Health Canada Santé Canada

Fall 2015

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	BRAND NAME	Effective Date
02381389	VAE	[ST] EDARBI 40MG TABLET	04-08-2015
02381397	VAE	[ST] EDARBI 80MG TABLET	04-08-2015
02430789	PFI	FRAGMIN 3500U/0.28ML SYRINGE	24-08-2015
09991401	BTD	[ST] BD PRECISIONGLIDE 18GX1	23-07-2015
09991402	BTD	[ST] BD PRECISIONGLIDE 18GX1 1/2	23-07-2015
09991385	BTD	[ST] BD PRECISIONGLIDE 25GX5/8	23-07-2015
09991386	BTD	[ST] BD PRECISIONGLIDE 25GX7/8	23-07-2015
09991384	BTD	[ST] BD PRECISIONGLIDE 26GX1/2	23-07-2015
09991383	BTD	[ST] BD PRECISIONGLIDE 26GX3/8	23-07-2015
09991382	BTD	[ST] BD PRECISIONGLIDE 27GX1 1/4	23-07-2015
09991381	BTD	[ST] BD PRECISIONGLIDE 27GX1/2	23-07-2015
97799433	BDT	[ST] BD AUTOSHIELD DUO SAFETY PEN NEEDLE	26-08-2015
97799399	DRX	[ST] INSUPEN 32GX4MM NEEDLE	24-09-2015
97799383	DRX	[ST] INSUPEN 33GX4MM	24-09-2015

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

Canada

DIN	MFR	BRAND NAME	Effective Date
97799991	AUC	[ST] UNIFINE 31G.12MM	23-07-2015
97799993	AUC	[ST] UNIFINE 31G.6MM	23-07-2015
97799992	AUC	[ST] UNIFINE 31G.8MM	23-07-2015
97799426	AUC	[ST] UNIFINE PENTIPS 31GX5MM	23-07-2015
09991363	BTD	[ST] BD LUER-LOK TIP 10ML SYRINGE	23-07-2015
09991349	BTD	[ST] BD LUER-LOK TIP 18GX1 1/2	23-07-2015
09991376	BTD	[ST] BD LUER-LOK TIP 1ML SYRINGE	23-07-2015
09991368	BTD	[ST] BD LUER-LOK TIP 20ML SYRINGE	13-08-2015
09991338	BTD	[ST] BD LUER-LOK TIP 25GX1	23-07-2015
09991337	BTD	[ST] BD LUER-LOK TIP 25GX1 1/2	23-07-2015
09991339	BTD	[ST] BD LUER-LOK TIP 25GX5/8	23-07-2015
09991377	BTD	[ST] BD LUER-LOK TIP 30ML SYRINGE	13-08-2015
09991371	BTD	[ST] BD LUER-LOK TIP 3ML SYRINGE	13-08-2015
09991373	BTD	[ST] BD LUER-LOK TIP 5ML SYRINGE	13-08-2015
09991364	BTD	[ST] BD SLIP TIP 10ML SYRINGE	23-07-2015
09991375	BTD	[ST] BD SLIP TIP 1ML SYRINGE	13-08-2015
09991369	BTD	[ST] BD SLIP TIP 20ML SYRINGE	13-08-2015
09991378	BTD	[ST] BD SLIP TIP 30ML SYRINGE	13-08-2015
09991372	BTD	[ST] BD SLIP TIP 3ML SYRINGE	13-08-2015
09991374	BTD	[ST] BD SLIP TIP 5ML SYRINGE	13-08-2015
09991361	BTD	[ST] BD SLIP TIP SUB Q 26G	23-07-2015
09991360	BTD	[ST] BD TUBERCULIN 21GX1	23-07-2015
09991359	BTD	[ST] BD TUBERCULIN 25GX5/8	23-07-2015
09991358	BTD	[ST] BD TUBERCULIN 26GX3/8	23-07-2015
09991357	BTD	[ST] BD TUBERCULIN 27GX1/2	23-07-2015
09991356	BTD	[ST] BD TUBERCULIN 27GX1/2	23-07-2015
97799887	BTD	[ST] ULTRA 29G. 3/10CC	23-07-2015
97799888	BTD	[ST] ULTRA 29G.1/2CC	23-07-2015
97799889	BTD	[ST] ULTRA 29G.1CC	23-07-2015
97799890	BTD	[ST] ULTRA-FINE II 30G.1CC	23-07-2015
97799886	BTD	[ST] ULTRA-FINE II 30GX0.3 CC	23-07-2015
97799885	BTD	[ST] ULTRA-FINE II 30GX0.5CC	23-07-2015
02429470	LEO	INNOHEP 12000IU/0.6ML INJECTION	02-03-2015

Multi-Source Drug Products

DIN	MFR	BRAND NAME	Effective Date
02435527	JAP	[ST] JAMP-AMITRIPTYLINE 10MG TABLET	16-10-2015
02435535	JAP	[ST] JAMP-AMITRIPTYLINE 25MG TABLET	16-10-2015
02435543	JAP	[ST] JAMP-AMITRIPTYLINE 50MG TABLET	16-10-2015
02435551	JAP	[ST] JAMP-AMITRIPTYLINE 75MG TABLET	21-10-2015
02401576	SIV	AMOXICILLIN 250MG/5ML GRANULE	08-09-2015
02433060	JAP	JAMP-AMOXICILLIN 250MG CAPSULE	16-10-2015
02433079	JAP	JAMP-AMOXICILLIN 500MG CAPSULE	16-10-2015
02417936	REC	[ST] REDDY-ATORVASTATIN 10MG TABLET	08-09-2015
02417944	REC	[ST] REDDY-ATORVASTATIN 20MG TABLET	08-09-2015
02417952	REC	[ST] REDDY-ATORVASTATIN 40MG TABLET	08-09-2015
02417960	REC	[ST] REDDY-ATORVASTATIN 80MG TABLET	08-09-2015
02357860	VAE	CELESTODERM V/2 0.05% CREAM	21-09-2015
02357879	VAE	CELESTODERM V/2 0.05% OINTMENT	22-07-2015
02431629	SPT	[ST] SEPTA-CITALOPRAM 10MG TABLET	16-10-2015
02440180	TAR	CLINDAMYCIN/BENZOYL PEROXIDE 1/5% GEL	30-09-2015
02229380	TAR	CLOTRIMAZOLE 1% CREAM	15-10-2015
02441020	APX	APO-DICLOFENAC OPHTHALMIC SOLUTION 0.1%	30-09-2015
02440296	NPH	[ST] NAT-ESCITALOPRAM 10MG TABLET	01-09-2015
02440318	NPH	[ST] NAT-ESCITALOPRAM 20MG TABLET	01-09-2015
80059198	MAN	[ST] M-FER GLUCONATE 300MG TABLET	10-09-2015

DIN	MFR	BRAND NAME	Effective Date
80057416	MAN	[ST] M-SULFATE FERREUX 300MG TABLET	11-08-2015
80061488	MAN	[ST] M-FOLIQUE 1MG TABLET	10-09-2015
02438658	MYL	[ST] MYLAN-GLICLAZIDE MR 30MG TABLET	24-09-2015
80057189	JAP	JAMP-HYDROCORTISONE 1% CREAM	03-09-2015
80057191	JAP	JAMP-HYDROCORTISONE 1% LOTION	03-09-2015
02242930	TAR	HYDROCORTISONE ACETATE 0.5% CREAM	26-10-2015
02436256	ATP	ACT LATANOPROST/TIMOLOL OPHTHALMIC SOLUTION	28-09-2015
02418959	APX	[ST] ALLERTIN TABLETLETS 10MG TABLET	25-09-2015
02442132	SIV	[ST] METOPROLOL-L 100MG TABLET	08-09-2015
02442116	SIV	[ST] METOPROLOL-L 25MG TABLET	08-09-2015
02442124	SIV	[ST] METOPROLOL-L 50MG TABLET	08-09-2015
02410303	FAM	MOVISSE 0.35MG TABLET	11-08-2015
02417286	JAP	[ST] JAMP OLANZAPINE (FC) 10MG TABLET	28-10-2015
02417294	JAP	[ST] JAMP OLANZAPINE (FC) 15MG TABLET	28-10-2015
02417243	JAP	[ST] JAMP OLANZAPINE (FC) 2.5MG TABLET	28-10-2015
02417308	JAP	[ST] JAMP OLANZAPINE (FC) 20MG TABLET	28-10-2015
02417251	JAP	[ST] JAMP OLANZAPINE (FC) 5MG TABLET	28-10-2015
02417278	JAP	[ST] JAMP OLANZAPINE (FC) 7.5MG TABLET	28-10-2015
02438003	MIN	[ST] MINT-QUETIAPINE 25MG TABLET	29-09-2015
02439166	NPH	[ST] NAT-QUETIAPINE 100MG TABLET	08-09-2015
02439182	NPH	[ST] NAT-QUETIAPINE 200MG TABLET	08-09-2015
02439158	NPH	[ST] NAT-QUETIAPINE 25MG TABLET	08-09-2015
02439190	NPH	[ST] NAT-QUETIAPINE 300MG TABLET	08-09-2015
02424258	AUR	[ST] AURO-REPAGLINIDE 0.5MG TABLET	16-10-2015
02424266	AUR	[ST] AURO-REPAGLINIDE 1MG TABLET	16-10-2015
02424274	AUR	[ST] AURO-REPAGLINIDE 2MG TABLET	16-10-2015
02347091	SDZ	SANDOZ VALACYCLOVIR 500MG TABLET	16-10-2015
02435179	AUR	AURO-VALGANCICLOVIR 450MG TABLET	28-10-2015

NEW LIMITED USE BENEFITS

DIN	MFR	BRAND NAME	Effective Date
02417634	NPH	[ST] NAT-ALPRAZOLAM 0.25MG TABLET	25-08-2015
02417642	NPH	[ST] NAT-ALPRAZOLAM 0.5MG TABLET	25-08-2015
02417650	NPH	[ST] NAT-ALPRAZOLAM 1MG TABLET	25-08-2015

Limited use benefit (prior approval not required).
To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4,000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

02420864	OTS	ABILIFY MAINTENA 300MG INJECTION	24-09-2015
02420872	OTS	ABILIFY MAINTENA 400MG INJECTION	24-09-2015

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

DIN	MFR	BRAND NAME	Effective Date
02442639	SDZ	[ST] SDZ CELECOXIB 100MG CAPSULE	30-09-2015
02442647	SDZ	[ST] SDZ CELECOXIB 200MG CAPSULE	30-09-2015

Limited use benefit (prior approval required).
For patients who have:
a- A history of serious gastrointestinal complications (e.g. ulcer, bleeding, perforation); OR
b- Multiple (at least two) risk factors for serious gastrointestinal complications (e.g. age >60, concurrent use of ASA, SSRIs, corticosteroids, anticoagulants or antiplatelet agents).

02442027	SIV	[ST] CLONAZEPAM 0.25MG TABLET	08-09-2015
02442035	SIV	[ST] CLONAZEPAM 0.5MG TABLET	08-09-2015
02442043	SIV	[ST] CLONAZEPAM 1MG TABLET	08-09-2015
02442051	SIV	[ST] CLONAZEPAM 2MG TABLET	08-09-2015

Limited use benefit (prior approval not required).
To promote safe, therapeutically effective and efficient use of drug therapy NIHB has implemented a benzodiazepine dose limit of 40 mg diazepam equivalents per day. This limit will be calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 4,000 diazepam equivalents over 100 days). According to the product monograph for diazepam, the recommended usual adult dosage is up to 40 mg per day.

02443236	APX	APO-DEXTROAMPHETAMINE 5MG TABLET	01-09-2015

Limited use benefit (prior approval not required).
The NIHB Program introduced a dose coverage limit for stimulants on February 25, 2015 as part of a strategy to deal with the potential misuse and abuse of these medications. The stimulant dose coverage limit is set at 150 mg of methylphenidate equivalents* per day for adults and children. This limit is calculated based on the total dose of all stimulants that patients are receiving from NIHB. The Program will continue to monitor the utilization of stimulants and adjust the eligible dose limit as required.

*To convert to methylphenidate equivalents, 1 mg of METHYLPHENIDATE, or LISDEXAMFETAMINE is equal to 0.5 mg DEXTROAMPHETAMINE

02425351	ECL	[ST] ECL-DONEPEZIL 10MG TABLET	25-08-2015
02425343	ECL	[ST] ECL-DONEPEZIL 5MG TABLET	25-08-2015
02439565	NPH	[ST] NAT-DONEPEZIL 10MG TABLET	01-09-2015
02439557	NPH	[ST] NAT-DONEPEZIL 5MG TABLET	01-09-2015

Limited use benefit (prior approval required).
Initial six month coverage for cholinesterase inhibitors:
a- Diagnosis of mild to moderate Alzheimer's disease; AND
i. Please provide Mini Mental State Exam (MMSE) score established within the last 60 days (Patient must have a score between 10-26); AND
ii. Please provide Global Deterioration Scale (GDS) score established within the last 60 days (Patient must have a score between 4-6).
Criteria for coverage at every six month interval:
a- Diagnosis is still mild to moderate Alzheimer's disease; AND b- MMSE score > 10; OR c- GDS score between 4 to 6; AND d- Improvement or stabilization in at least one of the following domains (please indicate improved, worsened, or no change):
i) Memory, reasoning and perception (e.g., names, tasks, MMSE) ii) Instrumental activities of daily living (IADLs: e.g., telephone, shopping, meal preparation) iii) Basic activities of daily living (e.g., bathing, dressing, hygiene, toileting) iv) Neuropsychiatric symptoms (e.g., agitation, delusions, hallucination, apathy)

02443058	SAN	[ST] DUTASTERIDE 0.5MG CAPSULE	06-10-2015

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

02431114	PMS	PMS-IMATINIB 100MG TABLET	11-08-2015
02431122	PMS	PMS-IMATINIB 400MG TABLET	11-08-2015

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

DIN	MFR	BRAND NAME	Effective Date
97799674	AMS	CARTRIDGE FOR IR200 2ML	15-09-2015
97799683	AMS	COMFORT ANGLED INFUSION SET 17MM	15-09-2015
97799682	AMS	COMFORT ANGLED INFUSION SET 17MM	15-09-2015
97799679	AMS	COMFORT SRT ANGLED INFUSION SET 13	15-09-2015
97799678	AMS	COMFORT SRT ANGLED INFUSION SET 13	15-09-2015
97799610	AMS	CONTACT DETACH 90 DEG INFUSION SET	15-09-2015
97799672	AMS	CONTACT DETACH 90 DEG INFUSION SET	15-09-2015
97799687	AMS	INSET II 90 DEG INFUSION SET 6MM	15-09-2015
97799685	AMS	INSET II 90 DEG INFUSION SET 6MM	15-09-2015
97799686	AMS	INSET II 90 DEG INFUSION SET 9MM	15-09-2015
97799684	AMS	INSET II 90 DEG INFUSION SET 9MM	15-09-2015
97799438	MDT	MIO INFUSION SET BLUE	15-09-2015
97799491	MDT	MIO INFUSION SET BLUE	15-09-2015
97799490	MDT	MIO INFUSION SET CLEAR	15-09-2015
97799489	MDT	MIO INFUSION SET CLEAR	15-09-2015
97799437	MDT	MIO INFUSION SET PINK	15-09-2015
97799492	MDT	MIO INFUSION SET PINK	15-09-2015
97799715	MDT	PARADIGM SILHOUETTE 13MMX 43'	15-09-2015
97799485	MDT	PARADIGM SILHOUETTE 13MMX18"	15-09-2015
97799716	MDT	PARADIGM SILHOUETTE 13MMX23'	15-09-2015
97799484	MDT	PARADIGM SILHOUETTE 13MMX32"	15-09-2015
97799718	MDT	PARADIGM SILHOUETTE 17MMX23'	15-09-2015
97799483	MDT	PARADIGM SILHOUETTE 17MMX32"	15-09-2015
97799719	MDT	PARADIGM SILHOUETTE 17MMX43'	15-09-2015
97799529	MDT	PARADIGM SILHOUETTE CANNULA 13	15-09-2015
97799528	MDT	PARADIGM SILHOUETTE CANNULA 17	15-09-2015
97799521	MDT	PARADIGM SURE-T 29G 6MMX18'	15-09-2015
97799520	MDT	PARADIGM SURE-T 29G 6MMX23'	15-09-2015
97799519	MDT	PARADIGM SURE-T 29G 8MMX23'	15-09-2015
09991327	OMD	PODS	15-09-2015
97799744	MDT	QUICK-SET 6MMX23' TUBING	15-09-2015
97799743	MDT	QUICK-SET 6MMX43' TUBING	15-09-2015
97799742	MDT	QUICK-SET 9MMX23' TUBING	15-09-2015
97799741	MDT	QUICK-SET 9MMX43' TUBING	15-09-2015
97799488	MDT	QUICK-SET INFUSION SET	15-09-2015
97799486	MDT	QUICK-SET INFUSION SET	15-09-2015
97799487	MDT	QUICK-SET INFUSION SET	15-09-2015
97799650	DIS	RAPID-D INFUSION SET 10MM/110	21-08-2015
97799652	DIS	RAPID-D INFUSION SET 10MM/60CM	14-09-2015
97799651	DIS	RAPID-D INFUSION SET 10MM/80CM	26-08-2015
97799656	DIS	RAPID-D INFUSION SET 6MM/110CM	14-09-2015
97799658	DIS	RAPID-D INFUSION SET 6MM/60CM	14-09-2015
97799657	DIS	RAPID-D INFUSION SET 6MM/80CM	14-09-2015
97799653	DIS	RAPID-D INFUSION SET 8MM/110CM	14-09-2015
97799655	DIS	RAPID-D INFUSION SET 8MM/60CM	14-09-2015
97799654	DIS	RAPID-D INFUSION SET 8MM/80CM	14-09-2015
97799707	MDT	RESERVOIR PARADIGM 5X1.8ML	15-09-2015
97799706	MDT	RESERVOIR PARADIGM 7X3.0ML	15-09-2015
97799644	DIS	TENDER-1 INFUSION SET 17MM/110	14-09-2015
97799646	DIS	TENDER-1 INFUSION SET 17MM/60	14-09-2015
97799645	DIS	TENDER-1 INFUSION SET 17MM/80	14-09-2015
97799647	DIS	TENDER-1 MINI INF SET 13MM/110	14-09-2015
97799649	DIS	TENDER-1 MINI INFUSION SET 13MM/60	15-09-2015
97799648	DIS	TENDER-1 MINI INFUSION SET 13MM/80	14-09-2015
97799638	DIS	TENDER-2 INFUSION SET 17MM/110	14-09-2015
97799640	DIS	TENDER-2 INFUSION SET 17MM/60	14-09-2015

DIN	MFR	BRAND NAME	Effective Date
97799639	DIS	TENDER-2 INFUSION SET 17MM/80	14-09-2015
97799641	DIS	TENDER-2 MINI INF SET 13MM/110	14-09-2015
97799643	DIS	TENDER-2 MINI INFUSION SET 13MM/60	14-09-2015
97799642	DIS	TENDER-2 MINI INFUSION SET 13MM/80	14-09-2015
97799665	DIS	ULTRAFLEX - 1 10MM/110CM	14-09-2015
97799667	DIS	ULTRAFLEX - 1 10MM/60CM	14-09-2015
97799666	DIS	ULTRAFLEX - 1 10MM/80CM	14-09-2015
97799668	DIS	ULTRAFLEX - 1 8MM/110CM	14-09-2015
97799670	DIS	ULTRAFLEX - 1 8MM/60CM	14-09-2015
97799669	DIS	ULTRAFLEX - 1 8MM/80CM	14-09-2015

Limited use benefit (prior approval required).
Patient has type 1 diabetes; AND
The insulin pump should have been prescribed /recommended by an endocrinologist or a specialist prescriber with experience in the use of insulin pumps in children, adolescent and/or adults.

02442531	SIV	LEVETIRACETAM 250MG TABLET	08-09-2015
02442558	SIV	LEVETIRACETAM 500MG TABLET	08-09-2015
02442566	SIV	LEVETIRACETAM 750MG TABLET	08-09-2015
02440202	NPH	NAT-LEVETIRACETAM 250MG TABLET	08-09-2015
02440210	NPH	NAT-LEVETIRACETAM 500MG TABLET	08-09-2015
02440229	NPH	NAT-LEVETIRACETAM 750MG TABLET	08-09-2015

Limited use benefit (prior approval required).
For 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.

02242965	BAY	AVELOX 400MG TABLET	26-08-2015

Limited use benefit (prior approval not required).
Coverage will be limited to 14 tablets every 14 days, followed by a 14 days lockout.

02436027	ABV	HOLKIRA PAK 12.5/75/50/250MG	06-10-2015

Limited use benefit (prior approval required).
For the treatment of chronic hepatitis C virus (HCV) Genotype 1 infection in adults with a liver fibrosis stage ≥ F2 (Metavir score or equivalent).

Criteria & Duration
Treatment naïve and experienced Genotype 1b, non-cirrhotic* - 12 weeks
Treatment naïve and experienced Genotype 1a, non-cirrhotic - 12 weeks in combination with RBV
Treatment naïve and experienced Genotype1b, cirrhotic - 12 weeks in combination with RBV
Treatment naïve and experienced (prior relapsers and prior partial responders) Genotype 1a, cirrhotic - 12 weeks in combination with RBV
Treatment experienced Genotype 1a, with cirrhosis, and who have had a previous null response to pegIFN and RBV - 24 weeks in combination with RBV
*Holkira Pak with ribavirin is recommended in patients with an unknown Genotype 1 subtype or with mixed Genotype 1 infection

Not eligible for coverage:
- Patients currently being treated with another HCV antiviral agent
- Patients who have previously received a treatment course of Holkira Pak (Re-treatment requests will not be considered).

02439549	NPH	[ST] NAT-OMEPRAZOLE DR 20MG TABLET	01-09-2015

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

DIN	MFR	BRAND NAME	Effective Date
02408570	MYL	[ST] MYLAN-PANTOPRAZOLE T 40MG TABLET	30-10-2015

Limited use benefit (prior approval not required).
NIHB has implemented a quantity limit on proton pump inhibitors (PPIs). A total of 400 tablets or capsules are permitted in a 180-day period. This quantity limit is based on the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) report on optimal PPI therapy.
Please indicate reason for exceeding 400 tablets/capsules in 180 days:
a- Zollinger Ellison Syndrome (may be granted a one-year approval) b- Barrett's esophagus (may be granted a one-year approval) c- Erosive esophagitis (may be granted a one-year approval) d- Change from one PPI to another (single exemption may be granted) e- Other.

02433907	AUR	[ST] AURO-PREGABALIN 150MG CAPSULE	19-10-2015
02433869	AUR	[ST] AURO-PREGABALIN 25MG CAPSULE	19-10-2015
02433877	AUR	[ST] AURO-PREGABALIN 50MG CAPSULE	19-10-2015
02433885	AUR	[ST] AURO-PREGABALIN 75MG CAPSULE	19-10-2015

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)
b- For the treatment of neuropathic pain in patients who have a contraindication or intolerance with a tricyclic antidepressant (TCA)
The dose of pregabalin is limited to a maximum of 600mg per day. Requests for doses over 600mg per day will be considered by appeal only.

02439913	TEP	[ST] TEVA-PROGESTERONE 100MG CAPSULE	09-09-2015

Limited use benefit (prior approval required).
For the treatment of women:
a- With postmenopausal symptoms who are intolerant to medroxyprogesterone acetate (MPA); OR
b- Who are at risk of preterm birth. OR
c- Who are using the medication to prevent miscarriage.

02439212	PED	IBAVYR 200MG TABLET	31-08-2015
02425890	PED	IBAVYR 400MG TABLET	31-08-2015
02425904	PED	IBAVYR 600MG TABLET	31-08-2015

Limited use benefit (prior approval required).
For the treatment of chronic hepatitis C Genotype 2, in accordance with the sofosbuvir criteria, in patients who qualify for treatment with sofosbuvir. OR For the treatment of chronic hepatitis C Genotype 3, in accordance with the sofosbuvir criteria, in patients who qualify for treatment with sofosbuvir.

02422247	CBT	[ST] ACT SOLIFENACIN 10MG TABLET	21-10-2015
02422239	CBT	[ST] ACT SOLIFENACIN 5MG TABLET	21-10-2015
02399040	SDZ	[ST] SANDOZ SOLIFENACIN 10MG TABLET	21-10-2015
02399032	SDZ	[ST] SANDOZ SOLIFENACIN 5MG TABLET	21-10-2015
02397919	TEP	[ST] TEVA-SOLIFENACIN 10MG TABLET	30-09-2015
02397900	TEP	[ST] TEVA-SOLIFENACIN 5MG TABLET	30-09-2015

Limited use benefit (prior approval required).
For the symptomatic relief of overactive bladder in patients:
a- with symptoms of urinary frequency, urgency or urge incontinence; AND
b- who have failed on or are intolerant to therapy with immediate-release oxybutynin

CRITERIA CHANGES

LISTING OF ALPHAGAN P

Effective August 26, 2015, Alphagan P 0.15% Ophthalmic Solution (02248151) and Apo-Brimonidine P 0.15% Ophthalmic Solution (02301334) became open benefit. The listing status was changed from limited use to open benefit.

CHANGE IN THE LISTING CRITERIA OF LEVOFLOXACIN

Effective September 4, 2015, Levofloxacin tablet became limited use benefit (prior approval not required) on the NIHB DBL. Coverage will be limited to 750mg/day every 14 days, followed by a 14 days lockout