16-08-2012
02380382	JAP	JAMP-MYCOPHENOLATE 500MG TABLET	16-08-2012
Limited use benefit (prior approval required).			
For transplant therapy.			
02374013	SIV	ST PIOGLITAZONE HCL 15MG TABLET	15-08-2012
02374021	SIV	ST PIOGLITAZONE HCL 30MG TABLET	15-08-2012
02374048	SIV	ST PIOGLITAZONE HCL 45MG TABLET	15-08-2012
02339595	ACC	ST PIOGLITAZONE HCL 45MG TABLET	18-02-2013
02375850	RBY	ST RAN-PIOGLITAZONE 15MG TABLET	16-08-2012
02375869	RBY	ST RAN-PIOGLITAZONE 30MG TABLET	16-08-2012
02375877	RBY	ST RAN-PIOGLITAZONE 45MG TABLET	16-08-2012
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.			
02358840	CBT	CO RALOXIFENE 60MG TABLET	14-08-2012
Limited use benefit (prior approval required).			
For:			
a. - secondary prevention of osteoporosis in women who experience failure on bisphosphonates.			
b. - secondary prevention of osteoporosis in women who have a personal history or a first degree relative with a history of breast cancer			

DIN	MFR	ITEM NAME	Effective Date
02368552	JAP	ST JAMP-RISEDRONATE 35MG TABLET	21-09-2012
02352141	SIV	ST RISEDRONATE 35MG TABLET	21-09-2012
<p>Limited use benefit (prior approval required). For the treatment of:</p> <p>a. - Paget's Disease or b. - Osteoporosis in patients who are 60 years of age or over OR c. - Osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR d. - Osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk who have a high (>20%) 10-year fracture risk or e. - Osteoporosis or risk of osteoporosis in patients under 60 who have been, or who will be on systemic corticosteroid therapy equivalent to a dose of prednisone \geq7.5mg per day for \geq3 months. Approval period of one year.</p>			
02378604	BAY	XARELTO 15MG TABLET	15-04-2013
02378612	BAY	XARELTO 20MG TABLET	15-04-2013
<p>Limited use benefit (prior approval required). For the prevention of stroke and systemic embolism in at-risk patients who have non-valvular atrial fibrillation (AF) AND in whom:</p> <p>a- anticoagulation is inadequate following a reasonable trial on warfarin, OR b- anticoagulation with warfarin is contraindicated or not possible due to inability to regularly monitor via International Normalized Ratio (INR) testing (i.e., no access to INR testing service at a laboratory, clinic, pharmacy, and at home)</p> <p>Exclusion criteria: Patients with impaired renal function (CrCl or estimated GFR < 30 mL/min); OR Patients \geq 75 years of age AND without documented stable renal function; OR Patients with hemodynamically significant rheumatic valvular heart disease especially mitral stenosis; OR Patients with prosthetic heart valves</p> <p>Notes:</p> <p>a) Documented stable renal function is defined as creatinine clearance or estimated glomerular filtration rate that is maintained for at least 3 months (i.e., 30-49mL/min for 15mg once daily dosing or \geq 50mL/min for 20mg once daily dosing for at least 3 months). b) At-risk patients with atrial fibrillation are defined as those with a CHADS2 score of \geq 1. Although the ROCKET-AF trial included patients with higher CHADS2 score (\geq 2), other landmark studies with the other newer oral anticoagulants demonstrated a therapeutic benefit in patients with a CHADS2 score of 1. Prescribers may consider an antiplatelet regimen or oral anticoagulation for patients with a CHADS2 score of 1. c) Inadequate anticoagulation" is defined as INR testing results that are outside of the desired INR range for at least 35% of the tests during the monitoring period (i.e., adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period). d) A reasonable trial on warfarin is defined as at least 2 months of therapy e) Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see Xarelto product monograph). f) Patients starting rivaroxaban should have ready access to appropriate medical services to manage a major bleeding event. g) There is currently no data to support that rivaroxaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves, so rivaroxaban is not recommended in these populations.</p>			
02369613	EIS	BANZEL 100MG TABLET	10-10-2012
02369621	EIS	BANZEL 200MG TABLET	10-10-2012
02369648	EIS	BANZEL 400MG TABLET	10-10-2012
<p>Limited use benefit (prior approval required) a.- For the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome in adults and children 4 years and older, when prescribed by a neurologist or experienced specialist b.- Patient has failed, is intolerant to, or has contraindications to at least two adjunctive antiepileptic drugs</p>			
02375842	BMS	ST ONGLYZA 2.5MG TABLET	24-10-2012
02333554	BMS	ST ONGLYZA 5MG TABLET	24-10-2012
<p>Limited use benefit (prior approval required) For the treatment of patients with type 2 diabetes mellitus who: -did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.</p>			

DIN	MFR	ITEM NAME	Effective Date
02371553	VPC	INCIVEK 375MG TABLET	03-07-2012
<p>Limited use benefit (prior approval required). For the treatment of chronic Hepatitis C in treatment-naïve and treatment experienced patients who meet all the following criteria (patient must meet all criteria before consideration):</p> <ul style="list-style-type: none"> a- HCV genotype 1 b- Detectable levels of hepatitis C virus HCV RNA in the last six months c- No co-infection with HIV d- Fibrosis stage F2 or greater (Metavir scale or equivalent) e- No diagnosis of cirrhosis OR compensated liver disease (cirrhosis with a Child Pugh Score = A (5-6)) 			
02395282	CBT	CO TEMOZOLOMIDE 100MG CAPSULE	14-12-2012
02395290	CBT	CO TEMOZOLOMIDE 140MG CAPSULE	14-12-2012
02395274	CBT	CO TEMOZOLOMIDE 20MG CAPSULE	14-12-2012
02395312	CBT	CO TEMOZOLOMIDE 250MG CAPSULE	14-12-2012
<p>Limited use benefit (prior approval required). For:</p> <ul style="list-style-type: none"> a. - treatment of adult patients with glioblastoma multiforme or anaplastic astrocytoma, and documented evidence of recurrence or progression after standard therapy (resection, radiotherapy, and chemotherapy). b. - treatment of adult patients with newly diagnosed glioblastoma multiforme concomitantly with radiotherapy and then as maintenance treatment. 			

CRITERIA CHANGES

Listing of Banzel

Effective October 10, 2012, NIHB has listed Banzel® as a limited use benefit, prior approval required.

The up to date criteria is:

- a-For the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome in adults and children 4 years and older, when prescribed by a neurologist or experienced specialist; AND
- b-Patient has failed, is intolerant to, or has contraindications to at least two adjunctive antiepileptic drugs

This change in listing status will apply to the following DINs:

02369613 Banzel® 100MG tablet
 02369621 Banzel® 200MG tablet
 02369648 Banzel® 400MG tablet

Listing Change of Birth Control Products

On November 5, 2012, the NIHB Program changed the listing status of the Evra Patch from Exception and Nuvaring from limited use benefits to open benefits. In addition, the yearly limit on Intra-Uterine Devices (IUDs) has been revised as follows:

1 year

Flexi-T IUD (DIN 98099999)
 Liberte UT380 Short IUD (DIN 99401085)
 Liberte UT380 Standard IUD (DIN 99401086)

2 years

Nova-T IUD COPP 3 CU 200 (DIN 99400482)
 Mirena Intrauterine System (DIN 02243005)

Limit for Selective Serotonin Agonists

Effective November 1, 2012, the Non Insured Health Benefits (NIHB) Program placed a maximum allowed limit of 12 units every 30 days for selective serotonin agonists (i.e. triptans). The following DINs will be affected:

Almotriptan malate

6.25mg tablet (DIN 02248128)

12.5mg tablet (DIN 02248129)

Naratriptan hydrochloride

1mg tablet (DIN 02237820, 02314290)

2.5mg tablet (DIN 02237821, 02314304, 02322323)

Rizatriptan

5mg tablet (DIN 02240520, 02393360, 02393468)

10mg tablet (DIN 02240521, 02393379, 02393476)

5mg wafer (DIN 02240518)

10mg wafer (DIN 02240519)

Sumatriptan succinate

6mg/0.5mL injection (DIN 02361698)

12mg/mL injection (DIN 02212188, 99000598)

25mg tablet (DIN 02257882, 02270749, 02268906, 02286815, 02256428, 02286513)

50mg tablet (DIN 02268388, 02257890, 02270757, 02212153, 02268914, 02286823, 02256436, 02263025, 02286521, 02324652)

100mg tablet (DIN 02268396, 02239367, 02257904, 02270765, 02212161, 02268922, 02239367, 02286831, 02256444, 02263033, 02286548, 02324660)

Zolmitriptan

2.5mg orally disintegrating tablet (DIN 02324768, 02362996, 02342545, 02243045)

2.5mg tablet (DIN 02369036, 02324229, 02362988, 02313960, 02238660)

Delisting of Brand Name Ritalin

Effective January 3, 2013, the NIHB Program changed the listing status of brand name Ritalin and Ritalin SR from open benefit to non-benefit. The following DINs were affected:

Ritalin 10 mg (DIN 00005606)

Ritalin 20 mg (DIN 00005614)

Ritalin SR 20 mg (DIN 00632775)

The generic forms of these products will continue to be available as open benefits.

Delisting of Products Containing Codeine 60 mg and Acetaminophen 300 mg

Effective January 9, 2013, the NIHB Program removed products containing a combination of codeine 60 mg and acetaminophen 300 mg (e.g., Tylenol No. 4) from the NIHB DBL. The following DINs were affected:

Tylenol with Codeine No.4 tab (DIN 02163918)

Ratio-Lenoltec No.4 tab (DIN 00621463)

Empracet-60 tab (DIN 00666149)

Acet codeine 60 (DIN 01999656)

Listing of Concerta

Effective October 16, 2012, NIHB has listed Concerta® as an open benefit on the Drug Benefit list.

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 Teva-Methylphenidate ER 18MG Tablet
02315076 Teva-Methylphenidate ER 27MG Tablet
02315084 Teva-Methylphenidate ER 36MG Tablet
02315092 Teva-Methylphenidate ER 54MG Tablet
02330377 Apo-Methylphenidate ER 54MG Tablet

Listing of Cipralex

Effective July 16, 2012, NIHB has listed Cipralex® as an open benefit on the Drug Benefit list.

This change in listing status will apply to the following DINS:

02263238 Cipralex® 10MG Tablet
02263254 Cipralex® 20MG Tablet

Listing of Firmagon

Effective August 28, 2012, NIHB has listed Firmagon® as an open benefit on the Drug Benefit list.

This change in listing status will apply to the following DINS:

02337029 Firmagon® 80MG/VIAL INJECTION
02337037 Firmagon® 120MG/VIAL INJECTION

Listing of Aldara

Effective February 1, 2013, NIHB has listed Aldara® as a limited use benefit, prior approval required.

The up to date criteria is:

For the treatment of condylomata acuminata (genital warts) in patients who have failed:

a-self applied podophyllotoxin (podofilox 0.5% solution); OR
b-provider-applied podophyllum resin (10%-25%)

This change in listing status will apply to the following DIN:

02239505 Aldara® 50MG/G Cream
