Health Canada Santé Canada

Fall 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
02150352	BAY	[ST] BABY ASPIRIN 80MG TABLET	17-03-2014
02373955	VAE	[ST] LODALIS HCL 625MG TABLET	14-04-2014
80039903	ORM	BEDUZIL 200MCG/ML O/L	08-04-2014
02373785	GPB	NYDA 50% TOP SOLUTUION	12-02-2014
80000273	WNP	[ST] FOLIC ACID 1MG TABLET	07-05-2014
02412829	NOO	LEVEMIR FLEXTOUCH 100U/ML INJECATABLE	07-05-2014
00970387	PAE	MONA LISA 5 IUD	23-05-2014
97799494	ROC	ACCU-CHEK FASTCLIK LANCET 102	28-03-2014
97799495	ROC	ACCU-CHEK FASTCLIK LANCET 204	28-03-2014
97799364	MTD	INSULIN PEN NEEDLE 31GX6MM	23-05-2014
97799367	MTD	INSULIN PEN NEEDLE 32GX4MM	23-05-2014
97799363	MTD	INSULIN PEN NEEDLE 32GX6MM	23-05-2014
97799365	MTD	INSULIN PEN NEEDLE 32GX8MM	23-05-2014

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

Canada

DIN	MFR	ITEM NAME	Effective Date
02415194	ABB	[ST] CREON MINIMICROSPHERES 6 CAPSULE	28-03-2014
97799386	NOO	NOVOFINE PLUS 4MM NEEDLE	31-03-2014
02346672	RLI	RELAXA	18-07-2014
80024360	GSK	[ST] K-10 O/L	30-07-2014
80035346	MAN	[ST] MK 8 TABLET	18-06-2014
00037818	ABB	BACTERIOSTATIC SOD CHLOR INJECTION	13-06-2014
96899977	TMI	AEROTRACH PLUS	07-03-2014
97799369	MTD	INSULIN SYRINGES 31GX0.3CC	23-05-2014
97799370	MTD	INSULIN SYRINGES 31GX0.5CC	23-05-2014
97799371	MTD	INSULIN SYRINGES 31GX1CC	23-05-2014
97799385	BTD	BD SYR +NEEDLE 31G 6MM (0.5CC)	28-03-2014
97799384	BTD	BD SYR +NEEDLE 31G 6MM (1CC)	28-03-2014
02412322	ATP	TRELSTAR 22.5MG/VIAL	28-03-2014
97799914	BAY	DIASTIX 50 (NS)	17-05-2014
80041145	ORM	[ST] DECAXIL 400IU/ML O/L	11-02-2014
02417685	ORM	[ST] VIDEXTRA 10000U TABLET	15-04-2014

Multi-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02269139	JAP	[ST] ACETYLSALICYLIC ACID 80MG CHEWABLE	17-03-2014
02238545	PMS	[ST] ASAPHEN 80MG EC TABLET	17-03-2014
02009013	PMS	[ST] ASAPHEN CHEW TAB 80 MG	17-03-2014
02280167	ODN	[ST] ASATAB 80MG CHEWABLE TABLET	17-03-2014
02250675	EUR	[ST] EURO-ASA CHEW TABLET	17-03-2014
02283905	JAP	[ST] JAMP-ASA ENTERIC COAT 80MG TABLET	17-03-2014
02296004	EUR	[ST] LOWPRIN 80MG CHEW TABLET	17-03-2014
02295563	EUR	[ST] LOWPRIN 80MG TABLET	17-03-2014
02311496	PRO	[ST] PRO-ASA 80MG EC TABLET	17-03-2014
02311518	PRO	[ST] PRO-ASA 80MG TABLET	17-03-2014
02202352	RIV	[ST] RIVASA 80MG CHEW TABLET	17-03-2014
02202360	RIV	[ST] RIVASA 80MG TABLET	17-03-2014
02321750	ZYM	[ST] ZYM-ASA 80MG TABLET	17-03-2014
02321769	ZYM	[ST] ZYM-ASA EC 80MG TABLET	17-03-2014
02414759	PDL	[ST] ALFUZOSIN 10MG TABLET	24-03-2014
02421593	JAP	[ST] JAMP-ALLOPURINOL 100MG TABLET	17-04-2014
02421607	JAP	[ST] JAMP-ALLOPURINOL 200MG TABLET	17-04-2014
02421615	JAP	[ST] JAMP-ALLOPURINOL 300MG TABLET	17-04-2014
02297477	ATP	[ST] ACT AMLODIPINE 2.5MG TABLET	13-02-2014
02395649	PDL	ANASTROZOLE 1MG TABLET	20-06-2014
02404990	AUR	AURO-ANASTROZOLE 1MG TABLET	11-03-2014
02399490	DOM	[ST] DOM-ATORVASTATIN 20MG TABLET	09-06-2014
02392941	MYL	[ST] MYLAN-ATORVASTATIN 20MG TABLET	20-06-2014
02392968	MYL	[ST] MYLAN-ATORVASTATIN 40MG TABLET	20-06-2014
02392976	MYL	[ST] MYLAN-ATORVASTATIN 80MG TABLET	20-06-2014
02422751	RIV	[ST] RIVA-ATORVASTATIN 10MG TABLET	06-05-2014
02422778	RIV	[ST] RIVA-ATORVASTATIN 20MG TABLET	06-05-2014
02422786	RIV	[ST] RIVA-ATORVASTATIN 40MG TABLET	06-05-2014
02422794	RIV	[ST] RIVA-ATORVASTATIN 80MG TABLET	06-05-2014
02415542	APX	APO-AZITHROMYCIN Z 250MG TABLET	03-02-2014
02330210	PMS	PMS-BETAHISTINE 16MG TABLET	13-02-2014
02330237	PMS	PMS-BETAHISTINE 24MG TABLET	13-02-2014
02361450	JAP	JAMP-BISACODYL10MG SUPPOSITORY	13-02-2014
80043628	ODN	[ST] NU-CAL O/L	15-05-2014
02420732	SDZ	[ST] SANDOZ CANDESAR PLUS 32/12.5MG	29-07-2014
02420740	SDZ	[ST] SANDOZ CANDESAR PLUS 32/25MG	29-07-2014
02413590	PDL	CARBAMAZEPINE CR 200MG TABLET	24-03-2014

DIN	MFR	ITEM NAME	Effective Date
02413604	PDL	CARBAMAZEPINE CR 400MG TABLET	24-03-2014
02375095	APX	[ST] CETIRIZINE 10MG TABLET	01-05-2014
02417995	PDL	[ST] VITAMIN D 10 000IU CAPSULE	03-07-2014
02409003	NPH	NAT-CITALOPRAM 10MG TABLET	11-03-2014
02409011	NPH	NAT-CITALOPRAM 20MG TABLET	11-03-2014
02409038	NPH	NAT-CITALOPRAM 40MG TABLET	11-03-2014
02412942	ABB	[ST] ABBOTT-CLOPIDOGREL 75MG TABLET	04-07-2014
80015276	JAP	[ST] JAMP-VITAMINE B12	22-05-2014
02377179	ATM	[ST] MOTION SICKNESS 50MG TABLET	10-03-2014
02403870	MAR	MAR-DOMPERIDONE 10MG TABLET	03-02-2014
02415380	APX	MYA 28 TABLET	11-06-2014
02401967	APX	TRICIRA LO (21 DAY) TABLET	14-07-2014
02401975	APX	TRICIRA LO (28 DAY) TABLET	14-07-2014
02419726	APX	APO-EXEMESTANE 25MG TABLET	07-05-2014
02407841	GMP	MED-EXEMESTANE 25MG TABLET	03-02-2014
02408473	TEP	TEVA-EXEMESTANE 25MG TABLET	08-04-2014
80006316	GFP	[ST] FERROUS GLUCONATE 300MG TABLET	10-03-2014
02406101	AUR	[ST] AURO-IRBESARTAN 150MG TABLET	03-02-2014
02406128	AUR	[ST] AURO-IRBESARTAN 300MG TABLET	03-02-2014
02406098	AUR	[ST] AURO-IRBESARTAN 75MG TABLET	03-02-2014
02418207	JAP	[ST] JAMP-IRBESARTAN 150MG TABLET	24-03-2014
02418215	JAP	[ST] JAMP-IRBESARTAN 300MG TABLET	24-03-2014
02418193	JAP	[ST] JAMP-IRBESARTAN 75MG TABLET	24-03-2014
02418223	JAP	[ST] JAMP-IRBESARTAN/HCT 150/12.5MG	24-03-2014
02418231	JAP	[ST] JAMP-IRBESARTAN/HCT 300/12.5MG	24-03-2014
02418258	JAP	[ST] JAMP-IRBESARTAN/HCT 300/25MG	24-03-2014
02412268	SAN	[ST] LACTULOSE 667MG/ML O/L	03-02-2014
02422808	RIV	[ST] RIVA-LANSOPRAZOLE 15MG CAPSULE	19-06-2014
02415828	PDL	LEFLUNOMIDE 10MG TABLET	04-04-2014
02415836	PDL	LEFLUNOMIDE 20MG TABLET	04-04-2014
02404400	AUR	[ST] AURO-LETROZOLE 2.5MG TABLET	03-02-2014
02398656	RIV	RIVA-LETROZOLE 2.5MG TABLET	11-03-2014
02421488	PMS	[ST] PMS-LEVOCARB CR 100/25MG TABLET	04-04-2014
02421496	PMS	[ST] PMS-LEVOCARB CR 200/50MG TABLET	04-04-2014
02403358	AUR	[ST] AURO-LOSARTAN 100MG TABLET	04-02-2014
02403323	AUR	[ST] AURO-LOSARTAN 25MG TABLET	04-02-2014
02403331	AUR	[ST] AURO-LOSARTAN 50MG TABLET	04-02-2014
02394383	PDL	[ST] LOSARTAN 100MG TABLET	07-04-2014
02394367	PDL	[ST] LOSARTAN 25MG TABLET	07-04-2014
02394375	PDL	[ST] LOSARTAN 50MG TABLET	07-04-2014
02405768	MIN	[ST] MINT-LOSARTAN 100MG TABLET	25-03-2014
02405733	MIN	[ST] MINT-LOSARTAN 25MG TABLET	25-03-2014
02405741	MIN	[ST] MINT-LOSARTAN 50MG TABLET	25-03-2014
02415275	STE	MERCAPTOPURINE 50MG TABLET	02-04-2014
02413728	PMS	PMS-METHYLPHENIDATE ER 18MG	07-05-2014
02413736	PMS	PMS-METHYLPHENIDATE ER 27MG	07-05-2014
02413744	PMS	PMS-METHYLPHENIDATE ER 36MG	07-05-2014
02413752	PMS	PMS-METHYLPHENIDATE ER 54MG	07-05-2014
02411695	AUR	AURO-MIRTAZAPINE 15MG TABLET	12-03-2014
02411709	AUR	AURO-MIRTAZAPINE 30MG TABLET	12-03-2014
02411717	AUR	AURO-MIRTAZAPINE 45MG TABLET	12-03-2014
02229763	PDL	PDL-NORTRIPTYLINE 10MG CAPSULE	30-07-2014
02229764	PDL	PDL-NORTRIPTYLINE 25MG CAPSULE	30-07-2014
02406632	JAP	JAMP-OLANZAPINE ODT 10MG TABLET	10-02-2014
02406640	JAP	JAMP-OLANZAPINE ODT 15MG TABLET	10-02-2014
02406624	JAP	JAMP-OLANZAPINE ODT 5MG TABLET	10-02-2014

DIN	MFR	ITEM NAME	Effective Date
02414104	RBY	RAN-OLANZAPINE ODT 10MG TABLET	03-07-2014
02414112	RBY	RAN-OLANZAPINE ODT 15MG TABLET	03-07-2014
02414090	RBY	RAN-OLANZAPINE ODT 5MG TABLET	03-07-2014
02404095	ATP	ACT-OLOPATADINE 0.2% OP SOLUTION	28-03-2014
02402823	APX	APO-OLOPATADINE 0.2% OP SOLUTION	28-03-2014
02420171	SDZ	SANDOZ OLOPATADINE 0.2% OP SOLUTION	28-03-2014
02421402	SAN	ONDANSETRON 4MG TABLET	17-04-2014
02421410	SAN	ONDANSETRON 8MG TABLET	17-04-2014
02249677	OMG	PAMIDRONATE DISODIUM 6MG/ML	16-07-2014
02411946	MAR	MAR-PAROXETINE 10MG TABLET	18-06-2014
02411954	MAR	MAR-PAROXETINE 20MG TABLET	18-06-2014
02411962	MAR	MAR-PAROXETINE 30MG TABLET	18-06-2014
02421372	MIN	MINT-PAROXETINE 10MG TABLET	04-07-2014
02421380	MIN	MINT-PAROXETINE 20MG TABLET	04-07-2014
02421399	MIN	MINT-PAROXETINE 30MG TABLET	04-07-2014
80013005	JAP	[ST] JAMP-K 600 TABLET	18-06-2014
02399849	MAR	MAR-QUETIAPINE 200MG TABLET	03-02-2014
02399822	MAR	MAR-QUETIAPINE 25MG TABLET	03-02-2014
02399857	MAR	MAR-QUETIAPINE 300MG TABLET	03-02-2014
02417367	SIV	QUETIAPINE XR 150MG TABLET	12-03-2014
02417790	PDL	QUETIAPINE XR 150MG TABLET	07-05-2014
02417375	SIV	QUETIAPINE XR 200MG TABLET	12-03-2014
02417804	PDL	QUETIAPINE XR 200MG TABLET	07-05-2014
02417383	SIV	QUETIAPINE XR 300MG TABLET	12-03-2014
02417812	PDL	QUETIAPINE XR 300MG TABLET	07-05-2014
02417820	PDL	QUETIAPINE XR 400MG TABLET	07-05-2014
02417391	SIV	QUETIAPINE XR 400MG TABLET	12-03-2014
02417359	SIV	QUETIAPINE XR 50MG TABLET	12-03-2014
02417782	PDL	QUETIAPINE XR 50MG TABLET	07-05-2014
02340569	PMS	[ST] PMS-QUINAPRIL 10MG TABLET	03-02-2014
02340577	PMS	[ST] PMS-QUINAPRIL 20MG TABLET	03-02-2014
02340585	PMS	[ST] PMS-QUINAPRIL 40MG TABLET	03-02-2014
02340550	PMS	[ST] PMS-QUINAPRIL 5MG TABLET	03-02-2014
02415925	PDL	[ST] QUINAPRIL 10MG TABLET	24-03-2014
02415933	PDL	[ST] QUINAPRIL 20MG TABLET	24-03-2014
02415941	PDL	[ST] QUINAPRIL 40MG TABLET	24-03-2014
02415917	PDL	[ST] QUINAPRIL 5MG TABLET	24-03-2014
02421321	MIN	[ST] MINT-RAMIPRIL 10MG CAPSULE	10-06-2014
02421348	MIN	[ST] MINT-RAMIPRIL 15MG CAPSULE	10-06-2014
02421305	MIN	[ST] MINT-RAMIPRIL 2.5MG CAPSULE	10-06-2014
02421313	MIN	[ST] MINT-RAMIPRIL 5MG CAPSULE	10-06-2014
02415895	PDL	[ST] RAMIPRIL-HCTZ 10/12.5MG TABLET	31-03-2014
02412659	SAN	[ST] RAMIPRIL-HCTZ 10/12.5MG TABLET	03-02-2014
02415909	PDL	[ST] RAMIPRIL-HCTZ 10/25MG TABLET	31-03-2014
02412675	SAN	[ST] RAMIPRIL-HCTZ 10/25MG TABLET	03-02-2014
02415887	PDL	[ST] RAMIPRIL-HCTZ 5/12.5MG TABLET	31-03-2014
02412640	SAN	[ST] RAMIPRIL-HCTZ 5/12.5MG TABLET	03-02-2014
02415887	PDL	[ST] RAMIPRIL-HCTZ 5/12.5MG TABLET	08-04-2014
02412667	SAN	[ST] RAMIPRIL-HCTZ 5/25MG TABLET	03-02-2014
02415968	PDL	[ST] REPAGLINIDE 0.5MG TABLET	03-07-2014
02415976	PDL	[ST] REPAGLINIDE 1MG TABLET	03-07-2014
02415984	PDL	[ST] REPAGLINIDE 2MG TABLET	03-07-2014
02413485	MYL	MYLAN-RISPERIDONE ODT 0.5MG	08-04-2014
02413493	MYL	MYLAN-RISPERIDONE ODT 1MG	08-04-2014
02413507	MYL	MYLAN-RISPERIDONE ODT 2MG	08-04-2014
02413515	MYL	MYLAN-RISPERIDONE ODT 3MG	08-04-2014

DIN	MFR	ITEM NAME	Effective Date
02413523	MYL	MYLAN-RISPERIDONE ODT 4MG	08-04-2014
02423464	RIV	RIVA-RIZATRIPTAN ODT 10MG TABLET	18-06-2014
02423456	RIV	RIVA-RIZATRIPTAN ODT 5MG TABLET	18-06-2014
02415801	PDL	RIZATRIPTAN RDT 10MG TABLET	24-03-2014
02415798	PDL	RIZATRIPTAN RDT 5MG TABLET	24-03-2014
02413078	MAR	[ST] MAR-ROSUVASTATIN 10MG TABLET	18-06-2014
02413086	MAR	[ST] MAR-ROSUVASTATIN 20MG TABLET	18-06-2014
02413108	MAR	[ST] MAR-ROSUVASTATIN 40MG TABLET	18-06-2014
02413051	MAR	[ST] MAR-ROSUVASTATIN 5MG TABLET	18-06-2014
02399172	GMP	[ST] MED-ROSUVASTATIN 10MG TABLET	03-02-2014
02399180	GMP	[ST] MED-ROSUVASTATIN 20MG TABLET	03-02-2014
02399199	GMP	[ST] MED-ROSUVASTATIN 40MG TABLET	03-02-2014
02399164	GMP	[ST] MED-ROSUVASTATIN 5MG TABLET	03-02-2014
02419858	SAN	SALBUTAMOL HFA 100MCG INHALER	24-03-2014
80034416	JAP	JAMP-SODIUM PHOSPHATE O/L	31-03-2014
02319217	SDZ	[ST] SANDOZ TAMSULOSIN 0.4MG CAPSULE	18-06-2014
02413612	PDL	[ST] TAMSULOSIN CR 0.4MG TABLET	24-03-2014
02420082	APX	[ST] APO-TELMISARTAN 40MG TABLET	13-02-2014
02420090	APX	[ST] APO-TELMISARTAN 80MG TABLET	13-02-2014
02420023	APX	[ST] APO-TELMISARTAN/HCTZ 80/12.5MG	13-02-2014
02420031	APX	[ST] APO-TELMISARTAN/HCTZ 80/25MG	13-02-2014
02405040	AUR	AURO-VALACYCLOVIR 500MG TABLET	04-02-2014
02414236	AUR	[ST] AURO-VALSARTAN 160MG TABLET	20-06-2014
02414244	AUR	[ST] AURO-VALSARTAN 320MG TABLET	20-06-2014
02414201	AUR	[ST] AURO-VALSARTAN 40MG TABLET	20-06-2014
02414228	AUR	[ST] AURO-VALSARTAN 80MG TABLET	20-06-2014
02414147	DOM	[ST] DOM-VALSARTAN 80MG TABLET	24-03-2014
02408147	AUR	[ST] AURO VALSARTAN 320/12.5MG100	12-03-2014
02408155	AUR	[ST] AURO VALSARTAN 320/25MG 100	12-03-2014
02408120	AUR	[ST] AURO-VALSARTAN HCT 160/12.5MG	12-03-2014
02408139	AUR	[ST] AURO-VALSARTAN HCT 160MG/25MG	12-03-2014
02408112	AUR	[ST] AURO-VALSARTAN HCT 80/12.5MG	12-03-2014
02419521	MIN	MINT-ZOLMITRIPTAN 2.5MG TABLET	04-07-2014
02419513	MIN	MINT-ZOLMITRIPTAN ODT 2.5MG	04-07-2014

NEW LIMITED USE BENEFITS

DIN	MFR	ITEM NAME	Effective Date
02269198	NOV	ACLASTA 5MG/100ML IV INJECTION	20-03-2014
02415100	TAR	TARO-ZOLEDRONIC ACID 5MG/100ML	09-06-2014
02408082	TEP	ZOLEDRONIC ACID 5MG/100ML INJECTION	08-05-2014

Limited use benefit (prior approval required).
For the treatment of Paget's disease. Coverage will be granted for one dose per 12 month period; OR
For women with postmenopausal osteoporosis who would otherwise be eligible for coverage of oral bisphosphonates, but who have a contraindication to bisphosphonates due to hypersensitivity or abnormalities of the esophagus (e.g, esophageal stricture or achalasia); AND who have at least two of the following:

- age >70 years
- a prior fragility fracture
- a bone mineral density (BMD) T-score ≤ -2.5

DIN	MFR	ITEM NAME	Effective Date
02409682	APX	APO-VORICONAZOLE 200MG TAB	09-06-2014
02409674	APX	APO-VORICONAZOLE 50MG TABLET	09-06-2014
02396874	TEP	TEVA-VORICONAZOLE 200MG TABLET	09-06-2014
02396866	TEP	TEVA-VORICONAZOLE 50MG TABLET	09-06-2014

Limited use benefit (prior approval required).
For the treatment of:
• patients with invasive aspergillosis.
• culture proven invasive candidiasis with documented resistance to fluconazole.

02416824	SDZ	SANDOZ TACROLIMUS 1MG CAPSULE	03-02-2014
02416832	SDZ	SANDOZ TACROLIMUS 5MG CAPSULE	03-02-2014

Limited use benefit (prior approval required).
For transplant therapy.

02416794	FRS	[ST] JANUMET XR 50MG/1000MG TABLET	05-05-2014

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.

02418118	APX	[ST] APO-SILDENAFIL R 20MG TABLET	07-02-2014

Limited use benefit (prior approval required).
Maximum dose covered is 20 mg three times a day
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 conventional therapy; OR
• who have contraindications to conventional agents

02401622	GMP	MED-RIVASTIGMINE 3MG CAPSULE	03-02-2014
02401630	GMP	MED-RIVASTIGMINE 4.5MG CAPSULE	03-02-2014
02401649	GMP	MED-RIVASTIGMINE 6MG CAPSULE	03-02-2014
02416999	PDL	RIVASTIGMINE 1.5MG CAPSULE	24-03-2014
02417006	PDL	RIVASTIGMINE 3MG CAPSULE	24-03-2014
02417014	PDL	RIVASTIGMINE 4.5MG CAPSULE	24-03-2014
02417022	PDL	RIVASTIGMINE 6MG CAPSULE	24-03-2014

Limited use benefit (prior approval required).
Initial six month coverage for cholinesterase inhibitors:
•Diagnosis of mild to moderate Alzheime'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
02298465	JNO	RISPERDAL CONSTA 12.5MG/VIAL	19-08-2014
02255707	JNO	RISPERDAL CONSTA SUS 25MG/VIAL	19-08-2014
02255758	JNO	RISPERDAL CONSTA SUS 50MG/VIAL	19-08-2014
02255723	JNO	RISPERDAL CONSTA SUS37.5MG/VIA	19-08-2014

Limited use benefit (prior approval required).
For the management of manifestations of schizophrenia and related psychotic disorders in patients who have:
• tried oral risperidone or paliperidone and at least one other antipsychotic agent and continue to be inadequately controlled at maximally tolerated doses; OR
• who are currently receiving a conventional depot antipsychotic and are experiencing significant side effects such as extrapyramidal symptoms or tardive dyskinesia; OR
• who have a history of non-adherence to antipsychotic medications resulting in important negative outcomes such as repeated hospitalizations

02397307	JAP	[ST] JAMP-PIOGLITAZONE 15MG TABLET	17-02-2014

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.

02357054	JAP	[ST] JAMP-PANTOPRAZOLE 40MG TABLET	12-03-2014

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

02417448	MIN	[ST] MINT-PANTOPRAZOLE 40MG TABLET	08-04-2014

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

02354233	JNO	INVEGA SUSTENNA 100MG/1ML	19-08-2014
02354241	JNO	INVEGA SUSTENNA 150MG/1.5ML	19-08-2014
02354217	JNO	INVEGA SUSTENNA 50MG/0.5ML	19-08-2014
02354225	JNO	INVEGA SUSTENNA 75MG/0.75ML	19-08-2014

Limited use benefit (prior approval required).
For the management of manifestations of schizophrenia and related psychotic disorders in patients who have:
• tried oral risperidone or paliperidone and at least one other antipsychotic agent and continue to be inadequately controlled at maximally tolerated doses; OR
• who are currently receiving a conventional depot antipsychotic and are experiencing significant side effects such as extrapyramidal symptoms or tardive dyskinesia; OR
• who have a history of non-adherence to antipsychotic medications resulting in important negative outcomes such as repeated hospitalizations

09857387	ALL	BOTOX 200U VIAL	08-07-2014
09857386	ALL	BOTOX 50U VIAL	08-07-2014

Limited use benefit (prior approval required).
For the treatment of:
• strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorder in patients 12 years of age or older; OR
• cervical dystonia (spasmodic torticollis); OR
• urinary incontinence due to neurogenic detrusor overactivity resulting from neurogenic bladder associated with MS or subcervical spinal cord injury.

02420198	JAP	[ST] JAMP-OMEPRAZOLE DR 20MG TABLET	24-03-2014
02402416	RIV	[ST] RIVA-OMEPRAZOLE DR 20MG TABLET	12-03-2014

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

DIN	MFR	ITEM NAME	Effective Date
02401274	AUR	AURO-MONTELUKAST 10MG TABLET	04-02-2014

Limited use benefit (prior approval required).
For treatment of:
• asthma when used in patients on concurrent steroid therapy.
• asthma patients not well controlled with or intolerant to inhaled corticosteroids.

02422816	RIV	[ST] RIVA-LANSOPRAZOLE 30MG CAPSULE	19-06-2014

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

02407825	APX	APO-IMIQUIMOD 5% CREAM	17-02-2014

Limited use benefit (prior approval required).
For the treatment of condylomata acuminate (genital warts) in patients who have failed:
• self-applied podophyllotoxin (podofilox 0.5% solution); OR
• provider-applied podophyllum resin (10%-25%)

02397293	CBT	CO IMATINIB 400MG TABLET	24-07-2014

Limited use benefit (prior approval required).
• For the treatment of patients with chronic myeloid leukemia (CML) in blast crisis, accelerated phase, or in chronic phase.
• For the treatment of patients with gastrointestinal stromal tumour.
• For newly diagnosed adult patients with Philadelphia chromosome-positive (CML).

02405814	AUR	[ST] AURO-FINASTERIDE 5MG TABLET	11-03-2014
02355043	ACC	[ST] FINASTERIDE 5MG TABLET	02-04-2014

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

02400588	AUR	AURO-DONEPEZIL 10MG TABLET	11-03-2014
02400561	AUR	AURO-DONEPEZIL 5MG TABLET	11-03-2014
02420600	SIV	DONEPEZIL 10MG TABLET	07-05-2014
02420597	SIV	DONEPEZIL 5MG TABLET	07-05-2014

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)

02420988	TAR	TARO-DICLOFENAC 1.5% TOP SOLUTION	11-06-2014

Limited use benefit (prior approval required).

For the treatment of osteoarthritis when:
• pain is inadequately controlled with acetaminophen AND a non-steroidal anti-inflammatory (NSAID); OR
• there is contraindication to acetaminophen and NSAID; OR
• there is intolerance to acetaminophen and NSAID

DIN	MFR	ITEM NAME	Effective Date
02368153	AMG	XGEVA 120MG/1.7ML(70MG/ML) INJECTION	16-05-2014

Limited use benefit (prior approval required).
For the prevention of skeletal-related events (SREs) in patients with castrate-resistant prostate cancer (CRPC) with:
• one or more documented bony metastases; AND
• good performance status (ECOG performance status score of 0, 1, or 2).

02398419	TEP	[ST] TEVA-BOSENTAN 125MG TABLET	18-07-2014
02398400	TEP	[ST] TEVA-BOSENTAN 62.5MG TABLET	12-03-2014

Limited use benefit (prior approval required).
Maximum dose covered is 125 mg twice daily
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.

02384728	RBY	[ST] RAN-ALENDRONATE 70MG TABLET	05-05-2014

Limited use benefit (prior approval required).
For the treatment of:
• paget's Disease OR
• osteoporosis in patients who are 60 years of age or over; OR
• osteoporosis in patients under 60 who have documented hip, vertebral or other fractures; OR
• osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk; OR
• osteoporosis 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

02402475	BMS	ORENCIA 125MG/SYR INJECTABLE	20-03-2014

Limited use benefit (prior approval required).
Coverage is provided for the 2 indications.
1. For the treatment of severely active RHEUMATOID ARTHRITIS:
Criteria for initial for one year coverage:
• Prescribed by a rheumatologist
Coverage is provided for in adult patients ≥ 18 years for use, in combination with methotrexate (MTX) or other disease modifying anti-rheumatic drugs (DMARDs), for the reduction in signs and symptoms of severely active RA who has failed:
• MTX (oral or parenteral) at a dose ≥ 20 mg weekly (≥ 15 mg weekly if patient is ≥ 65 years) for a minimum of 12 weeks of continuous treatment. Note: Patients who do not exhibit a clinical response to oral MTX or who experience gastrointestinal intolerance may consider a trial of parenteral MTX.
AND
• MTX in combination with at least two other DMARDS, such as sulfasalazine and hydroxychloroquine, for a minimum of 12 weeks of continuous treatment.
AND
• Etanercept OR adalimumab OR golimumab OR certolizumab OR abatacept (SC): minimum of 12 weeks trial OR, if the patient has a contraindication or intolerance to MTX and has failed:
• Combination of at least two DMARDS, such as sulfasalazine, hydroxychloroquine, azathioprine, leflunomide, cyclosporine or gold, for a minimum of 12 weeks of continuous treatment.
Note: Initial one-year coverage for rheumatoid arthritis is provided at a dose of 500 mg for patients weighing < 60 kg; 750 mg for patients weighing 60 to 100 kg; and 1000 mg for patients weighing > 100 kg. Doses are given at 0, 2 and 4 weeks, then every 4 weeks. Coverage beyond one year will be based on improvement in number of swollen joints, number of tender joints, ESR or CRP, duration of morning stiffness, Physician Global Assessment scale and Patient Global Assessment scale.
2. For the treatment of JUVENILE IDIOPATHIC ARTHRITIS in children 6 to 17 years who meet all of the following:
Criteria for initial for one year coverage:
• Prescribed by a rheumatologist
•≥ 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 MTX. An adequate trial is defined as at least 3 months of oral or parenteral MTX at 10mg/m2 weekly (unless significant toxicity limits the dose tolerated)

CRITERIA CHANGES

CRITERIA CHANGE FOR SUBOXONE

Effective September 15, 2014, the NIHB Program changed the Limited Use criteria for Suboxone (buprenorphine/naloxone).

The new Suboxone criteria includes:

• A rationale for using Suboxone instead of the alternative (i.e. methadone); and
• In cases where the client lives in a remote or isolated location, confirmation is required that the cmmunity has the ability to support Suboxone administration. These supports include the safe daily witnessing, storage and handling of the Suboxone doses. After this confirmation, NIHB will approve the Suboxone for the client.
• The client must be 16 years or older.

ADDITION OF pJIA FOR TOCILIZUMAB (ACTERMRA)

On August 29, 2014, NIHB added LU criteria for the indication of polyarticular juvenile idiopathic arthritis (pJIA) for tocilizumab. The criteria is as follows:

For the treatment of severely active polyarticular juvenile idiopathic arthritis in children 2 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.

DIN CHANGES FOR ONABOTULINUMTOXIN A (BOTOX)

Effective May 12, 2014, the following DINs are used by NIHB for Botox:

• Botox 50U 09857386
• Botox 100U 01981501
• Botox 200U 09857387