Health Canada Santé Canada

Winter/Spring 2014

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
09857452	ROC	ACCU-CHEK MOBILE BG STRIP (ON)	22-08-2013
97799497	ROC	ACCU-CHEK MOBILE STRIP CASSETTE	22-08-2013
97799459	BAY	CONTOUR NEXT BG STRIP (100)	27-09-2013
09857453	BAY	CONTOUR NEXT TEST STRIP (ON)	27-09-2013
02397137	GIL	STRIBILD 150/150/200/300MG TABLET	19-12-2013
02403447	LIL	HUMULIN N KWIKPEN	04-09-2013
02403412	LIL	HUMALOG KWIKPEN 100U/ML INJECTION	04-09-2013
02403439	LIL	HUMALOG MIX 50 KWIKPEN	23-09-2013
02240294	LIL	HUMALOG MIX 25 CARTRIDGE 3ML	23-09-2013
02403420	LIL	HUMALOG MIX 25 KWIKPEN	23-09-2013
02240297	LIL	HUMALOG MIX 50 CARTRIDGE 3ML	23-09-2013
97799388	MEC	MEDI+SURE SOFT 30G TWIST LANCET	28-10-2013
97799389	MEC	MEDI+SURE SOFT 33G TWISTLANCET	28-10-2013

DIN	MFR	ITEM NAME	Effective Date
02246619	PFI	XALACOM STERILE OPHTHALMIC SOLUTION	14-11-2013
02347156	BCM	VYVANSE 20MG CAPSULE	27-08-2013
02322951	BCM	VYVANSE 30MG CAPSULE	27-08-2013
02347164	BCM	VYVANSE 40MG CAPSULE	27-08-2013
02322978	BCM	VYVANSE 50MG CAPSULE	27-08-2013
02347172	BCM	VYVANSE 60MG CAPSULE	27-08-2013
02297558	BCM	[ST] MEZAVANT 1.2G ER TABLET	27-08-2013
02321513	AZE	SEROQUEL XR 150MG TABLET	19-12-2013
02300192	AZE	SEROQUEL XR 200MG ER TABLET	19-12-2013
02300206	AZE	SEROQUEL XR 300MG ER TABLET	19-12-2013
02300214	AZE	SEROQUEL XR 400MG ER TABLET	19-12-2013
02300184	AZE	SEROQUEL XR 50MG ER TABLET	19-12-2013

Multi-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02347792	JNO	[ST] TYLENOL JR STRENGTH FASTMELTS	06-11-2013
00654515	PMS	PMS-AMITRIPTYLINE 25MG TABLET	04-12-2013
02403137	APX	APO-AMITRIPTYLINE 10MG TABLET	12-07-2013
02403145	APX	APO-AMITRIPTYLINE 25MG TABLET	12-07-2013
02403153	APX	APO-AMITRIPTYLINE 50MG TABLET	12-07-2013
02403161	APX	APO-AMITRIPTYLINE 75MG TABLET	12-07-2013
02397080	AUR	[ST] AURO-AMLODIPINE 10MG TABLET	10-07-2013
02397072	AUR	[ST] AURO-AMLODIPINE 5MG TABLET	10-07-2013
02398877	RBY	[ST] RAN-AMLODIPINE 2.5MG TABLET	24-10-2013
02411318	APX	[ST] APO-AMLODIPINE-ATORVAS 10/10MG	27-01-2014
02411326	APX	[ST] APO-AMLODIPINE-ATORVAS 10/20MG	27-01-2014
02411334	APX	[ST] APO-AMLODIPINE-ATORVAS 10/40MG	27-01-2014
02411342	APX	[ST] APO-AMLODIPINE-ATORVAS 10/80MG	27-01-2014
02411253	APX	[ST] APO-AMLODIPINE-ATORVAS 5/10MG	27-01-2014
02411261	APX	[ST] APO-AMLODIPINE-ATORVAS 5/20MG	27-01-2014
02411288	APX	[ST] APO-AMLODIPINE-ATORVAS 5/40MG	27-01-2014
02411296	APX	[ST] APO-AMLODIPINE-ATORVAS 5/80MG	27-01-2014
02230880	APX	APO-AMOXI 250MG/5ML SUGAR FREE	03-10-2013
02388073	AUR	AURO-AMOXICILLIN 250MG CAPSULE	10-07-2013
02388081	AUR	AURO-AMOXICILLIN 500MG CAPSULE	10-07-2013
02411350	SIV	[ST] ATORVASTATIN-10 10MG TABLET	03-12-2013
02411369	SIV	[ST] ATORVASTATIN-20 20MG TABLET	03-12-2013
02411377	SIV	[ST] ATORVASTATIN-40 40MG TABLET	28-11-2013
02411385	SIV	[ST] ATORVASTATIN-80 80MG TABLET	03-12-2013
02399377	PMS	[ST] PMS-ATORVASTATIN 10MG TABLET	01-07-2013
02399385	PMS	[ST] PMS-ATORVASTATIN 20MG TABLET	01-07-2013
02399393	PMS	[ST] PMS-ATORVASTATIN 40MG TABLET	01-07-2013
02399407	PMS	[ST] PMS-ATORVASTATIN 80MG TABLET	01-07-2013
02382075	MYL	MYLAN-BUPROPION XL 150MG TABLET	28-11-2013
02382083	MYL	MYLAN-BUPROPION XL 300MG TABLET	28-11-2013
02395762	DOM	[ST] DOM-CANDESARTAN 8MG TABLET	20-11-2013
02380706	RBY	[ST] RAN-CANDESARTAN 16MG TABLET	05-09-2013
02380714	RBY	[ST] RAN-CANDESARTAN 32MG TABLET	05-09-2013
02380684	RBY	[ST] RAN-CANDESARTAN 4MG TABLET	05-09-2013
02380692	RBY	[ST] RAN-CANDESARTAN 8MG TABLET	05-09-2013
02400022	TEP	TEVA-CAPECITABINE 150MG TABLET	16-10-2013
02400030	TEP	TEVA-CAPECITABINE 500MG TABLET	16-10-2013
02324520	PDL	[ST] PRO-CARVEDILOL 12.5MG TABLET	18-11-2013
02324539	PDL	[ST] PRO-CARVEDILOL 25MG TABLET	18-11-2013
02324512	PDL	[ST] PRO-CARVEDILOL 6.25MG TABLET	18-11-2013
02408988	SAN	CLARITHROMYCIN 125MG/5ML O/L	04-11-2013

DIN	MFR	ITEM NAME	Effective Date
02408996	SAN	CLARITHROMYCIN 250MG/5ML O/L	04-11-2013
00331015	JAM	[ST] VITAMIN B12 TABLET 100MCG	11-12-2013
02410249	APX	MIRVALA 21 TABLET	18-11-2013
02410257	APX	MIRVALA 28 TABLET	18-11-2013
02397145	CBT	CO DICLO-MISO 50/0.2MG TABLET	17-07-2013
02397153	CBT	CO DICLO-MISO 75/0.2MG TABLET	17-07-2013
02400596	SDZ	SANDOZ DICLO/MISOPROS 50/0.2MG	17-07-2013
02400618	SDZ	SANDOZ DICLO/MISOPROS 75/0.2MG	17-07-2013
02325330	PDL	[ST] DILTIAZEM TZ 300MG ER CAPSULE	31-01-2014
02325349	PDL	[ST] DILTIAZEM TZ 360MG ER CAPSULE	31-01-2014
02325306	PDL	[ST] DILTIAZEM TZ 120MG ER CAPSULE	31-01-2014
02325314	PDL	[ST] DILTIAZEM TZ 180MG ER CAPSULE	31-01-2014
02325322	PDL	[ST] DILTIAZEM TZ 240MG ER CAPSULE	31-01-2014
02245416	JAP	[ST] TRAVEL TABLET 50MG	08-11-2013
02404389	CBT	CO DORZOTIMOLOL 20/5MG OP SOLUTION	12-07-2013
02410788	APX	ZAMINE 21 TABLET	25-10-2013
02410796	APX	ZAMINE 28 TABLET	25-10-2013
02385058	CBT	ZARAH 21 TABLET	10-07-2013
02385066	CBT	ZARAH 28 TABLET	10-07-2013
02381524	MYL	MYLAN-EFAVIRENZ 600MG TABLET	27-09-2013
02389762	TEP	TEVA-EFAVIRENZ 600MG TABLET	27-09-2013
02346176	TEV	SEASONIQUE TABLET	06-08-2013
02387085	APX	OVIMA 21 TABLET	28-08-2013
02387093	APX	OVIMA 28 TABLET	28-08-2013
80029822	JAP	JAMP FERROUS FUMARATE SUSPENSION	14-06-2013
02244532	PMT	[ST] FERROUS GLUCONATE 300MG TABLET	07-01-2014
80009681	WAM	[ST] FERROUS GLUCONATE 300MG TABLET	17-12-2013
02401894	JAP	JAMP-FLUOXETINE 10MG CAPSULE	08-11-2013
02405695	RBY	RAN-FLUOXETINE 10MG CAPSULE	24-10-2013
02405709	RBY	RAN-FLUOXETINE 20MG CAPSULE	24-10-2013
02392909	MAR	MAR-FLUOXETINE 10MG CAPSULE	10-07-2013
02392917	MAR	MAR-FLUOXETINE 20MG CAPSULE	10-07-2013
02285843	PFI	GD-GABAPENTIN 600MG TABLET	13-08-2013
80029765	JAP	JAMP GLYCERIN 2100MG SUPPOSITORY	14-06-2013
02366010	OMG	HALOPERIDOL 5MG/ML INJECTION	28-06-2013
02382334	PFI	HEPARIN SODIUM 5000U/ML INJECTION	03-10-2013
02401290	JAP	JAMP-IBUPROFEN 400MG TABLET	18-09-2013
02372193	DOM	[ST] DOM-IRBESARTAN 150MG TABLET	09-09-2013
02406829	RBY	[ST] RAN-IRBESARTAN 150MG TABLET	18-11-2013
02406837	RBY	[ST] RAN-IRBESARTAN 300MG TABLET	18-11-2013
02406810	RBY	[ST] RAN-IRBESARTAN 75MG TABLET	18-11-2013
02367335	SDZ	SANDOZ LATANOPROST 50MCG OPHTHALMIC SOLUTION	11-06-2013
02373068	PFI	GD-LATANOPROST/TIMOLOL OP SOLUTION	16-07-2013
02404591	PMS	PMS-LATANOPROST-TIMOLOL 50MCG	16-07-2013
02394685	SDZ	SANDOZ LATANOPROST/TIMOLOL	16-07-2013
02393921	TEP	TEVA-LATANOPROST/TIMOLOL OPHTHALMIC SOLUTION	16-07-2013
02402025	PDL	[ST] LETROZOLE 2.5MG TABLET	10-07-2013
02371189	PER	OPTION 2 0.75MG TABLET	08-11-2013
02401185	CBT	LUTERA 21 TABLET	12-07-2013
02401207	CBT	LUTERA 28 TABLET	12-07-2013
02296659	TEP	SEASONALE .15MG AND .03MG TABLET	06-08-2013
02394480	AUR	[ST] AURO-LISINOPRIL 10MG TABLET	10-07-2013
02394499	AUR	[ST] AURO-LISINOPRIL 20MG TABLET	10-07-2013
02394472	AUR	[ST] AURO-LISINOPRIL 5MG TABLET	10-07-2013
02398850	JAP	[ST] JAMP-LOSARTAN 100MG TABLET	10-07-2013
02398834	JAP	[ST] JAMP-LOSARTAN 25MG TABLET	10-07-2013

DIN	MFR	ITEM NAME	Effective Date
02398842	JAP	[ST] JAMP-LOSARTAN 50MG TABLET	10-07-2013
02404486	RBY	[ST] RAN-LOSARTAN 100MG TABLET	16-10-2013
02404478	RBY	[ST] RAN-LOSARTAN 50MG TABLET	16-10-2013
02408252	JAP	[ST] JAMP-LOSARTAN HCTZ 100/25 TABLET	25-10-2013
02408244	JAP	[ST] JAMP-LOSARTAN HCTZ 50/12.5 TABLET	25-10-2013
02390892	AUR	AURO-MELOXICAM 15MG TABLET	10-07-2013
02390884	AUR	AURO-MELOXICAM 7.5MG TABLET	10-07-2013
02398427	SDZ	METHOTREXATE 25MG/ML INJECTION	25-07-2013
02405776	PMS	PMS-NEVIRAPINE 200MG TABLET	12-07-2013
02393433	APX	APO-NITROGLYCERIN 0.4MG SPRAY	05-09-2013
02407442	MYL	[ST] MYLAN-NITRO 0.2 PATCH	10-07-2013
02407450	MYL	[ST] MYLAN-NITRO 0.4 PATCH	10-07-2013
02407469	MYL	[ST] MYLAN-NITRO 0.6 PATCH	10-07-2013
02407477	MYL	[ST] MYLAN-NITRO 0.8 PATCH	10-07-2013
02403099	RBY	RAN-OLANZAPINE 10MG TABLET	16-10-2013
02403102	RBY	RAN-OLANZAPINE 15MG TABLET	16-10-2013
02403064	RBY	RAN-OLANZAPINE 2.5MG TABLET	16-10-2013
02403072	RBY	RAN-OLANZAPINE 5MG TABLET	16-10-2013
02403080	RBY	RAN-OLANZAPINE 7.5MG TABLET	16-10-2013
02403986	CBT	CO OLOPATADINE 0.1% 1MG/ML	27-01-2014
02358913	SDZ	SANDOZ OLOPATADINE 0.1% OPHTHALMIC SOLUTION	17-10-2013
02229453	TAK	[ST] PANTOLOC 40MG TABLET	26-11-2013
80035346	MAN	[ST] MK 8 TABLET	13-09-2013
80040226	NOV	SLOW-K 600MG TABLET	06-11-2013
00713333	APX	[ST] APO-PROCAINAMIDE 375MG CAPSULE	02-07-2013
02390213	AUR	AURO-QUETIAPINE 100MG TABLET	10-07-2013
02390248	AUR	AURO-QUETIAPINE 200MG TABLET	10-07-2013
02390205	AUR	AURO-QUETIAPINE 25MG TABLET	10-07-2013
02390256	AUR	AURO-QUETIAPINE 300MG TABLET	10-07-2013
02397102	RBY	RAN-QUETIAPINE 100MG TABLET	16-10-2013
02397110	RBY	RAN-QUETIAPINE 200MG TABLET	16-10-2013
02397099	RBY	RAN-QUETIAPINE 25MG TABLET	16-10-2013
02397129	RBY	RAN-QUETIAPINE 300MG TABLET	16-10-2013
02407701	SDZ	SANDOZ QUETIAPINE XRT 200MG	19-12-2013
02407728	SDZ	SANDOZ QUETIAPINE XRT 300MG	19-12-2013
02407736	SDZ	SANDOZ QUETIAPINE XRT 400MG	19-12-2013
02407671	SDZ	SANDOZ QUETIAPINE XRT 50MG	19-12-2013
02395452	TEP	TEVA-QUETIAPINE XR 150MG TABLET	19-12-2013
02395460	TEP	TEVA-QUETIAPINE XR 200MG TABLET	19-12-2013
02395479	TEP	TEVA-QUETIAPINE XR 300MG TABLET	19-12-2013
02395487	TEP	TEVA-QUETIAPINE XR 400MG TABLET	19-12-2013
02395444	TEP	TEVA-QUETIAPINE XR 50MG TABLET	19-12-2013
02248500	APX	[ST] APO-QUINAPRIL 10MG TABLET	14-08-2013
02248501	APX	[ST] APO-QUINAPRIL 20MG TABLET	14-08-2013
02248502	APX	[ST] APO-QUINAPRIL 40MG TABLET	14-08-2013
02248499	APX	[ST] APO-QUINAPRIL 5MG TABLET	14-08-2013
02408767	APX	[ST] APO-QUINAPRIL/HCTZ 10/12.5MG	16-10-2013
02408775	APX	[ST] APO-QUINAPRIL/HCTZ 20/12.5MG	16-10-2013
02387387	AUR	[ST] AURO-RAMIPRIL 1.25MG CAPSULE	10-07-2013
02387417	AUR	[ST] AURO-RAMIPRIL 10MG CAPSULE	10-07-2013
02387395	AUR	[ST] AURO-RAMIPRIL 2.5MG CAPSULE	10-07-2013
02387409	AUR	[ST] AURO-RAMIPRIL 5MG CAPSULE	10-07-2013
02411598	SIV	[ST] RAMIPRIL-10 10MG CAPSULE	03-12-2013
02411563	SIV	[ST] RAMIPRIL-2.5 2.5MG CAPSULE	03-12-2013
02411571	SIV	[ST] RAMIPRIL-5 5MG CAPSULE	03-12-2013
02354039	APX	[ST] APO-RAMIPRIL/HCTZ 10/25MG	16-10-2013

DIN	MFR	ITEM NAME	Effective Date
02354004	APX	[ST] APO-RAMIPRIL/HCTZ 2.5/12.5MG	16-10-2013
02354012	APX	[ST] APO-RAMIPRIL/HCTZ 5/12.5MG	16-10-2013
02354020	APX	[ST] APO-RAMIPRIL/HCTZ 5/25MG	16-10-2013
02355663	APX	[ST] APO-REPAGLINIDE 0.5MG TABLET	06-01-2014
02355671	APX	[ST] APO-REPAGLINIDE 1MG TABLET	06-01-2014
02355698	APX	[ST] APO-REPAGLINIDE 2MG TABLET	06-01-2014
02397803	MIN	[ST] MINT-ROSUVASTATIN 10MG TABLET	04-09-2013
02397811	MIN	[ST] MINT-ROSUVASTATIN 20MG TABLET	04-09-2013
02397838	MIN	[ST] MINT-ROSUVASTATIN 40MG TABLET	04-09-2013
02397781	MIN	[ST] MINT-ROSUVASTATIN 5MG TABLET	04-09-2013
02405636	SAN	[ST] ROSUVASTATIN 10MG TABLET	11-10-2013
02405644	SAN	[ST] ROSUVASTATIN 20MG TABLET	11-10-2013
02405652	SAN	[ST] ROSUVASTATIN 40MG TABLET	11-10-2013
02411636	SIV	[ST] ROSUVASTATIN-10 10MG TABLET	03-12-2013
02411644	SIV	[ST] ROSUVASTATIN-20 20MG TABLET	03-12-2013
02411652	SIV	[ST] ROSUVASTATIN-40 40MG TABLET	03-12-2013
02411628	SIV	[ST] ROSUVASTATIN-5 5MG TABLET	03-12-2013
80043280	MAN	[ST] M SENNOSIDES 8.6MG TABLET	13-09-2013
02390922	AUR	AURO-SERTRALINE 100MG CAPSULE	10-07-2013
02390906	AUR	AURO-SERTRALINE 25MG CAPSULE	10-07-2013
02390914	AUR	AURO-SERTRALINE 50MG CAPSULE	10-07-2013
02399431	MAR	MAR-SERTRALINE 100MG CAPSULE	31-01-2014
02399415	MAR	MAR-SERTRALINE 25MG CAPSULE	31-01-2014
02399423	MAR	MAR-SERTRALINE 50MG CAPSULE	31-01-2014
02402408	MIN	MINT-SERTRALINE 100MG CAPSULE	10-07-2013
02402378	MIN	MINT-SERTRALINE 25MG CAPSULE	10-07-2013
02402394	MIN	MINT-SERTRALINE 50MG CAPSULE	10-07-2013
02368242	TEP	[ST] TEVA-TAMSULOSIN CR 0.4MG TABLET	08-01-2014
02407590	APX	APO-TETRABENAZINE 25MG TABLET	22-11-2013
02410338	STE	TETRABENAZINE 25MG TABLET	27-01-2014
02396084	RBY	RAN-TOPIRAMATE 100MG TABLET	18-09-2013
02396092	RBY	RAN-TOPIRAMATE 200MG TABLET	18-09-2013
02396076	RBY	RAN-TOPIRAMATE 25MG TABLET	18-09-2013
02393824	APX	APO-VALGANCICLOVIR 450MG TABLET	23-07-2013
02163268	JAM	[ST] VITAMIN C 500MG CAPSULE	10-10-2013
80038155	ORM	[ST] VITAMIN D 400IU ORAL LIQUID	23-07-2013

NEW LIMITED USE BENEFITS

DIN	MFR	ITEM NAME	Effective Date
02388545	AUR	[ST] AURO-ALENDRONATE 10MG TABLET	10-07-2013
02388553	AUR	[ST] AURO-ALENDRONATE 70MG TABLET	10-07-2013
02394863	MIN	[ST] MINT-ALENDRONATE 10MG TABLET	10-07-2013
02394871	MIN	[ST] MINT-ALENDRONATE 70MG TABLET	10-07-2013

Limited use benefit (prior approval required).
For the treatment of:
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 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 ≥7.5mg per day for ≥3 months.

DIN	MFR	ITEM NAME	Effective Date
02403633	TEP	[ST] TEVA-ALENDRON-CHOLEC 70/2800MG	18-12-2013
02403641	TEP	[ST] TEVA-ALENDRON-CHOLEC 70/5600MG	18-12-2013

Limited use benefit (prior approval required).
For the treatment of:
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 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 ≥7.5mg per day for ≥3 months.

02405806	APX	APO-ALMOTRIPTAN 12.5MG TABLET	16-10-2013
02405792	APX	APO-ALMOTRIPTAN 6.25MG TABLET	16-10-2013
02398443	MYL	MYLAN-ALMOTRIPTAN 12.5MG TABLET	27-09-2013
02398435	MYL	MYLAN-ALMOTRIPTAN 6.25MG TABLET	27-09-2013
02405334	SDZ	SANDOZ ALMOTRIPTAN 12.5MG TABLET	16-10-2013

Limited use benefit (prior approval not required).
Coverage will be limited to a maximum of 12 units per 30 days.

02377233	BMS	ELIQUIS 2.5MG TABLET	21-10-2013
02397714	BMS	ELIQUIS 5MG TABLET	21-10-2013

Limited use benefit (prior approval required).

For at risk patients* with non-valvular atrial fibrillation who require apixaban for the prevention of stroke and systemic embolism AND in whom:
a) anticoagulation is inadequate# with a 2-month trial of warfarin OR;
b) anticoagulation with warfarin is contraindicated OR;
c) anticoagulation with warfarin is 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)

Exclusion Criteria:
• Patients with impaired renal function (CrCl or estimated GFR < 25 mL/min)
• Patients ≥ 75 years of age AND without documented stable renal function
• Patients with hemodynamically significant rheumatic valvular heart disease especially mitral stenosis
• Patients with prosthetic mechanical heart valves

* At risk patients with atrial fibrillation are defined as those with a CHADS2 score of ≥1.
# Inadequate anticoagulation is defined as INR testing results that are outside 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.

Notes:
a) Dosing: the usual recommended dose is 5 mg twice daily; a reduced dose of apixaban 2.5 mg twice daily is recommended for patients with at least two [2] of the following: age ≥ 80 years, body weight ≤ 60 kg, or serum creatinine ≥ 133 micromole/litre.
b) Documented stable renal function is defined as CrCl or estimated GFR that is maintained for at least 3 months.
c) 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 (please see product monograph).
d) Patients starting apixaban should have ready access to appropriate medical services to manage a major bleeding event.
e) There is currently no data to support that apixaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic mechanical heart valves, so apixaban is not recommended in these populations.

DIN	MFR	ITEM NAME	Effective Date
02374811	FRS	SAPHRIS 10MG SL TABLET	14-08-2013
02374803	FRS	SAPHRIS 5MG SL TABLET	14-08-2013

Limited use benefit (prior approval required).

For the acute treatment of manic or mixed episodes associated with bipolar I disorder as either:
a.- Monotherapy, after a trial of lithium or divalproex sodium has failed or is contraindicated, and trials of two atypical antipsychotic agents have failed due to intolerance or lack of response; OR
b.- Co-therapy with lithium or divalproex sodium (please indicate below if both lithium and divalproex are contraindicated), after trials of two atypical antipsychotic agents have failed due to intolerance or lack of response.

02374900	BAY	VISANNE 2MG TABLET	10-06-2013

Limited use benefit (prior approval required).

a.- For the management of pelvic pain associated with endometriosis

02362279	APX	APO-DONEPEZIL 10MG TABLET	27-01-2014
02362260	APX	APO-DONEPEZIL 5MG TABLET	27-01-2014
02397609	CBT	CO DONEPEZIL 10MG TABLET	27-01-2014
02397595	CBT	CO DONEPEZIL 5MG TABLET	27-01-2014
02416425	PDL	DONEPEZIL 10MG TABLET	27-01-2014
02416417	PDL	DONEPEZIL 5MG TABLET	27-01-2014
02404427	JAP	JAMP-DONEPEZIL 10MG TABLET	27-01-2014
02404419	JAP	JAMP-DONEPEZIL 5MG TABLET	27-01-2014
02402092	MAR	MAR-DONEPEZIL 5MG TABLET	27-01-2014
02359480	MYL	MYLAN-DONEPEZIL 10MG TABLET	27-01-2014
02359472	MYL	MYLAN-DONEPEZIL 5MG TABLET	27-01-2014
02322358	PMS	PMS-DONEPEZIL 10MG TABLET	27-01-2014
02322331	PMS	PMS-DONEPEZIL 5MG TABLET	27-01-2014
02381516	RBY	RAN-DONEPEZIL 10MG TABLET	27-01-2014
02381508	RBY	RAN-DONEPEZIL 5MG TABLET	27-01-2014
02412934	RIV	RIVA-DONEPEZIL 10MG TABLET	27-01-2014
02412918	RIV	RIVA-DONEPEZIL 5MG TABLET	27-01-2014
02328682	SDZ	SANDOZ DONEPEZIL 10MG TABLET	27-01-2014
02328666	SDZ	SANDOZ DONEPEZIL 5MG TABLET	27-01-2014
02340615	TEP	TEVA-DONEPEZIL 10MG TABLET	27-01-2014
02340607	TEP	TEVA-DONEPEZIL 5MG TABLET	27-01-2014

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, delusions, hallucination, apathy)

DIN	MFR	ITEM NAME	Effective Date
02376709	DOM	[ST] DOM-FINASTERIDE 5MG TABLET	09-09-2013

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-blocker.
or
b. - For use in combination therapy when monotherapy with an alpha-blocker is not sufficient.

02361752	FRS	ZENHALE 5/100MCG INHALHER	26-07-2013
02361760	FRS	ZENHALE 5/200MCG INHALHER	26-07-2013
02361744	FRS	ZENHALE 5/50MCG INHALHER	26-07-2013

Limited use benefit (prior approval required).

a.- For the treatment of reversible obstructive airway disease in patients who are not adequately controlled on medium doses of inhaled corticosteroids (e.g. fluticasone 251 - 500 mcg daily, or the equivalent) as the sole agent and require addition of a long-acting beta agonist. Patients using this combination product must also have access to a short-acting bronchodilator for symptomatic relief.

02398389	PMS	PMS-GALANTAMINE ER 16MG CAPSULE	12-07-2013
02398397	PMS	PMS-GALANTAMINE ER 24MG CAPSULE	12-07-2013
02398370	PMS	PMS-GALANTAMINE ER 8MG CAPSULE	12-07-2013

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, delusions, hallucination, apathy)

02394936	NOV	SEEBRI BREEZHALER 50MCG CAPSULE	07-01-2014

Limited use benefit (prior approval required).

For patients with chronic obstructive pulmonary disease (COPD) and who:
a.- did not respond to a trial of ipratropium (Atrovent); OR
b.- did not have a previous trial of ipratropium, but who have moderate to severe COPD, defined as <60% FEV1, FEV1/FVC<0.7 and MRC 3 to 5.

02410389	SIV	[ST] LANSOPRAZOLE-30 30MG CAPSULE	03-12-2013
02402610	RBY	[ST] RAN-LANSOPRAZOLE 15MG CAPSULE	05-09-2013
02402629	RBY	[ST] RAN-LANSOPRAZOLE 30MG CAPSULE	05-09-2013

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

DIN	MFR	ITEM NAME	Effective Date
02403005	JAP	JAMP-LEVETIRACETAM 250MG TABLET	11-07-2013
02403021	JAP	JAMP-LEVETIRACETAM 500MG TABLET	11-07-2013
02403048	JAP	JAMP-LEVETIRACETAM 750MG TABLET	11-07-2013
02396106	RBY	RAN-LEVETIRACETAM 250MG TABLET	18-09-2013
02396114	RBY	RAN-LEVETIRACETAM 500MG TABLET	18-09-2013
02396122	RBY	RAN-LEVETIRACETAM 750MG TABLET	18-09-2013

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.

02399997	MAR	MAR-MONTELUKAST 10MG TABLET	04-09-2013
02399865	MAR	MAR-MONTELUKAST 4MG TABLET	04-09-2013
02399873	MAR	MAR-MONTELUKAST 5MG TABLET	04-09-2013
02408643	MIN	MINT-MONTELUKAST 10MG TABLET	27-01-2014
02408627	MIN	MINT-MONTELUKAST 4MG TABLET	27-01-2014
02408635	MIN	MINT-MONTELUKAST 5MG TABLET	27-01-2014
02389517	RBY	RAN-MONTELUKAST 10MG TABLET	28-08-2013
02402793	RBY	RAN-MONTELUKAST 4MG TABLET	16-10-2013
02402807	RBY	RAN-MONTELUKAST 5MG TABLET	16-10-2013

Limited use benefit (prior approval required).

For treatment of asthma:
a. - when used in patients on concurrent steroid therapy.
b. - in patients not well controlled with or intolerant to inhaled corticosteroids.

02411857	SIV	[ST] OMEPRAZOLE-20 20MG CAPSULE	03-12-2013
02403617	RBY	[ST] RAN-OMEPRAZOLE 20MG CAPSULE	16-10-2013
02295415	TEP	[ST] TEVA-OMEPRAZOLE 20MG TABLET	06-09-2013

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

02391600	ACC	[ST] PIOGLITAZONE HCL 15MG TABLET	15-07-2013
02339587	ACC	[ST] PIOGLITAZONE HCL 30MG TABLET	15-07-2013

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.

DIN	MFR	ITEM NAME	Effective Date
02402580	DOM	DOM-PREGABALIN 150MG CAPSULE	19-11-2013
02402556	DOM	DOM-PREGABALIN 25MG CAPSULE	19-11-2013
02402564	DOM	DOM-PREGABALIN 50MG CAPSULE	19-11-2013
02402572	DOM	DOM-PREGABALIN 75MG CAPSULE	19-11-2013
02403722	SIV	PREGABALIN 150MG CAPSULE	14-08-2013
02403692	SIV	PREGABALIN 25MG CAPSULE	14-08-2013
02403730	SIV	PREGABALIN 300MG CAPSULE	14-08-2013
02403706	SIV	PREGABALIN 50MG CAPSULE	14-08-2013
02403714	SIV	PREGABALIN 75MG CAPSULE	14-08-2013
02411768	SIV	PREGABALIN-150 150MG CAPSULE	03-12-2013
02411725	SIV	PREGABALIN-25 25MG CAPSULE	03-12-2013
02411733	SIV	PREGABALIN-50 50MG CAPSULE	03-12-2013
02411741	SIV	PREGABALIN-75 75MG CAPSULE	03-12-2013
02377063	RIV	RIVA-PREGABALIN 150MG CAPSULE	12-08-2013
02377039	RIV	RIVA-PREGABALIN 25MG CAPSULE	12-08-2013
02377071	RIV	RIVA-PREGABALIN 300MG CAPSULE	12-08-2013
02377047	RIV	RIVA-PREGABALIN 50MG CAPSULE	12-08-2013
02377055	RIV	RIVA-PREGABALIN 75MG CAPSULE	12-08-2013

Limited use benefit (prior approval required).
a. For the treatment of neuropathic pain in patients who have failed to effectively treat their pain with a tricyclic antidepressant (TCA); OR
b. For the treatment of neuropathic pain in patients who have a contraindication or intolerance with a tricyclic antidepressant (TCA).

02408392	MYL	[ST] MYLAN-RABEPRAZOLE 10MG TABLET	23-07-2013
02408406	MYL	[ST] MYLAN-RABEPRAZOLE 20MG TABLET	23-07-2013

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

02411407	SIV	[ST] RISEDRONATE-35 35MG TABLET	03-12-2013

Limited use benefit (prior approval required).
For the treatment of:
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 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 ≥7.5mg per day for ≥3 months.

DIN	MFR	ITEM NAME	Effective Date
02406985	MIN	MINT-RIVASTIGMINE 1.5MG CAPSULE	13-09-2013
02406993	MIN	MINT-RIVASTIGMINE 3MG CAPSULE	13-09-2013
02407000	MIN	MINT-RIVASTIGMINE 4.5MG CAPSULE	13-09-2013
02407019	MIN	MINT-RIVASTIGMINE 6MG CAPSULE	13-09-2013

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, delusions, hallucination, apathy)

02393492	APX	APO-RIZATRIPTAN RPD 10MG TABLET	28-08-2013
02393484	APX	APO-RIZATRIPTAN RPD 5MG TABLET	28-08-2013

Limited use benefit (prior approval not required).
Coverage will be limited to a maximum of 12 units per 30 days.

02388839	MSP	[ST] JANUVIA 25MG TABLET	03-09-2013
02388847	MSP	[ST] JANUVIA 50MG TABLET	03-09-2013

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.

02320681	JNO	STELARA 90MG/ML INJECTION	07-11-2013

Limited use benefit (prior approval required).
For the treatment of moderate to severe psoriasis in patients who meet the following criteria:
a. - Body surface area involvement greater than 10% and/or significant involvement of the face, hands, feet or genital region and
b. - Intolerance or lack of response to methotrexate and cyclosporine or
c. - A contraindication to methotrexate and/or cyclosporine and
d. - Intolerance or lack of response to phototherapy or
e. - Inability to access phototherapy
Coverage beyond 16 weeks will be based on a significant reduction in the Body Surface Area (BSA) involved and improvements in the Psoriasis Area Severity Index (PASI) score and the Dermatology Life Quality Index (DLQI).

02401304	RIV	RIVA-ZOLMITRIPTAN 2.5MG TABLET	24-10-2013

Limited use benefit (prior approval not required).
Coverage will be limited to a maximum of 12 units per 30 days.

CRITERIA CHANGES

BIOLOGICS FOR RHEUMATOID ARTHRITIS

Effective March 17, 2014, the NIHB Program's limited use criteria for coverage of biologic therapies for rheumatoid arthritis (RA) have been modified following a recommendation from the NIHB Drugs and Therapeutics Advisory Committee (DTAC). The biologics affected by this change include Remicade (infliximab), Enbrel (etanercept), Humira (adalimumab), Simponi (golimumab), Orencia (Abatacept) and Cimzia (certilizumab).

Coverage criteria for these agents, in combination with methotrexate (MTX) or other disease modifying anti-rheumatic agents (DMARDs) are as follows:

For the reduction in signs and symptoms of severely active RA in adult patients (18 years of age or older) who are intolerant or have contraindication or have failed:
1. MTX 20mg (oral or parenteral-SC/IM) or greater total weekly dosage (15mg or greater total weekly dosage if patient is 65 years of age or older) for a minimum of 12 weeks of continuous treatment;
AND
2. MTX in combination with ≥ 2 other disease modifying anti-rheumatic agents (DMARDS), such as sulfasazine (SSZ) and hydrocholorquine (HCQ), for a minimum 12 weeks of continuous treatment. In the case of Infliximab and abatacept, a previous trial of a minimum of 12 weeks of etanercept, adalimumab or golimumab is also required.

LISTING CHANGE FOR LEFLUNOMIDE (ARAVA)

Effective September 20, 2013, the listing status of leflunomide 10mg, 20mg tablet has changed from limited use to open benefit.

LISTING CHANGE FOR DULOXETINE (CYMBALTA)

Effective September 23, 2013, the listing status of duloxetine 30mg and 60mg capsule has changed from limited use to open benefit.

CHANGE IN LISTING FOR CLOPIDOGREL (PLAVIX)

Effective October 9, 2013, the listing status of clopidogrel was changed from limited use to open benefit with a duration limit of 12 months following a patient's initial cardiovascular event (stroke, acute coronary syndrome (ACS) or stent). Continued coverage beyond one year will be provided for patients with a previous stroke or transient ischemic attack (TIA) and be considered for patients with ACS or stent placement with appropriate rationale from the patient`s prescriber.

MODIFICATION OF CRITERIA FOR CELECOXIB (CELEBREX)

Effective November 4, 2013, the LU criteria for celecoxib was changed to the following:

-For patients who have a history of serious gastrointestinal complications (e.g. ulcer, bleeding, perforation);OR
-For patients with multiple (at least two) risk factors for serious gastrointestinal complications (e.g. age >60, concurrent use of ASA, SSRI`s, corticosteroid, anticoagulants or antiplatelet agents).

CHANGE IN LISTING OF ELIQUIS (APIXABAN) 2.5MG TABLETS

Effective October 21, 2013, the Non-Insured Health Benefits (NIHB) Program changed the listing status of apixaban 2.5mg from open benefit to an expedited special authorization (SA) benefit for the prevention of venous thromboembolic events (VTE) with the following criteria: For prevention of VTE for treatment durations of 10 to 14 days in patients who have undergone elective knee surgery or 32 to 38 days for hip replacement surgery. In order to receive an SA for this indication, pharmacy providers will be required to call the NIHB Drug Exception Center (DEC) at 1-800-580-0950 and indicate that the diagnosis is for VTE.

ADDITION OF pJIA FOR ADALIMUMAB (HUMIRA)

On February 25, 2014, NIHB added LU criteria for the indication of polyarticular juvenile idiopathic arthritis (pJIA) for adalimumab. The criteria is as follows:

For the treatment of severely active polyarticular juvenile idiopathic arthritis in children 4 to 17 years where the following criteria are met:
- 5 swollen joints; AND
- ≥ 3 joints with limited range of motion and/or pain/tenderness; AND
- Condition is refractory to an adequate trial of a therapeutic dose of methotrexate.

COPD FOR SYMBICORT AND ADVAIR

As of February 10, 2014 the following LU criteria were added for both Symbicort and Advair:

-For the treatment of moderate* COPD, if a patient continues to be symptomatic after an adequate trial of a long acting anticholinergic AND a long acting beta-agonist.
OR
-For the treatment of severe** COPD, if a patient continues to be symptomatic after an adequate trial of a long acting anticholinergic OR a long acting beta-agonist.

*Moderate and **Severe as defined by the Canadian Thoracic Society COPD classification. Moderate: shortness of breath from COPD causing the patient to stop after walking approximately 100 meters (or after a few minutes) on the level. Severe: shortness of breath from COPD resulting in the patient being too breathless to leave the house or breathless after undressing, or the presence of chronic respiratory failure or clinical signs of right heart failure.

COPD FOR FORMOTEROL FUMARATE (FORADIL)

As of January 15, 2014 the following LU criteria was added for formoterol inhaler:

-For the treatment of COPD in patients not adequately controlled with either ipratropium, tiotropium or a short acting beta-agonist