

Spring 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	ITEM NAME	Effective Date
02404834	MEM	EMERGENCY ACNE VANISHING WIPES	05-01-2015
02404621	JOM	OIL-FREE ACNE WASH CLEANSER	05-01-2015
02315211	VAE	PURIFYING CLEANSER	05-01-2015
02413353	GSK	SPECTRO ACNECARE WASH	05-01-2015
02243158	GSK	CLINDOXYL GEL	13-02-2015
02382822	GSK	CLINDOXYL ADV 1.0/3.0% GEL	13-02-2015
02248472	VAE	BENZACLIN TOPICAL GEL	13-02-2015
02414678	PFI	PREMARIN 0.3MG TABLET	26-11-2014
02414686	PFI	PREMARIN 0.625MG TABLET	26-11-2014
02414694	PFI	PREMARIN 1.25MG TABLET	26-11-2014
02242119	BOE	ST AGGRENOX CAPSULE	18-02-2015
02414945	VII	TIVICAY 50MG TABLET	23-09-2014
02225271	VAE	BENZAMYCIN GEL	13-02-2015

DIN (Drug Identification Number)

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)

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DIN	MFR	ITEM NAME	Effective Date
02377098	TEP	DIVIGEL 0.25MG TRANSDERMAL GEL	21-01-2015
02424835	TEP	DIVIGEL 0.5MG TRANSDERMAL GEL	21-01-2015
02424843	TEP	DIVIGEL 1MG TRANSDERMAL GEL	21-01-2015
02257270	ALL	ZYMAR 3MG/ML OPHTHALMIC SOLUTUION	01-12-2014
97799913	BAY	KETOSTIX 50	28-01-2015
02369362	ALL	ACUVAIL 0.45% OPHTHALMIC SOLUTION	11-02-2015
02231507	JNO	LACTAID ULTRA TABLET	06-01-2015
97799946	ROC	ACCU-CHEK SOFTCLIX LANCETS	29-01-2015
97799690	BTD	BD ULTRAFINE 33G LANCETS	06-02-2015
97799825	BAY	FINGERSTIX LANCETS	29-01-2015
97799826	BAY	FREESTYLE LANCETS	29-01-2015
97799918	BAY	MICROLET LANCETS	29-01-2015
97799804	TYC	MONOLET (MONOJECT) 21G	29-01-2015
97799801	TYC	MONOLET THIN (MONOJECT) 28G	29-01-2015
97799970	JAJ	ONETOUCH ULTRASOFT LANCETS	29-01-2015
97799348	SKY	ULTILET CLASSIC LANCETS	17-11-2014
02399466	FEI	ST PENTASA 1G TABLET LA	20-02-2015
02252260	ALC	VIGAMOX 0.5% OPHTHALMIC SOLUTUION	01-12-2014
97799334	MTD	MONTKIDDY BLUE NEEDLES 32GX4MM	24-02-2015
97799337	MTD	MONTKIDDY GREEN NEEDLES 32GX4	24-02-2015
97799335	MTD	MONTKIDDY PINK NEEDLES 32GX4MM	24-02-2015
97799336	MTD	MONTKIDDY YELLOW NEEDLES 32GX4	24-02-2015
02411393	ALC	ILEVRO 0.3% OPHTHALMIC SUSPENSION	11-02-2015
02308983	ALC	NEVANAC 0.1% OPHTHALMIC SOLUTION	01-12-2014
02367289	BOE	VIRAMUNE XR 400MG TABLET	23-09-2014
02291924	PFI	BICILLIN L-A INJECTION	04-03-2015
02419106	BOE	COMBIVENT RESPIMAT 100/20MCG	04-01-2015
02193221	OMG	THIAMIJECT 100MG/ML INJECTION	14-10-2014
00000981	ALC	MYDRIACYL 0.5% OPHTHALMIC SOLUTION	20-10-2014
00001007	ALC	MYDRIACYL 1% OPHTHALMIC SOLUTION	20-10-2014
02230402	LUK	ST CLOPIXOL 10MG TABLET	09-01-2015
02230403	LUK	ST CLOPIXOL 25MG TABLET	09-01-2015
02230405	LUK	CLOPIXOL ACUPHASE 50MG/ML INJECTION	09-01-2015
02230406	LUK	CLOPIXOL DEPOT 200MG/ML	09-01-2015

Multi-Source Drug Products

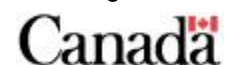
DIN	MFR	ITEM NAME	Effective Date
02427176	SAN	ST ASA EC 80MG TABLET	17-12-2014
02426811	SAN	ST ASA EC 81MG TABLET	18-12-2014
02243974	PED	ST ASAPHEN 81MG TABLET	04-09-2014
02420279	RIV	ST RIVASA 81 MG EC TABLET	15-01-2015
02381486	ACC	ST ALENDRONATE SODIUM 10MG TABLET	11-12-2014
02381478	ACC	ST ALENDRONATE SODIUM 5MG TABLET	11-12-2014
02381494	ACC	ST ALENDRONATE SODIUM 70MG TABLET	11-12-2014
00654523	PMS	ST PMS-AMITRIPTYLINE 10MG TABLET	11-02-2015
02429861	MAR	ST MAR-AMITRIPTYLINE 10MG TABLET	05-01-2015
02429888	MAR	ST MAR-AMITRIPTYLINE 25MG TABLET	05-01-2015
02429896	MAR	ST MAR-AMITRIPTYLINE 50MG TABLET	05-01-2015
02429918	MAR	ST MAR-AMITRIPTYLINE 75MG TABLET	05-01-2015
02326043	TEP	ST TEVA-AMITRIPTYLINE 10MG TABLET	13-02-2015
02326051	TEP	ST TEVA-AMITRIPTYLINE 25MG TABLET	13-02-2015
02326078	TEP	ST TEVA-AMITRIPTYLINE 50MG TABLET	13-02-2015
02429225	JAP	ST AMLODIPINE 10MG TABLET	21-11-2014
02429217	JAP	ST AMLODIPINE 5MG TABLET	21-11-2014
02351218	ACC	ANASTROZOLE 1MG TABLET	11-12-2014
02417855	NPH	NAT-ANASTROZOLE 1MG TABLET	20-02-2015

DIN (Drug Identification Number)

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MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)



DIN	MFR	ITEM NAME	Effective Date
02407256	AUR	ST AURO-ATORVASTATIN 10MG TABLET	24-12-2014
02399482	DOM	ST DOM-ATORVASTATIN 10MG TABLET	29-01-2015
02399504	DOM	ST DOM-ATORVASTATIN 40MG TABLET	29-01-2015
02274566	PFI	GD-AZITHROMYCIN 100MG/5ML O/L	04-02-2015
02418452	PMS	PMS-AZITHROMYCIN 100MG/5ML O/L	26-11-2014
02418460	PMS	PMS-AZITHROMYCIN 200MG/5ML O/L	26-11-2014
02357852	VAO	CELESTODERM V 0.1% OINTMENT	02-12-2014
02410893	JAP	BISACODYL 5MG SUPPOSITORY	26-11-2014
02431637	ODN	ST CALCITRIOL-ODAN 0.25MCG CAPSULE	08-12-2014
02239356	WAM	ST CALCIUM 500MG CHEW TABLET	26-01-2015
80004123	EUR	ST CARBOCAL O/L	26-01-2015
80006794	WAM	ST CALCIUM +VIT D 500MG/400IU TABLET	26-01-2015
80021716	WAM	ST CALCIUM +VIT D 600MG/400IU TABLET	26-01-2015
80025722	JAP	ST CALCIUM LACTOGLUCONATE +VIT D	26-01-2015
80027026	JAP	ST JAMP-CALCIUM 500MG CHEW TABLET	26-01-2015
80018540	JAP	ST JAMP CALCIUM CARB 500 + VIT D	25-02-2015
80012594	BMI	ST BIOCAL-D FORTE 500MG/400IU TABLET	20-01-2015
02379287	ACC	ST ACH-CANDESARTAN 16MG TABLET	16-12-2014
02379295	ACC	ST ACH-CANDESARTAN 32MG TABLET	16-12-2014
02379260	ACC	ST ACH-CANDESARTAN 4MG TABLET	16-12-2014
02379279	ACC	ST ACH-CANDESARTAN 8MG TABLET	16-12-2014
02435845	SAN	ST CANDESARTAN 32MG TABLET	16-02-2015
02422069	PDL	ST CANDESARTAN 32MG TABLET	20-11-2014
02425424	RIV	ST RIVA-CANDESARTAN 16MG TABLET	17-12-2014
02425432	RIV	ST RIVA-CANDESARTAN 32MG TABLET	17-12-2014
02425408	RIV	ST RIVA-CANDESARTAN 4MG TABLET	17-12-2014
02425416	RIV	ST RIVA-CANDESARTAN 8MG TABLET	17-12-2014
02392275	PDL	ST CANDESARTAN-HCTZ 16/12.5MG TABLET	20-11-2014
02426757	ACC	ACH-CAPECITABINE 150MG TABLET	11-12-2014
02426765	ACC	ACH-CAPECITABINE 500MG TABLET	11-12-2014
02421917	SDZ	SANDOZ CAPECITABINE 150MG TABLET	26-11-2014
02421925	SDZ	SANDOZ CAPECITABINE 500MG TABLET	26-11-2014
02407515	TAR	ST TARO-CARBAMAZEPINE 200MG TABLET	25-08-2014
02418517	AUR	ST AURO-CARVEDILOL 12.5MG TABLET	26-08-2014
02418525	AUR	ST AURO-CARVEDILOL 25MG TABLET	26-08-2014
02418495	AUR	ST AURO-CARVEDILOL 3.125MG TABLET	26-08-2014
02418509	AUR	ST AURO-CARVEDILOL 6.25MG TABLET	26-08-2014
02432773	AUR	AURO-CEFEXIME 400MG TABLET	16-12-2014
02427192	PHA	ST PRIVA-CETIRIZINE 20MG TABLET	21-01-2015
02384272	SUS	G.U.M. PAROEX 1.2MG/ML O/L	28-10-2014
02430517	JAP	ST CITALOPRAM 10MG TABLET	21-11-2014
02430541	JAP	ST CITALOPRAM 20MG TABLET	21-11-2014
02430568	JAP	ST CITALOPRAM 40MG TABLET	21-11-2014
02421739	ECL	ST ECL-CITALOPRAM 10MG TABLET	26-11-2014
02413345	APX	APO-CLARITHROMYCIN XL 500MG TABLET	01-10-2014
02413795	MYL	CYANOCOBALAMIN 1MG/ML INJECTION	20-11-2014
02420147	JAP	JAMP-CYANOCOBALAMIN 1000MG/ML	21-11-2014
02239695	PMT	ST VITAMIN B12 250MCG TABLET	15-10-2014
00626112	OMA	VITAMIN B12 INJECTION	20-11-2014
02424584	SIV	CYCLOBENZAPRINE 10MG TABLET	15-01-2015
02417464	ATP	RECLIPSEN 28 TABLET	25-08-2014
02420813	ATP	RECLIPSEN 21 TABLET	25-08-2014
02240341	PDL	ST DIVALPROEX 125MG EC TABLET	20-11-2014
02426838	SAN	ST DOCUSATE SODIUM 100MG CAPSULE	21-11-2014
02418428	AUR	AURO-EFAVIRENZ 600MG TABLET	01-12-2014
02295016	APX	ST APO-ESCITALOPRAM 10MG TABLET	03-10-2014

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MFR (Manufacturer)

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DIN	MFR	ITEM NAME	Effective Date
02295024	APX	ST APO-ESCITALOPRAM 20MG TABLET	03-10-2014
02397358	AUR	ST AURO-ESCITALOPRAM 10MG TABLET	03-10-2014
02397374	AUR	ST AURO-ESCITALOPRAM 20MG TABLET	03-10-2014
02313561	CBT	ST CO ESCITALOPRAM 10MG TABLET	03-10-2014
02313588	CBT	ST CO ESCITALOPRAM 20MG TABLET	03-10-2014
02424401	PDL	ST ESCITALOPRAM 10MG TABLET	03-10-2014
02430118	SAN	ST ESCITALOPRAM 10MG TABLET	19-11-2014
02430126	SAN	ST ESCITALOPRAM 20MG TABLET	19-11-2014
02424428	PDL	ST ESCITALOPRAM 20MG TABLET	03-10-2014
02429780	JAP	ST JAMP-ESCITALOPRAM 10MG TABLET	20-11-2014
02429799	JAP	ST JAMP-ESCITALOPRAM 20MG TABLET	20-11-2014
02423480	MAR	ST MAR-ESCITALOPRAM 10MG TABLET	03-10-2014
02423502	MAR	ST MAR-ESCITALOPRAM 20MG TABLET	03-10-2014
02309467	MYL	ST MYLAN-ESCITALOPRAM 10MG TABLET	15-01-2015
02309475	MYL	ST MYLAN-ESCITALOPRAM 20MG TABLET	15-01-2015
02303949	PMS	ST PMS-ESCITALOPRAM 10MG TABLET	03-10-2014
02303965	PMS	ST PMS-ESCITALOPRAM 20MG TABLET	03-10-2014
02426331	PHA	ST PRIVA-ESCITALOPRAM 10MG TABLET	03-10-2014
02426358	PHA	ST PRIVA-ESCITALOPRAM 20MG TABLET	03-10-2014
02385481	RBY	ST RAN-ESCITALOPRAM 10MG TABLET	12-12-2014
02385503	RBY	ST RAN-ESCITALOPRAM 20MG TABLET	12-12-2014
02428830	RIV	ST RIVA-ESCITALOPRAM 10MG TABLET	03-10-2014
02428857	RIV	ST RIVA-ESCITALOPRAM 20MG TABLET	03-10-2014
02364077	SDZ	ST SANDOZ ESCITALOPRAM 10MG TABLET	03-10-2014
02364085	SDZ	ST SANDOZ ESCITALOPRAM 20MG TABLET	03-10-2014
02318180	TEP	ST TEVA-ESCITALOPRAM 10MG TABLET	03-10-2014
02318202	TEP	ST TEVA-ESCITALOPRAM 20MG TABLET	03-10-2014
02324873	PDL	FAMCICLOVIR 250MG TABLET	20-11-2014
02324881	PDL	FAMCICLOVIR 500MG TABLET	20-11-2014
80002426	WNP	ST FERROUS GLUCONATE 35MG TABLET	22-09-2014
02393441	ACC	ST ACH-FLUOXETINE 10MG CAPSULE	21-01-2015
02383241	ACC	ST ACH-FLUOXETINE 20MG CAPSULE	21-01-2015
80053274	JAP	ST JAMP-FOLIC 1MG TABLET	13-02-2015
02423286	MIN	ST MINT-GLICLAZIDE MR 30MG TABLET	01-10-2014
02425947	MIN	ST MINT-HYDROCHLOROTHIAZIDE 12.5MG	28-08-2014
02426196	MIN	ST MINT-HYDROCHLOROTHIAZIDE 25MG	28-08-2014
02426218	MIN	ST MINT-HYDROCHLOROTHIAZIDE 50MG	28-08-2014
02422999	MIN	ST MINT-IRBESARTAN 150MG TABLET	20-02-2015
02423006	MIN	ST MINT-IRBESARTAN 300MG TABLET	20-02-2015
02422980	MIN	ST MINT-IRBESARTAN 75MG TABLET	20-02-2015
02425327	RIV	ST RIVA-IRBESARTAN 150MG TABLET	16-12-2014
02425335	RIV	ST RIVA-IRBESARTAN 300MG TABLET	16-12-2014
02425319	RIV	ST RIVA-IRBESARTAN 75MG TABLET	16-12-2014
80012039	WNP	ST IRON 60MG TABLET	22-09-2014
02428210	SIV	ST LAMOTRIGINE 100MG TABLET	20-01-2015
02428229	SIV	ST LAMOTRIGINE 150MG TABLET	20-01-2015
02428202	SIV	ST LAMOTRIGINE 25MG TABLET	20-01-2015
02414775	DOM	ST DOM-LANSOPRAZOLE 30MG CAPSULE	26-08-2014
02433001	PMS	ST LANSOPRAZOLE 15MG CAPSULE	16-02-2015
02433028	PMS	ST LANSOPRAZOLE 30MG CAPSULE	20-02-2015
02410370	SIV	ST LANSOPRAZOLE-15 15MG CAPSULE	11-12-2014
02375508	RIV	LATANOPROST 50MCG/ML	26-11-2014
02426935	GMP	MED-LATANOPROST 50MCG/ML OPHTHALMIC SOLUTION	16-02-2015
02317125	PMS	PMS-LATANOPROST 50MCG/ML OPHTHALMIC SOLUTION	26-11-2014
02421585	NPH	ST NAT-LETROZOLE 2.5MG TABLET	20-02-2015
02415879	PDL	LEVOFLOXACIN 500MG TABLET	20-11-2014

DIN (Drug Identification Number)

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MFR (Manufacturer)

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DIN	MFR	ITEM NAME	Effective Date
02424983	SPT	ST SEPTA-LOSARTAN 100MG TABLET	25-08-2014
02424967	SPT	ST SEPTA-LOSARTAN 25MG TABLET	25-08-2014
02424975	SPT	ST SEPTA-LOSARTAN 50MG TABLET	25-08-2014
02394405	PDL	ST LOSARTAN-HCTZ 100/12.5MG TABLET	20-11-2014
02394413	PDL	ST LOSARTAN-HCTZ 100/25MG TABLET	20-11-2014
02394391	PDL	ST LOSARTAN-HCTZ 50/12.5MG TABLET	20-11-2014
02427656	SAN	ST LOSARTAN/HCTZ 100/12.5MG TABLET	28-08-2014
02427664	SAN	ST LOSARTAN/HCTZ 100/25MG TABLET	28-08-2014
02427648	SAN	ST LOSARTAN/HCTZ 50/12.5MG TABLET	28-08-2014
02428547	SPT	ST SEPTA-LOSARTAN HCTZ 100/25MG	19-11-2014
02428539	SPT	ST SEPTA-LOSARTAN HCTZ 50/12.5MG	19-11-2014
02324334	PDL	MELOXICAM 15MG TABLET	20-11-2014
02421828	ECL	ST ECL-METFORMIN 500MG TABLET	10-09-2014
02421836	ECL	ST ECL-METFORMIN 850MG TABLET	10-09-2014
02419173	JAP	JAMP-METHOTREXATE 25MG/ML INJECTION	21-11-2014
02417626	MYL	METHOTREXATE 25MG/ML INJECTION	26-11-2014
02432560	MAR	ST MAR-MODAFINIL 100MG TABLET	05-01-2015
02420260	TEP	ST TEVA-MODAFINIL 100MG TABLET	10-09-2014
02420538	ACP	ST ACCEL-OLANZAPINE 2.5MG TABLET	25-09-2014
02325683	ATP	ST CO OLANZAPINE 10MG TABLET	20-01-2015
02421267	MAR	ST MAR-OLANZAPINE 10MG TABLET	20-11-2014
02421275	MAR	ST MAR-OLANZAPINE 15MG TABLET	20-11-2014
02421232	MAR	ST MAR-OLANZAPINE 2.5MG TABLET	20-11-2014
02421240	MAR	ST MAR-OLANZAPINE 5MG TABLET	20-11-2014
02421259	MAR	ST MAR-OLANZAPINE 7.5MG TABLET	20-11-2014
02416549	ACC	ST OMEPRAZOLE MAGNESIUM DR 20MG	22-10-2014
02416565	MAR	ST MAR-PANTOPRAZOLE 40MG TABLET	27-08-2014
02431327	RIV	ST PANTOPRAZOLE 40MG TABLET	24-11-2014
02428180	SIV	ST PANTOPRAZOLE-40 TABLET	10-09-2014
02425378	PHA	ST PRIVA-PANTOPRAZOLE 40MG TABLET	21-01-2015
02431777	SDZ	ST SANDOZ PAROXETINE 10MG TABLET	20-02-2015
02431785	SDZ	ST SANDOZ PAROXETINE 20MG TABLET	20-02-2015
02431793	SDZ	ST SANDOZ PAROXETINE 30MG TABLET	20-02-2015
02357569	JAP	JAMPOLYCIN 10000/500IU OINTMENT	21-11-2014
80026265	BMI	ST BIO K-20 POTASSIUM TABLET LA	04-11-2014
80040416	PMS	ST PHARMA-K20 LA TABLET	20-02-2015
02412985	BGP	ST ABBOTT-QUETIAPINE 100MG TABLET	26-08-2014
02412993	BGP	ST ABBOTT-QUETIAPINE 200MG TABLET	26-08-2014
02412977	BGP	ST ABBOTT-QUETIAPINE 25MG TABLET	26-08-2014
02413000	BGP	ST ABBOTT-QUETIAPINE 300MG TABLET	26-08-2014
02387808	ACC	ST QUETIAPINE 100MG TABLET	20-02-2015
02387824	ACC	ST QUETIAPINE 200MG TABLET	20-02-2015
02387794	ACC	ST QUETIAPINE 25MG TABLET	20-02-2015
02387832	ACC	ST QUETIAPINE 300MG TABLET	20-02-2015
02290995	PFI	ST GD-QUINAPRIL 10MG TABLET	20-11-2014
02291002	PFI	ST GD-QUINAPRIL 20MG TABLET	20-11-2014
02291010	PFI	ST GD-QUINAPRIL 40MG TABLET	20-11-2014
02290987	PFI	ST GD-QUINAPRIL 5MG TABLET	20-11-2014
02422638	BGP	ST ABBOTT-RABEPRAZOLE 10MG TABLET	01-12-2014
02422646	BGP	ST ABBOTT-RABEPRAZOLE 20MG TABLET	11-09-2014
02420457	MAR	ST MAR-RAMIPRIL 1.25MG CAPSULE	20-11-2014
02420481	MAR	ST MAR-RAMIPRIL 10MG CAPSULE	20-11-2014
02420503	MAR	ST MAR-RAMIPRIL 15MG CAPSULE	20-11-2014
02420465	MAR	ST MAR-RAMIPRIL 2.5MG CAPSULE	20-11-2014
02420473	MAR	ST MAR-RAMIPRIL 5MG CAPSULE	20-11-2014
02425548	RBY	ST RAN-RAMIPRIL 15MG CAPSULE	20-02-2015

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MFR (Manufacturer)

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DIN	MFR	ITEM NAME	Effective Date
02273705	PFI	ST GD-SERTRALINE 100MG CAPSULE	20-11-2014
02273683	PFI	ST GD-SERTRALINE 25MG CAPSULE	20-11-2014
02273691	PFI	ST GD-SERTRALINE 50MG CAPSULE	20-11-2014
02405156	AUR	ST AURO-SIMVASTATIN 10MG TABLET	25-08-2014
02405164	AUR	ST AURO-SIMVASTATIN 20MG TABLET	25-08-2014
02405172	AUR	ST AURO-SIMVASTATIN 40MG TABLET	25-08-2014
02405148	AUR	ST AURO-SIMVASTATIN 5MG TABLET	25-08-2014
02405180	AUR	ST AURO-SIMVASTATIN 80MG TABLET	25-08-2014
02243333	SAC	FERRLECIT 12.5MG/ML INJECTION	15-09-2014
02427117	SAN	ST TAMSULOSIN CR 0.4 TABLET	28-08-2014
02429667	SIV	ST TAMSULOSIN CR 0.4MG TABLET	05-01-2015
02407485	ACC	ST TELMISARTAN 40MG TABLET	20-02-2015
02407493	ACC	ST TELMISARTAN 80MG TABLET	20-02-2015
02419114	ACC	ST ACH-TELMISARTAN HCTZ 80/12.5MG	20-02-2015
02419122	ACC	ST ACH-TELMISARTAN HCTZ 80/25MG	20-02-2015
02421186	TAR	ST TARO-TESTOSTERONE 40MG CAPSULE	03-12-2014
02271141	PMS	ST DOM-TOPIRAMATE 25MG TABLET	20-02-2015
02431815	SDZ	ST SANDOZ TOPIRAMATE 100MG TABLET	20-02-2015
02431823	SDZ	ST SANDOZ TOPIRAMATE 200MG TABLET	20-02-2015
02431807	SDZ	ST SANDOZ TOPIRAMATE 25MG TABLET	20-02-2015
02395746	ACC	ST TOPIRAMATE 100MG TABLET	20-02-2015
02395754	ACC	ST TOPIRAMATE 200MG TABLET	20-02-2015
02395738	ACC	ST TOPIRAMATE 25MG TABLET	20-02-2015
02415739	APX	APO-TRAVOPROST Z 0.004% OPHTHALMIC SOLUTION	01-10-2014
02413167	SDZ	SANDOZ TRAVOPROST .004% SOLUTION	01-10-2014
02412063	TEP	TEVA-TRAVOPROST Z 0.004% OPHTHALMIC SOLUTION	01-10-2014
02413825	TEP	TEVA-VALGANCICLOVIR 450MG TABLET	19-01-2015
02425467	RIV	ST RIVA-VALSARTAN 160MG TABLET	16-12-2014
02425475	RIV	ST RIVA-VALSARTAN 320MG TABLET	16-12-2014
02425440	RIV	ST RIVA-VALSARTAN 40MG TABLET	16-12-2014
02425459	RIV	ST RIVA-VALSARTAN 80MG TABLET	16-12-2014
02360047	PFI	ST GD-VENLAFAXINE XR 150MG CAPSULE	20-11-2014
02360020	PFI	ST GD-VENLAFAXINE XR 37.5MG CAPSULE	20-11-2014
02360039	PFI	ST GD-VENLAFAXINE XR 75MG CAPSULE	20-11-2014
02324164	PDL	ST PRO-VERAPAMIL SR 180MG TABLET	20-11-2014
80006939	WNP	ST LB VITAMIN B12 1000MCG TABLET	21-01-2015
80004053	WNP	ST VITAMIN B12 250MCG TABLET	15-10-2014
02245348	WNP	ST VITAMIN C 500MG CHEWABLE TABLET	11-09-2014
80015278	WAM	ST VITAMIN D 1000IU CHEW TABLET	26-01-2015
80028362	JAP	ST VITAMIN D 1000IU DROPS	26-01-2015
80007346	JAP	ST VITAMIN D 200IU/ML O/L	26-01-2015
80028371	JAP	ST VITAMIN D INFANT 1000IU DROPS	26-01-2015

NEW LIMITED USE BENEFITS

DIN	MFR	ITEM NAME	Effective Date
02421623	JAP	JAMP-ZOLMITRIPTAN 2.5MG TABLET	10-09-2014
02428237	JAP	JAMP-ZOLMITRIPTAN ODT 2.5MG TABLET	15-01-2015
02399458	MAR	MAR-ZOLMITRIPTAN 2.5MG TABLET	18-09-2014
02428474	SPT	SEPTA-ZOLMITRIPTAN-ODT 2.5MG	19-11-2014

Limited use benefit (prior approval is not required).

A total of 12 tablets (or injections) are permitted in a 30-day period.

DIN	MFR	ITEM NAME	Effective Date
02422433	REC	ZOLEDRONIC ACID 5MG INJECTION	25-08-2014
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.			
00480215	NVC	AQUASOL E	15-01-2015
00122831	JAM	ST VITAMIN E CAP 200IU NAT SOURCE	15-01-2015
00122858	JAM	ST VITAMIN E CAP 400IU NAT SOURCE	15-01-2015
Limited use benefit (prior approval required). For use in malabsorption			
02162075	NVC	ST AQUASOL E DROPS 50IU/ML	15-01-2015
Limited use benefit (prior approval required). For use in malabsorption			
02368544	AZE	ST BRILINTA 90MG TABLET	09-02-2015
Limited use benefit (prior approval not required). For the treatment of Acute Coronary Syndrome, defined as unstable angina or myocardial infarction, when initiated in hospital in consultation with a Specialist in Cardiology, Cardiac Surgery, Cardiovascular & Thoracic Surgery, Internal Medicine or General Surgery. Treatment must be in combination with low dose ASA. Special authorization may be granted for 12 months.			
02416816	SDZ	SANDOZ TACROLIMUS 0.5MG CAPSULE	05-01-2015
Limited use benefit (prior approval required). For transplant therapy.			
02418355	GIL	SOVALDI 400MG TABLET	18-02-2015
Limited use benefit (prior approval required). For the treatment of chronic Hepatitis C in adult patients with compensated liver disease, including cirrhosis, if the following clinical criteria and conditions are met: Patients with Genotype 1 CHC infection, in combination with pegylated-interferon and ribavirin (PEG IFN/RBV): - Fibrosis stage F2 or greater - Treatment naïve If approved, treatment should not exceed a duration of 12 weeks. Patients with Genotype 2 CHC infection, in combination with RBV: - Fibrosis stage F2 or greater - Previous treatment experience with Peg-IFN/RBV ; OR - A medical contraindication to Peg-IFN/RBV If approved, treatment should not exceed a duration of 12 weeks. Patients with Genotype 3 CHC infection, in combination with RBV: - Fibrosis stage F2 or greater - Previous treatment experience with Peg-IFN/RBV ; OR - A medical contraindication to Peg-IFN/RBV If approved, treatment should not exceed a duration of 24 weeks.			

DIN	MFR	ITEM NAME	Effective Date
02416441	KEG	GALEXOS 150MG CAPSULE	17-11-2014
Limited use benefit (prior approval required).			
For the treatment of chronic Hepatitis C in treatment-naïve and treatment-experienced patients who meet all of the following criteria:			
<ul style="list-style-type: none"> - Chronic hepatitis C virus (HCV) genotype 1 infection - Detectable levels of HCV RNA in the last six months - Fibrosis stage F2 or greater (Metavir scale or equivalent) - Patient has not received a prior full therapeutic course of boceprevir or telaprevir. 			
02412179	PMS	ST PMS-SILDENAFIL R 20MG TABLET	03-12-2014
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			
<ul style="list-style-type: none"> -Who have failed to respond to conventional therapy; OR -Who have contraindications to conventional agents. 			
02389185	AZE	ST KOMBOGLYZE 2.5/1000MG TABLET	12-01-2015
02389169	AZE	ST KOMBOGLYZE 2.5/500MG TABLET	12-01-2015
02389177	AZE	ST KOMBOGLYZE 2.5/850MG TABLET	12-01-2015
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.			
02429241	JAP	JAMP-RIZATRIPTAN IR 10MG TABLET	21-11-2014
02429233	JAP	JAMP-RIZATRIPTAN IR 5MG TABLET	21-11-2014
02396688	TEP	TEVA-RIZATRIPTAN RDT 10MG	21-01-2015
02396661	TEP	TEVA-RIZATRIPTAN RDT 5MG	21-01-2015
Limited use benefit (prior approval is not required).			
A total of 12 tablets (or injections) are permitted in a 30-day period.			
02406306	AUR	ST AURO-RISEDRONATE 35MG TABLET	26-08-2014
Limited use benefit (prior approval required).			
For the treatment of:			
<ul style="list-style-type: none"> a. - Osteoporosis in patients who are 60 years of age and over or b. - Osteoporosis in patients who have documented hip, vertebral or other fractures or c. - Paget's Disease or d. - Osteoporosis in patients with no evidence of fracture but who have a high (>20%) 10-year fracture risk or e. - Osteoporosis in patients with moderate 10-year fracture risk (10-20%) and use of systemic glucocorticoid therapy > 3 months 			

DIN	MFR	ITEM NAME	Effective Date
02417561	MAR	ST MAR-PREGABALIN 150MG CAPSULE	21-11-2014
02417529	MAR	ST MAR-PREGABALIN 25MG CAPSULE	21-11-2014
02417537	MAR	ST MAR-PREGABALIN 50MG CAPSULE	21-11-2014
02417545	MAR	ST MAR-PREGABALIN 75MG CAPSULE	21-11-2014
02408694	MYL	ST MYL-PREGABALIN 150MG CAPSULE	01-10-2014
02408651	MYL	ST MYL-PREGABALIN 25MG CAPSULE	01-10-2014
02408708	MYL	ST MYL-PREGABALIN 300MG CAPSULE	01-10-2014
02408678	MYL	ST MYL-PREGABALIN 50MG CAPSULE	01-10-2014
02408686	MYL	ST MYL-PREGABALIN 75MG CAPSULE	01-10-2014

Limited use benefit (prior approval required).

-For the treatment of neuropathic pain in patients who have failed to effectively treat their pain with a tricyclic antidepressant (TCA)
OR

-For the treatment of neuropathic pain in patients who have a contraindication or intolerance with a TCA.

The dose of pregabalin is limited to a maximum of 600 mg per day

02383780	ACC	ACH-MYCOPHENOLATE 250MG CAPSULE	16-02-2015
02378574	ACC	MYCOPHENOLATE 500MG TABLET	16-02-2015

Limited use benefit (prior approval required).

For transplant therapy.

02410265	ACC	ACH-MONTELUKAST CHEW 4MG TABLET	22-01-2015
02410273	ACC	ACH-MONTELUKAST CHEW 5MG TABLET	22-01-2015
02379236	ACC	MONTELUKAST 10MG TABLET	22-01-2015

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.

02239238	PMS	PMS-MINOCYCLINE 50MG CAPSULE	09-01-2015
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Limited use benefit (prior approval required).

For:

- a. - patients who cannot tolerate other tetracyclines.
- b. - patients with severe widespread acne who have failed on tetracycline.

02426552	APX	APO-LINEZOLID 600MG TABLET	01-10-2014
02402637	TEP	LINEZOLID 2MG/ML INJECTION	20-11-2014
02422689	SDZ	SANDOZ LINEZOLID 600MG TABLET	01-10-2014

Limited use benefit (prior approval required).

Tablets:

For treatment of proven vancomycin-resistant enterococci (VRE) infections when other antibiotics are not available, and for the treatment of proven Methicillin- Resistant Staphylococcus aureus (MRSA) infections in patients who cannot tolerate or who had an idiosyncratic reaction with Vancomycin.

I.V. solution:

When linezolid cannot be administered orally in the above mentioned situations.

02408295	BAY	JAYDESS 13.5MG UNIT	20-10-2014
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Limited use benefit with quantity and frequency limits (prior approval is not required).

Coverage is granted for 1 device every 2 years.

DIN	MFR	ITEM NAME	Effective Date
02414805	ABB	ST ABBOTT-LEVETIRACETAM 250MG TABLET	27-08-2014
02414791	ABB	ST ABBOTT-LEVETIRACETAM 500MG TABLET	27-08-2014
02414783	ABB	ST ABBOTT-LEVETIRACETAM 750MG TABLET	27-08-2014
02399776	ACC	ST LEVETIRACETAM 250MG TABLET	21-01-2015
02399784	ACC	ST LEVETIRACETAM 500MG TABLET	21-01-2015
02399792	ACC	ST LEVETIRACETAM 750MG TABLET	21-01-2015

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.

02371081	MEZ	XEOMIN 50 UNIT/VIAL INJECTION	20-08-2014
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Limited use benefit (prior approval required).

-Treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorder in patients 12 years of age or older

-Treatment of cervical dystonia (spasmodic torticollis)

02416581	PDL	GALANTAMINE ER 16MG CAPSULE	15-09-2014
02416603	PDL	GALANTAMINE ER 24MG CAPSULE	15-09-2014
02416573	PDL	GALANTAMINE ER 8MG CAPSULE	15-09-2014
02420848	MAR	MAR-GALANTAMINE ER 16MG CAPSULE	05-01-2015
02420856	MAR	MAR-GALANTAMINE ER 24MG CAPSULE	05-01-2015
02420821	MAR	MAR-GALANTAMINE ER 8MG CAPSULE	05-01-2015

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; OR
- 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)

02416840	ACC	ST GABAPENTIN 100MG CAPSULE	21-01-2015
02416859	ACC	ST GABAPENTIN 300MG CAPSULE	21-01-2015
02416867	ACC	ST GABAPENTIN 400MG CAPSULE	21-01-2015
02392526	ACC	ST GABAPENTIN 600MG TABLET	15-01-2015
02431289	SAN	ST GABAPENTIN 600MG TABLET	20-02-2015
02431297	SAN	ST GABAPENTIN 800MG TABLET	20-02-2015
02392534	ACC	ST GABAPENTIN 800MG TABLET	15-01-2015
02285819	PFI	ST GD-GABAPENTIN 100MG CAPSULE	20-11-2014
02285827	PFI	ST GD-GABAPENTIN 300MG CAPSULE	20-11-2014
02285835	PFI	ST GD-GABAPENTIN 400MG CAPSULE	20-11-2014
02285851	PFI	ST GD-GABAPENTIN 800MG TABLET	20-11-2014

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on gabapentin. The limit accumulates against the amount of gabapentin claimed to the program. A total of 400 grams of gabapentin is permitted in a 100-day period, for a total daily dose of 4000mg/day.

DIN	MFR	ITEM NAME	Effective Date
02414716	ATP	ST ACT EZETIMIBE 10MG TABLET	03-10-2014
02427826	APX	ST APO-EZETIMIBE 10MG TABLET	19-10-2014
02431300	SAN	ST EZETIMIBE 10MG TABLET	20-02-2015
02422549	PDL	ST EZETIMIBE 10MG TABLET	03-10-2014
02429659	SIV	ST EZETIMIBE 10MG TABLET	03-10-2014
02423235	JAP	ST JAMP-EZETIMIBE 10MG TABLET	03-10-2014
02422662	MAR	ST MAR-EZETIMIBE 10MG TABLET	03-10-2014
02423243	MIN	ST MINT-EZETIMIBE 10MG TABLET	03-10-2014
02378035	MYL	ST MYLAN-EZETIMIBE 10MG TABLET	03-10-2014
02416409	PMS	ST PMS-EZETIMIBE 10MG TABLET	03-10-2014
02425238	PHA	ST PRIVA-EZETIMIBE 10MG TABLET	03-10-2014
02419548	RBY	ST RAN-EZETIMIBE 10MG TABLET	03-10-2014
02424436	RIV	ST RIVA-EZETIMIBE 10MG TABLET	03-10-2014
02354101	TEP	ST TEVA-EZETIMIBE 10MG TABLET	03-10-2014

Limited use benefit (prior approval required).

a.- For use in combination with a HMG-CoA reductase inhibitor (“statin”) in patients with hypercholesterolemia who have not reached target LDL levels despite the use of maximally tolerated “statin” doses.

b.- For use as monotherapy in the management of hypercholesterolemia in patients intolerant to HMG-CoA reductase inhibitors.

02430576	PMS	PMS-ENTECAVIR 0.5MG TABLET	03-12-2014
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Limited use benefit (prior approval required).

For the treatment of chronic hepatitis B infection in patients with cirrhosis documented on radiologic or histologic grounds and a HBV DNA concentration above 2000IU/mL.

02412691	ATP	ST ACT DUTASTERIDE 0.5MG CAPSULE	15-09-2014
02404206	APX	ST APO-DUTASTERIDE 0.5MG CAPSULE	15-09-2014
02429012	SIV	ST DUTASTERIDE 0.5MG CAPSULE	05-01-2015
02421712	PDL	ST DUTASTERIDE 0.5MG CAPSULE	15-09-2014
02416298	GMP	ST MED-DUTASTERIDE 0.5MG CAPSULE	26-11-2014
02428873	MIN	ST MINT-DUTASTERIDE 0.5MG CAPSULE	20-11-2014
02393220	PMS	ST PMS-DUTASTERIDE 0.5MG CAPSULE	15-09-2014
02427753	RIV	ST RIVA-DUTASTERIDE 0.5MG CAPSULE	20-11-2014
02424444	SDZ	ST SANDOZ DUTASTERIDE 0.5MG CAPSULE	15-09-2014
02424444	SDZ	ST SANDOZ DUTASTERIDE 0.5MG CAPSULE	18-09-2014
02408287	TEP	ST TEVA-DUTASTERIDE 0.5MG CAPSULE	15-09-2014

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 adrenergic blocker.

or

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

DIN	MFR	ITEM NAME	Effective Date
02419874	ACP	ACCEL-DONEPEZIL 10MG TABLET	18-11-2014
02419866	ACP	ACCEL-DONEPEZIL 5MG TABLET	18-11-2014
02402653	ACC	DONEPEZIL 10MG TABLET	16-12-2014
02402645	ACC	DONEPEZIL 5MG TABLET	16-12-2014
02416956	JAP	JAMP-DONEPEZIL 10MG TABLET	21-11-2014
02416948	JAP	JAMP-DONEPEZIL 5MG TABLET	21-11-2014
02428490	SPT	SEPTA-DONEPEZIL 10MG TABLET	19-11-2014
02428482	SPT	SEPTA-DONEPEZIL 5MG TABLET	19-11-2014

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; OR
- 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)

02356783	PMS	PMS-DICLOFENAC 1.5% SOLUTION	18-12-2014
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Limited use benefit (prior approval required).

For the treatment of osteoarthritis when:

- Pain is inadequately controlled with acetaminophen AND a non-steroidal anti-inflammatory drug (SAID); OR
- There is contraindication to acetaminophen and NSAID; OR
- There is intolerance to acetaminophen and NSAID.

02419963	ACP	ST ACCEL-CLOPIDOGREL 75MG TABLET	17-10-2014
02416387	AUR	ST AURO-CLOPIDOGREL 75MG TABLET	25-08-2014
02415550	JAP	ST JAMP-CLOPIDOGREL 75MG TABLET	10-09-2014
02422255	MAR	ST MAR-CLOPIDOGREL 75MG TABLET	05-01-2015

Limited use benefit (prior approval not required).

Limit of 12 months following a client'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 client's cardiologist or treating physician.

DIN	MFR	ITEM NAME	Effective Date
02418932	APX	APO-CELECOXIB 100MG CAPSULE	12-12-2014
02418940	APX	APO-CELECOXIB 200MG CAPSULE	12-12-2014
02426382	BMI	BIO-CELECOXIB 100MG CAPSULE	13-02-2015
02426390	BMI	BIO-CELECOXIB 200MG CAPSULE	13-02-2015
02429675	SIV	CELECOXIB 100MG CAPSULE	12-12-2014
02424371	PDL	CELECOXIB 100MG CAPSULE	13-02-2015
02429683	SIV	CELECOXIB 200MG CAPSULE	12-12-2014
02424398	PDL	CELECOXIB 200MG CAPSULE	13-02-2015
02420155	ATP	CO CELECOXIB 100MG CAPSULE	12-12-2014
02420163	ATP	CO CELECOXIB 200MG CAPSULE	12-12-2014
02291975	PFI	GD-CELECOXIB 100MG CAPSULE	13-02-2015
02291983	PFI	GD-CELECOXIB 200MG CAPSULE	13-02-2015
02424533	JAP	JAMP-CELECOXIB 100MG CAPSULE	03-02-2015
02424541	JAP	JAMP-CELECOXIB 200MG CAPSULE	03-02-2015
02420058	MAR	MAR-CELECOXIB 100MG CAPSULE	13-02-2015
02420066	MAR	MAR-CELECOXIB 200MG CAPSULE	13-02-2015
02412497	MIN	MINT-CELECOXIB 100MG CAPSULE	12-12-2014
02412500	MIN	MINT-CELECOXIB 200MG CAPSULE	12-12-2014
02423278	MYL	MYLAN-CELECOXIB 100MG CAPSULE	12-12-2014
02399881	MYL	MYLAN-CELECOXIB 200MG CAPSULE	12-12-2014
02355442	PMS	PMS-CELECOXIB 100MG CAPSULE	12-12-2014
02355450	PMS	PMS-CELECOXIB 200MG CAPSULE	14-12-2014
02426366	PHA	PRIVA-CELECOXIB 100MG CAPSULE	13-02-2015
02426374	PHA	PRIVA-CELECOXIB 200MG CAPSULE	13-02-2015
02412373	RBY	RAN-CELECOXIB 100MG CAPSULE	12-12-2014
02412381	RBY	RAN-CELECOXIB 200MG CAPSULE	12-12-2014
02425386	RIV	RIVA-CELECOX 100MG CAPSULE	13-02-2015
02425394	RIV	RIVA-CELECOX 200MG CAPSULE	13-02-2015
02321246	SDZ	SANDOZ CELECOXIB 100MG CAPSULE	12-12-2014
02321254	SDZ	SANDOZ CELECOXIB 200MG CAPSULE	12-12-2014
02288915	TEP	TEVA-CELECOXIB 100MG CAPSULE	12-12-2014
02288923	TEP	TEVA-CELECOXIB 200MG CAPSULE	12-12-2014

Limited use benefit (prior approval required).

For patients who have:

-A history of serious gastrointestinal complications (e.g. ulcer, bleeding, perforation);

OR

- Multiple (at least two) risk factors for serious gastrointestinal complications (e.g. age >60, concurrent use of ASA, SSRIs, corticosteroids, anticoagulants or antiplatelet agents).

00972037	WIL	CAFFEINE CITRATE POWDER	04-02-2015
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Limited use benefit (prior approval not required).

For children up to 1 year of age

02408090	MYL	ST MYLAN-BUPRENORPHINE/NALOXONE 2/0.5MG	26-02-2015
02408104	MYL	ST MYLAN-BUPRENORPHINE/NALOXONE 8/2MG	26-02-2015
02424851	TEP	ST TEVA-BUPRENORPHINE/NALOXONE 2MG	26-02-2015
02424878	TEP	ST TEVA-BUPRENORPHINE/NALOXONE 8MG	26-02-2015

Limited use benefit (prior approval required).

- 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 community 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.

DIN	MFR	ITEM NAME	Effective Date
09857502	ABB	FREESTYLE PRECISION TEST STRIP	29-10-2014
Limited use benefit (prior approval not required).			
The number of test strips that will be covered by the NIHB Program will depend on the client's medical treatment:			
<ul style="list-style-type: none"> •Clients managing diabetes with insulin will be allowed 500 test strips per 100 days. A client can test up to five times per day. •Clients managing diabetes with diabetes medication with a high risk of causing low blood sugar will be allowed 400 test strips per 365 days. A client can test once daily. •Clients managing diabetes with diabetes medication with a low risk of causing low blood sugar will be allowed 200 test strips per 365 days. A client can test three to four times per week. •Clients managing diabetes with diet/lifestyle therapy only (no insulin or diabetes medications) will be allowed 200 test strips per 365 days. A client can test three to four times per week. 			
02404877	RIV	ST RIVA-ALPRAZOLAM 0.25MG TABLET	11-12-2014
02404885	RIV	ST RIVA-ALPRAZOLAM 0.5MG TABLET	11-12-2014
02404893	RIV	ST RIVA-ALPRAZOLAM 1MG TABLET	11-12-2014
Limited use benefit (prior approval is 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.			
02424029	PDL	ALMOTRIPTAN 12.5MG TABLET	20-11-2014
Limited use benefit (prior approval is not required).			
A total of 12 tablets (or injections) are permitted in a 30-day period.			
02429160	SDZ	ST SDZ-ALENDRONATE/CHOLECALCIFEROL 70MG/5600	05-11-2014
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 \geq 7.5mg per day for \geq 3 months.			
02420333	APX	APO-ADEFOVIR 10MG TABLET	10-09-2014
Limited use benefit (prior approval required).			
For the treatment of chronic hepatitis B infection when used in combination with lamivudine in patients who have developed failure to lamivudine, as defined by an increase in HBV DNA of = 1 log ₁₀ IU/mL above the nadir, measured on two separate occasions within an interval of at least one month, after the first three months of lamivudine therapy, and when failure to lamivudine is not due to poor adherence to therapy.			
02409720	AZE	TUDORZA GENUAIR 400MCG INHALER	08-12-2014
Limited use benefit (prior approval required).			
For patients with chronic obstructive pulmonary disease (COPD) and who:			
-did not respond to a trial of ipratropium (Atrovent); OR			
-did not have a previous trial of ipratropium, but who have moderate to severe COPD, defined as <60% FEV ₁ , FEV ₁ /FVC<0.7 and MRC 3 to 5.			

DIN	MFR	ITEM NAME	Effective Date
02355299	JAP	ST JAMP-ACETAMINOPHEN 500MG TABLET	17-12-2014

Limited use benefit (prior approval is not required).

For safety reasons NIHB has implemented a dose limit on acetaminophen. The limit accumulates against the amount of acetaminophen claimed to the program from plain acetaminophen and/or acetaminophen in combination with opioids such as codeine (i.e. Tylenol® #3) or oxycodone (i.e. Percocet®). A total of 360 grams of acetaminophen is permitted in a 100-day period, for a total daily dose of 3600mg/day.

CRITERIA CHANGES

LISTING OF BICILLIN

Effective March 4, 2015 NIHB has listed Bicillin® L-A injection as an open benefit on the Drug Benefit list (DBL).

This change in listing status applies to the following DIN:
02291924 Bicillin L-A injection

CHANGE IN THE LISTING CRITERIA OF KADIAN

Effective November 17, 2014, the listing status of Kadian (sustained released morphine sulphate) changed from open benefit to limited use (LU) with the following LU criteria:

- For the treatment of opioid dependence where methadone and Suboxone are not available or not appropriate OR
- For the treatment of chronic pain.

If Kadian is being requested for opioid dependence treatment, the client will be placed in the Non-Insured Health Benefit (NIHB) Prescription Monitoring Program (PMP) where coverage of opioids benzodiazepines, stimulants or gabapentin will each be limited to a sole prescriber. Please note that the sole prescriber does not need to be the Kadian prescriber, however may be designated upon request.

CHANGE IN THE LISTING CRITERIA OF PROMETRIUM

Effective December 1, 2014, Prometrium became a limited use benefit (LU). This is based on a recommendation from the NIHB Drugs and Therapeutics Advisory Committee (DTAC) who recommended that Prometrium be listed with the following criteria:

For women

- With post-menopausal symptoms with intolerance to medroxyprogesterone
- OR
- At risk of preterm labour
- OR
- For prevention of miscarriage

CHANGE IN THE LISTING CRITERIA OF VITAMIN E

Effective January 15, 2015, vitamin E became a LU benefit based on a recommendation from the NIHB DTAC. The listing status of oral vitamin E products was changed from open benefit to limited use benefit with the following criteria:

- For the treatment of vitamin E malabsorption (e.g. as seen with cystic fibrosis).

Please note that, effective January 15, 2015 vitamin E topical ointment products were removed from the DBL.

CHANGE IN THE LISTING STATUS OF AGGRENEX

Effective February 18, 2015 NIHB has listed Aggrenox as an open benefit on the DBL. The listing status of Aggrenox was changed from a limited use benefit to an open benefit.

This change in listing status will apply to the following DIN:
02242119 AGGRENEX 200MG/25MG CAPSULE

CHANGE AND ADDITION IN THE LISTING STATUS OF ACNE PRODUCTS

Based on recommendations from the NIHB DTAC, effective January 15, 2015, the listing status of benzoyl peroxide products including gel, lotion, soap and washes, above 5% (see the list below) changed from open benefit to not listed. This DTAC recommendation is based on evidence presented that >5% benzoyl peroxide is no more effective and is irritating to the skin.

- Panoxyl-10 –10% Gel
- Panoxyl-20 –20% Gel
- Solugel 8% Gel
- Benzoyl 10% Lotion
- Panoxyl-10 –10% Soap
- Benzac W 10% Wash

Effective January 15, 2015, additional products of benzoylperoxide in strengths of 2.5% were listed on the DBL:

- Emergency Acne Vanishing Wipes
- Oil-Free Acne Wash Cleanser
- Purifying Cleanser
- Spectro Acnecare Wash

In addition, the following items were also added to the DBL:

- Clindoxyl Gel
 - Clindoxyl Adv 1.0/3.0% Gel
 - Benzaclin Topical Gel
 - Benzamycin Gel
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