



# NIHB NEWSLETTER

NEWS AND INFORMATION FOR NIHB PROVIDERS

NIHB CLAIMS SERVICES PROVIDER WEBSITE  
<http://provider.esicanada.ca/>

## Ontario Pharmacy Providers



Winter 2010

### NIHB FORMS

**Download** from the NIHB Claims Services Provider Website

<http://provider.esicanada.ca/>

or contact the  
Provider Claims Processing Call Centre

### CLAIMS PROCESSING SERVICES CONTACT INFORMATION

**Inquiries, Password Resets, and Comments**  
1-888-511-4666

**Extended Hours**  
Monday to Friday  
6:30 a.m. to 12 a.m. Eastern Time,

Saturday, Sunday and Statutory Holidays  
8 a.m. to 12 a.m. Eastern Time

**Mail Pharmacy Claims to:**  
ESI Canada  
NIHB Pharmacy Claims  
P.O. Box 1353, Station K  
Toronto, ON  
M4P 3J4

**Fax Completed Pharmacy Provider Agreements to:**  
Fax No.: 905-712-0669

**Mail all Other Correspondence to:**  
ESI Canada  
5770 Hurontario Street, 10<sup>th</sup> Floor  
Mississauga, ON  
L5R 3G5

### NEW Post Office Box Address for Mailing Pharmacy Claims

In October, ESI Canada streamlined the Non Insured Health Benefits (NIHB) paper claims process and implemented a NEW post office (P.O.) box address for mailing Pharmacy claims.

The NEW address was updated on the NIHB Pharmacy Claim Form and is available for download on the NIHB Claims Services Provider Website or by contacting the Provider Claims Processing Call Centre.

Please continue to use your existing supply of NIHB Pharmacy Claims Forms prior to replenishing.

**New Address:**  
ESI Canada  
NIHB Pharmacy Claims  
P.O. BOX 1353, Station K  
Toronto, ON M4P 3J4

### Find the Information/ Forms You Require Quickly!

#### NIHB Claims Services Provider Website

The **NIHB Pharmacy Provider Documentation** page, accessed from the **Pharmacy Providers** link located on the "Welcome Providers" page has undergone a re-organization *to help providers find the information and forms they require quickly!*

The **NIHB Pharmacy Provider Documentation** page has been reorganized into three sections as follows:

- **Registration**  
Step-by-step instructions on registration.
- **Pharmacy Forms**  
Forms are categorized for ease of reference and available for download in Portable Document Format (PDF) format.
- **Contacts**  
Contact information providing the hours of operation, phone and fax numbers, and addresses for the ESI Canada Provider Claims Processing Call Centre; and, a direct link to the NIHB Program located on Health Canada's website.

The forms mentioned above are provided in a PDF format. PDF files require Adobe® Acrobat® Reader® to view. To download the software, click on the link "Get ADOBE® READER®" located at the bottom of the **NIHB Pharmacy Provider Documentation** page.

### NIHB Provider Re-registration Hotline

On October 12, 2010, ESI Canada discontinued the use of the local and toll-free NIHB Provider Re-registration Hotline telephone numbers: 905-712-8615 and 1-888-677-0111, ext. 7015. These numbers were originally set up last year during the high volume Provider Re-registration period.

Please refer all your re-registration questions to the Provider Claims Processing Call Centre.

## NEW INFORMATION

### NIHB Drug Benefit List and Drug Benefit List Updates

A Drug Benefit List Update is included with this newsletter.

Health Canada maintains an up-to-date NIHB Drug Benefit List (DBL) of eligible drugs that are to be used in a home or ambulatory setting. The DBL indicates to prescribers and pharmacy providers which drug products are eligible NIHB benefits.

The DBL encourages the most optimal and cost-effective drug therapy for NIHB clients. It is recommended that prescribers and pharmacy providers regularly review the list to ensure they are continuously aware of the drugs eligible for NIHB coverage.

The DBL is published annually and changes made to the DBL during the year will continue to be communicated via quarterly NIHB DBL Updates. Both the DBL and DBL Updates may be downloaded from the NIHB Claims Services Provider Website (select Pharmacy link "Drug Benefit List" or "Benefit Updates") or visit the Health Canada website at:

<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/drug-med/index-eng.php>

For ESI Canada contact information, refer to "Claims Processing Services Contact Information" located on the front page of this Newsletter.

### Change in Oxycontin® Limited Use Criteria

After careful consideration of clinical evidence and drug use trends, and in consultation with the NIHB Program's Drug Use Evaluation Advisory Committee (DUEAC), the Limited Use criteria for the following items have been revised:

- OxyContin® 5 mg tab (DIN 02258129)
- OxyContin® 10 mg tab (DIN 02202441)
- OxyContin® 15 mg tab (DIN 02323192)
- OxyContin® 20 mg tab (DIN 02202468)
- OxyContin® 30 mg tab (DIN 02323206)
- OxyContin® 40 mg tab (DIN 02202476)
- OxyContin® 60 mg tab (DIN 02323214)
- OxyContin® 80 mg tab (DIN 02202484)

Effective October 18, 2010, NIHB Program clients are required to meet *one* of the revised criteria listed below) before coverage of OxyContin® is considered:

#### Limited Use Benefit (Prior Approval (PA) Required)

- For the treatment of moderate to severe cancer pain in patients who cannot tolerate at least one other long-acting opioid (such as sustained-release morphine or controlled-release hydromorphone) or who have failed treatment with at least one other long-acting opioid;
- OR;
- For the treatment of moderate to severe non-cancer chronic pain in patients who cannot tolerate at least one other long-acting opioid or who have failed treatment with at least one other long-acting opioid.

Additionally, the NIHB Program has introduced a day supply limit per dispense for OxyContin®.

Effective October 18, 2010, the maximum day supply limit per dispense for items listed above is 30 days.

### Change in Zopiclone Listing Status

After careful consideration of clinical evidence and drug use trends, and in consultation with the NIHB Program's Drug Use Evaluation Advisory Committee (DUEAC), the status of Zopiclone has been revised.

Effective January 1, 2011, Zopiclone will be excluded under the NIHB Program and **no longer** covered as a benefit. Clients who have received coverage for Zopiclone since July 1, 2010 may have their coverage extended for up to one year to allow sufficient time to find alternate therapy for insomnia.

### Changes to Benefits List

#### Pharmacies/ Medical Supplies & Equipment

The following changes have been updated to the Benefits and Criteria - Medical Supplies and Equipment section located on Health Canada's website at:

<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fourmir/med-equip/criter/index-eng.php>

This information may also be accessed on the NIHB Claims Services Provider Website by clicking on the **Benefits and Criteria** link.

#### New Benefit Codes Added:

99400899	Replacement Cosmetic Hose
99400900	Tubes/ Dome OTE - Right Set of 4 (Max. \$20)
99400901	Honey Dressings

#### Benefit Codes Renamed:

99400866	Tubes/ Dome OTE - Left Set of 4 (Max. \$20)
99400449	Elastic Bandages
99400684	Footrest
99400694	Head Rest

#### Discontinued Benefit Codes as of December 1, 2010:

99400728	Continent Diversion Dressing 4x4
99400452	Absorptive Dressing
99400685	Footrest, Fixed, Adult
99400686	Footrest, Adjustable, Child
99400687	Footrest, Adjustable, Adult
99400688	Footrest, L Shaped, Child
99400689	Footrest, L Shaped, Adult
99400695	Head Rest, Comp/ Design, Adult
99400696	Head Rest, Contoured, Child
99400697	Head Rest, Contoured, Adult
99400700	Head Rest, Flat, Adjust, Child
99400701	Head Rest, Flat, Adjust, Adult

#### Max Cat Added:

99400398	Ostomy Barrier Powder: 3 per 3 Months (28.3 g/ 1 oz.)
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**Note** Benefit code 99400452 Absorptive Dressing has been discontinued since more specific benefit codes exist for this type of item. The following benefit codes: 99400457 Gauze Abdominal Pad; 99400196 Gauze Non-sterile 2x2; and 99400756 Gauze 3x3 can be used to claim for absorbing dressing without a PA.

## Revised Medical Supplies and Equipment Prior Approval Forms

### Pharmacies/ Medical Supplies & Equipment

The following NIHB MS&E Prior Approval Forms have been revised to a more user-friendly format, allowing providers to complete the forms online and print:

- NIHB Hearing Aid and Hearing Aid Repair Confirmation Form
- NIHB Hearing Aid and Hearing Aid Repair Prior Approval Form
- NIHB General Medical Supplies and Equipment Prior Approval Form
- NIHB Orthotics-Custom Footwear-Prosthetics-Pressure Garments Prior Approval Form
- NIHB Oxygen and Respiratory Medical Supplies and Equipment Prior Approval Form

All NIHB forms are available on the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

## Compensation and Changes in Diabetic Supplies

As of December 1, 2010, compensation for diabetic supplies will be changed to \$5.00, this includes:

- Lancets
- Diabetic Needles, Pen Needles
- Diabetic Syringes
- Glucometer Batteries
- Insulin Pump Supplies
- Isopropyl Alcohol Swabs
- Lancing Devices
- Syringe Cases
- Syringe Scale Magnifier
- Sharps Container.

## REMINDERS

### Fast and Efficient Electronic Funds Transfer Claim Payments

*Electronic Funds Transfer (EFT) is free and secure.*

The electronic delivery deposits your claim payments directly into your designated bank account on the day the payment is issued and you still continue to receive mailed statements for reconciliation.

Using EFT will avoid the delays in the mail delivery up to two weeks depending on the region (local and within a province), and the risk lost, misplaced, or stolen cheques.

### Sign up is easy as 1, 2, 3...

1. Complete the attached Modification to Pharmacy and MS&E Provider Information Form.
2. Attach a VOID cheque (photocopy is acceptable if faxing)
3. Fax or mail the form and VOID cheque to:

**Fax No.: 905-712-0669**

ESI Canada

Provider Relations

5770 Hurontario Street, 10th Floor

Mississauga, ON L5R 3G5

## Drug Prior Approval Requests

Prior Approval (PA) setup requests for drugs and requested amendments to an approved PA (e.g., item cost, quantity, effective date or repeats on a PA already granted) are obtained from the Drug Exception Centre (DEC).

Certain drug products listed as 'Limited Use Benefits' on the NIHB DBL may be considered by NIHB Program for PA.

To obtain a PA, client and provider information is required along with reference to the prescription, and prescriber information. The DEC requires a completed Exception or Limited Use Drug Request Form from the prescriber stating the exceptional medical need for the drug.

PA requests for consideration, submitted to the DEC may take a few days to review, and may depend on prescriber compliancy. When approval is granted, a confirmation letter is faxed or mailed to the provider.

A PA number starts with the letter E followed by (7) digits (e.g., E1234567). This number is entered electronically on the claims processing system. Providers are advised to retain the PA Confirmation Letter for billing purposes and/ or to validate any discrepancies. When submitting the claim, please be sure to include the date of service (dispense date) with the claim.

### How the Provider Claims Processing Call Centre Can Assist

The customer service representatives can assist the provider by advising the status of their PA (approved, on hold or declined); or information on how to transfer the PA request to a new provider number when ownership of the pharmacy has changed or details of the PA, and explanation of how claims are paid against the PA, etc. However, the customer service representatives do *not* have access to create or edit a PA.

## Medical Supplies & Equipment Prior Approval Requests

### Pharmacies/ Medical Supplies & Equipment

Prior Approval (PA) requests for medical supplies and equipment, as well as amendments to an approved PA (e.g., change of item number, cost, quantity, effective date or repeats on a PA already granted) are obtained from the respective FNIH Regional Office.

A PA number starts with the letter E and is followed by seven (7) digits (e.g., E1234567).

This number is entered electronically on the claims processing system, and the date of service (dispense date) may be defined on the PA Confirmation Letter. Providers are advised to retain the PA Confirmation Letter for billing purposes and/ or to validate any discrepancies. When submitting the claim, please be sure to include the date of service (dispense date) with the claim.

### How the Provider Claims Processing Call Centre Can Assist

The customer service representatives can assist the provider by advising the status of their PA (approved, on hold or declined); or information on how to transfer the PA request to a new provider number when ownership of the MS&E location has changed. However, the customer service representatives do *not* have the access to create or edit a PA.

**Note** Providers are still required to call their respective FNIH Regional Office to initiate a PA.

### Shipping Costs and the Use of Delivery Codes

#### Pharmacies/ Medical Supplies & Equipment

The delivery of medical supplies and equipment must be billed separately and not included in the price of the supplies or equipment. The NIHB Program does not cover local delivery of medical items and supplies; but may cover and reimburse the delivery charges when the provider ships the medical item(s) to the client utilizing a shipping company. The provider must then provide a copy of the way bill to obtain reimbursement from the NIHB Program.

NIHB Program delivery benefit codes (all requiring a PA) are:

Delivery Charge Code	Description
99400819	Mobility Equipment
99400820	Incontinence Supplies (Ostomy)
99400262	Oxygen and Respiratory Supplies

If the item provided to the client does not fall under one of these categories, please contact your respective FNIH Regional Office.

### Provider Claims Processing Call Centre

To expedite your inquiries when contacting the call centre, please have your ESI Canada **Provider Number** (*not License Number*) ready to provide to the customer service representative.

The call centre is set up to receive calls from registered providers or providers who wish to register with the NIHB Program. However, from time to time clients contact the call centre with inquiries. **Please advise your clients to contact their respective Health Canada FNIH Regional Office.**

A list of the FNIH Regional Offices and phone numbers is available on Health Canada's website at:

<http://www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/nihbr-ssnar-eng.php>

### Change in Provider Information

In order to keep our provider records up-to-date and avoid unpaid claims, and non-delivery of communications (e.g., provider statements, newsletters, etc.), it is important to inform ESI Canada of any changes.

Types of changes include:

- Name and ownership of your business
- Any provider information (e.g., address, phone, fax, e-mail address)

These changes need to be identified and completed on the *attached* Modification to Pharmacy and MS&E Provider Information Form, and sent to ESI Canada as indicated on the form.

### Registering Additional Business Locations

Please be sure to register all additional locations with ESI Canada in order to avoid disruption of service for claims processing and payment services.

Any provider claims submitted without first registering the new location with ESI Canada will be returned.

If you have not already registered the new location, please complete and submit the ESI Canada Pharmacy Provider Agreement as soon as possible. The Agreement may be downloaded from the NIHB Claims Services Provider Website or requested from the Provider Claims Processing Call Centre. When completed, please fax the Agreement to ESI Canada at 905-712-0669.

**Note** Each Pharmacy location is assigned its *own* **Provider Number** (one Provider Number per location).

### Billing and Payment Guidelines

In order to expedite payments, providers when required are encouraged to submit manual claims **at least every two weeks** using one of the following billing methods:

- Computer generated form
- NIHB Pharmacy Claim Form

**Note** Reversals and corrections (with the stated reason for reversal) to previously paid claims should be submitted on your NIHB Pharmacy Claim Statement.

Regardless of the billing method used, all required data elements must be provided to ensure the efficient payment of claims. Data elements must be submitted in the same order as displayed on the NIHB Pharmacy Claim Form.

### Provider Guide for Pharmacy Benefits

The Provider Guide for Pharmacy Benefits provides information on the Health Canada NIHB Program and policies relevant to dispensing drugs. It explains the extent and limitations of the NIHB Program's drug and pharmacy. The guide also lists website addresses that provide pharmacy providers quick access to related forms and more detailed Program information.

The guide is intended to supplement the information contained in the Pharmacy Claims Submission Kit, which explains the process for pharmacy providers to submit claims for payment of services rendered to eligible NIHB clients.

Both documents are available on the NIHB Claims Services Provider Website and can be accessed once you sign in.



To locate the:

- Provider Guide for Pharmacy Benefits, click on the Pharmacy link **"Policy and Program Information"**. Also available on the Health Canada website at: <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/drug-med/2009-prov-four-guide/index-eng.php>
- Pharmacy Claims Submission Kit, click on the Pharmacy link **"Claims Submission Kit"**

## Provider Guide for Medical Supplies & Equipment Benefits

### Pharmacies/ Medical Supplies & Equipment

The Provider Guide for Medical Supplies & Equipment Benefits provides information on the Health Canada NIHB Program and policies relevant to Medical Supplies & Equipment (MS&E) providers. It explains the extent and limitations of the NIHB Program's MS&E benefits by describing the important elements of each associated policy.

This Provider Guide is intended to supplement the information contained in the Medical Supplies & Equipment (MS&E) Claims Submission Kit, which explains the process for MS&E providers to submit claims for payment of services rendered to eligible NIHB clients.

Both documents are available on the NIHB Claims Services Provider Website and can be accessed once you sign in.

To locate the:

- Provider Guide for Medical Supplies & Equipment Benefits, click on the MS&E link **"Policy and Program Information"**. Also available on the Health Canada website at: <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/medequip/2009-prov-four-guide/index-eng.php>
- Medical Supplies & Equipment Claims Submission Kit, click on the MS&E link **"Claims Submission Kit"**

## Password Resets

If you require a password reset to access the NIHB Claims Services Provider Website, please contact the Provider Claims Processing Call Centre at 1-888-511-4666 (press 4 for "Technical Assistance on the Provider Website").

## Quantity Limitations for MS&E Items

### Pharmacies/ Medical Supplies & Equipment

MS&E items that have an annual quantity limitation must be provided and claimed for no more than a three-month period at a time. This applies to items with or without a Prior Approval (PA) number.

Items must be claimed in individual units, not packages or boxes, unless otherwise indicated (e.g., gloves) as indicated in the NIHB Medical Supplies and Equipment Claims Submission Kit.

E.g., 99400259 – Batteries for Left Hearing Aid

A maximum of fifteen (15) individual batteries can be claimed every three (3) months. Claims for MS&E items that are submitted with quantities in excess of the amount allowed during the three-month period are subject to reversal or recovery through the NIHB Audit Program.

## Compensation for Extemporaneous Mixtures

Effective December 1, 2010, Extemporaneous mixtures will be reimbursed to Ontario pharmacy providers as follows:

The provider must bill the Actual Acquisition Cost (AAC) of all compound ingredients included in the extemporaneous mixture and enter that amount in the Item Cost field. There is no mark-up. The applicable dispensing fee is 1.5 times the Usual and Customary dispensing fee (to a maximum of the NIHB allowable dispensing fee) and is to be entered in the Dispensing Fee field.

Extemporaneous mixtures (compounds) are products that require compounding in a pharmacy in accordance with the orders of a prescriber. To be eligible under the NIHB Program, extemporaneous mixtures must have at least one ingredient listed on the NIHB Drug Benefit List and must not duplicate the formulation of commercially manufactured drug products. Extemporaneous mixtures containing exception or limited use drugs must be prior approved by the NIHB Drug Exception Centre (DEC).

## FOR YOUR INFORMATION

### Pharmacy Claims Submission Kit

The "Pharmacy Claims Submission Kit" and "Pharmacy Claims Submission Kit: Attachments" files will be combined into one PDF file and entitled "Pharmacy Claims Submission Kit". In addition, various sections will be revised.

The updated Pharmacy Claims Submission Kit will be available in the first quarter of 2011. The Kit may be viewed or downloaded from the NIHB Claims Services Provider Website or requested by contacting the Provider Claims Processing Call Centre. The ESI Canada contact information is located on the front page of this Newsletter.

Please note, providers will be informed of the availability of the updated Kit via statement message, and announcement on the NIHB Claims Services Provider Website.

### Medical Supplies & Equipment Claims Submission Kit

#### Pharmacies/ Medical Supplies & Equipment

The "Medical Supplies & Equipment Claims Submission Kit" and "Medical Supplies & Equipment Claims Submission Kit: Attachments" files will be combined into one PDF file entitled "NIHB Medical Supplies & Equipment Claims Submission Kit". In addition, various sections will be revised.

The updated Medical Supplies & Equipment Claims Submission Kit will be available in the first quarter of 2011. The Kit may be viewed or downloaded from the NIHB Claims Services Provider Website or requested by contacting the Provider Claims Processing Call Centre. The ESI Canada contact information is located on the front page of this Newsletter.

Please note, providers will be informed of the availability of the updated Kit via statement message, and announcement on the NIHB Claims Services Provider Website.



**ESI Canada requires 10 business days advance notice for any changes to your profile.** It is the responsibility of the Provider to notify ESI Canada in writing of any changes to their required Pharmacy and/ or Medical Supplies and Equipment information.  
**Select ALL applicable SECTIONS to be changed:**

**CURRENT PROVIDER INFORMATION (Mandatory)**

Provider No.: \_\_\_\_\_ Language Preference:  English  French  
 Operating Name: \_\_\_\_\_  
 Legal Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City/ Province/ Postal Code: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION A – OPERATING NAME CHANGE**

Effective Date: \_\_\_\_\_

Same Legal Name      Current Operating Name: \_\_\_\_\_  
 Same Legal Name      \*New Legal Name: \_\_\_\_\_

**\*If the Legal Name is also changed, this form is not to be used. Please complete a new ESI Canada Pharmacy Agreement / ESI Canada MS&E Provider Agreement and obtain a new Provider Number.**

**SECTION B – ADDRESS CHANGE**

Effective Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred Communication Mode: **ALL communications are sent by e-mail unless otherwise specified. Please select one:**  
 E-mail Address: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_  Mail

**SECTION C – PAYMENT INFORMATION CHANGE (Electronic Funds Transfer)**

Effective Date: \_\_\_\_\_ **ATTACH A VOID CHEQUE (do NOT send by e-mail)**

NEW Banking Information       REPLACE Banking Information

Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_  
 Branch Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Bank No.: | | | | Branch/ Transit No.: | | | | Account No.: | | | | | | | | | | | | | | | | |

**SECTION D – DISPENSING FEE CHANGE (Non-Quebec Pharmacies ONLY)**

Effective Date: \_\_\_\_\_ CURRENT U&C Fee: \_\_\_\_\_ NEW U&C Fee: \_\_\_\_\_

**SECTION E – SOFTWARE VENDOR CHANGE**

Effective Date: \_\_\_\_\_ Software Vendor Supplier Name: \_\_\_\_\_

COMPLETED BY (Must be owner or director of the business)

\_\_\_\_\_  
 Full Name (please print)      Position/ Title

\_\_\_\_\_  
 Signature      Today's Date

**Return the completed, signed form (and VOID cheque, if applicable) by fax or mail to ESI Canada, Attention: Provider Relations, 5770 Hurontario St., 10<sup>th</sup> Floor, Mississauga, ON L5R 3G5, Fax No.: 905-712-0669. QUESTION OR COMMENTS? Please contact the Provider Claims Processing Call Centre at 1-888-511-4666.**





Summer 2010

# 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](http://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 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 Federal Pharmacy and Therapeutics Committee (FPT). 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.

#### Exclusions

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 FPT 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
02332922	AZE	<sup>ST</sup> ATACAND PLUS 32MG/12.5MG TABLET	10-08-2010
02332957	AZE	<sup>ST</sup> ATACAND PLUS 32MG/25MG TABLET	10-08-2010
02338432	JNO	PREZISTA 75MG TABLET	09-07-2010
02279479	SAC	APIDRA 100UNIT/ML CARTRIDGE	04-08-2010
00762903	MJO	<sup>ST</sup> TRI-VI-SOL DROPS	13-08-2010

##### Multi-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02280167	ODN	ASATAB 80MG CHEWABLE TABLET	27-08-2010
80002703	ODN	NU-CAL D 400MG TABLET	27-08-2010
02267217	WAC	<sup>ST</sup> ASACOL 800MG TABLET	24-06-2010

DIN (Drug Identification Number)

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)

Non-Insured Health Benefits, Summer 2010, Page 1 of 9

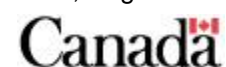
DIN	MFR	ITEM NAME	Effective Date
02286246	SAN	<sup>ST</sup> ACEBUTOLOL 100MG TABLET	25-08-2010
02286254	SAN	<sup>ST</sup> ACEBUTOLOL 200MG TABLET	25-08-2010
02286262	SAN	<sup>ST</sup> ACEBUTOLOL 400MG TABLET	25-08-2010
02286556	SAN	ACYCLOVIR 200MG TABLET	25-08-2010
02286564	SAN	ACYCLOVIR 400MG TABLET	25-08-2010
02286572	SAN	ACYCLOVIR 800MG TABLET	25-08-2010
02342804	ZYM	<sup>ST</sup> ZYM-AMLODIPINE 10MG TABLET	25-05-2010
02342790	ZYM	<sup>ST</sup> ZYM-AMLODIPINE 5MG TABLET	25-05-2010
02295261	APX	<sup>ST</sup> APO-ATORVASTATIN 10MG TABLET	18-06-2010
02295288	APX	<sup>ST</sup> APO-ATORVASTATIN 20MG TABLET	18-06-2010
02295296	APX	<sup>ST</sup> APO-ATORVASTATIN 40MG TABLET	18-06-2010
02295318	APX	<sup>ST</sup> APO-ATORVASTATIN 80MG TABLET	18-06-2010
02348705	SAN	<sup>ST</sup> ATORVASTATIN 10MG TABLET	09-08-2010
02348713	SAN	<sup>ST</sup> ATORVASTATIN 20MG TABLET	09-08-2010
02348721	SAN	<sup>ST</sup> ATORVASTATIN 40MG TABLET	09-08-2010
02348748	SAN	<sup>ST</sup> ATORVASTATIN 80MG TABLET	09-08-2010
02310899	CBT	<sup>ST</sup> CO ATORVASTATIN 10MG TABLET	18-06-2010
02310902	CBT	<sup>ST</sup> CO ATORVASTATIN 20MG TABLET	18-06-2010
02310910	CBT	<sup>ST</sup> CO ATORVASTATIN 40MG TABLET	18-06-2010
02310929	CBT	<sup>ST</sup> CO ATORVASTATIN 80MG TABLET	18-06-2010
02288346	PFI	<sup>ST</sup> GD-ATORVASTATIN 10MG TABLET	18-06-2010
02288354	PFI	<sup>ST</sup> GD-ATORVASTATIN 20MG TABLET	18-06-2010
02288362	PFI	<sup>ST</sup> GD-ATORVASTATIN 40MG TABLET	18-06-2010
02288370	PFI	<sup>ST</sup> GD-ATORVASTATIN 80MG TABLET	18-06-2010
02302675	NOP	<sup>ST</sup> NOVO-ATORVASTATIN 10MG TABLET	18-06-2010
02302683	NOP	<sup>ST</sup> NOVO-ATORVASTATIN 20MG TABLET	18-06-2010
02302691	NOP	<sup>ST</sup> NOVO-ATORVASTATIN 40MG TABLET	18-06-2010
02302713	NOP	<sup>ST</sup> NOVO-ATORVASTATIN 80MG TABLET	18-06-2010
02313448	PMS	<sup>ST</sup> PMS-ATORVASTATIN 10MG TABLET	18-06-2010
02313456	PMS	<sup>ST</sup> PMS-ATORVASTATIN 20MG TABLET	18-06-2010
02313464	PMS	<sup>ST</sup> PMS-ATORVASTATIN 40MG TABLET	18-06-2010
02313472	PMS	<sup>ST</sup> PMS-ATORVASTATIN 80MG TABLET	18-06-2010
02313707	RBY	<sup>ST</sup> RAN-ATORVASTATIN 10MG TABLET	18-06-2010
02313715	RBY	<sup>ST</sup> RAN-ATORVASTATIN 20MG TABLET	18-06-2010
02313723	RBY	<sup>ST</sup> RAN-ATORVASTATIN 40MG TABLET	18-06-2010
02313758	RBY	<sup>ST</sup> RAN-ATORVASTATIN 80MG TABLET	18-06-2010
02350297	RPH	<sup>ST</sup> RATIO-ATORVASTATIN 10MG TABLET	18-06-2010
02350319	RPH	<sup>ST</sup> RATIO-ATORVASTATIN 20MG TABLET	18-06-2010
02350327	RPH	<sup>ST</sup> RATIO-ATORVASTATIN 40MG TABLET	18-06-2010
02350335	RPH	<sup>ST</sup> RATIO-ATORVASTATIN 80MG TABLET	18-06-2010
02324946	SDZ	<sup>ST</sup> SANDOZ ATORVASTATIN 10MG TABLET	14-07-2010
02324954	SDZ	<sup>ST</sup> SANDOZ ATORVASTATIN 20MG TABLET	14-07-2010
02324962	SDZ	<sup>ST</sup> SANDOZ ATORVASTATIN 40MG TABLET	14-07-2010
02324970	SDZ	<sup>ST</sup> SANDOZ ATORVASTATIN 80MG TABLET	14-07-2010
02330881	SAN	AZITHROMYCIN 250MG TABLET	14-06-2010
02273411	ODN	<sup>ST</sup> BISACODYL-ODAN 5MG TABLET	24-08-2010
02338106	ZYM	<sup>ST</sup> ZYM-CARVEDILOL 12.5MG TABLET	25-05-2010
02338114	ZYM	<sup>ST</sup> ZYM-CARVEDILOL 25MG TABLET	25-05-2010
02338068	ZYM	<sup>ST</sup> ZYM-CARVEDILOL 3.125MG TABLET	25-05-2010
02338092	ZYM	<sup>ST</sup> ZYM-CARVEDILOL 6.25MG TABLET	25-05-2010
02306239	ODN	CITALOPRAM-ODAN 4MG TABLET	27-08-2010
02306247	ODN	CITALOPRAM-ODAN 8MG TABLET	27-08-2010
02345676	ZYM	ZYM-CLONAZEPAM 0.5MG TABLET	25-05-2010
02286092	SAN	<sup>ST</sup> FENOFIBRATE MICRO 200MG CAPSULE	25-08-2010
02248699	ODN	<sup>ST</sup> FERODAN 300MG TABLET	25-05-2010
02287072	SAN	<sup>ST</sup> GLICLAZIDE 80MG TABLET	25-08-2010

DIN (Drug Identification Number)

Non-Insured Health Benefits, Summer 2010, Page 2 of 9

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)



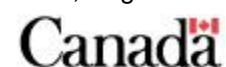
DIN	MFR	ITEM NAME	Effective Date
02343096	SAN	HYDROXYUREA 500MG CAPSULE	24-08-2010
02343029	SAN	LAMOTRIGINE 100MG TABLET	25-08-2010
02343037	SAN	LAMOTRIGINE 150MG TABLET	25-08-2010
02343010	SAN	LAMOTRIGINE 25MG TABLET	25-08-2010
02348969	CBT	LETROZOLE 2.5MG TABLET	28-05-2010
02347997	TEP	LETROZOLE 2.5MG TABLET	14-07-2010
02322315	GMP	MED-LETROZOLE 2.5MG TABLET	13-07-2010
02284707	APX	APO-LEVOFLOXACIN 250MG TABLET	05-06-2010
02284715	APX	APO-LEVOFLOXACIN 500MG TABLET	05-06-2010
02315424	CBT	CO-LEVOFLOXACIN 250MG TABLET	05-07-2010
02315432	CBT	CO-LEVOFLOXACIN 500MG TABLET	05-07-2010
02286920	DOM	DOM-LEVOFLOXACIN 250MG TABLET	05-07-2010
02286939	DOM	DOM-LEVOFLOXACIN 500MG TABLET	05-07-2010
02313979	GEN	GEN-LEVOFLOXACIN 250MG TABLET	05-07-2010
02313987	GEN	GEN-LEVOFLOXACIN 500MG TABLET	05-07-2010
02236841	JNO	LEVAQUIN 250MG TABLET	05-07-2010
02236842	JNO	LEVAQUIN 500MG TABLET	05-07-2010
02307200	SOR	LEVOFLOXACIN 250MG TABLET	05-07-2010
02307219	SOR	LEVOFLOXACIN 500MG TABLET	05-07-2010
02248262	NOP	NOVO-LEVOFLOXACIN 250MG TABLET	05-07-2010
02248263	NOP	NOVO-LEVOFLOXACIN 500MG TABLET	05-07-2010
02286947	PMI	PHL-LEVOFLOXACIN 250MG TABLET	05-07-2010
02286955	PMI	PHL-LEVOFLOXACIN 500MG TABLET	05-07-2010
02284677	PMS	PMS-LEVOFLOXACIN 250MG TABLET	05-07-2010
02284685	PMS	PMS-LEVOFLOXACIN 500MG TABLET	05-07-2010
02298635	SDZ	SANDOZ LEVOFLOXACIN 250MG TABLET	05-07-2010
02298643	SDZ	SANDOZ LEVOFLOXACIN 500MG TABLET	05-07-2010
02280159	VTH	<sup>ST</sup> LORATADINE 10MG TABLET	12-08-2010
02248608	PMI	PHL-MELOXICAM 15MG TABLET	25-05-2010
02248607	PMI	PHL-MELOXICAM 7.5MG TABLET	25-05-2010
02325179	ZYM	ZYM-MIRTAZAPINE 15MG TABLET	27-05-2010
02325187	ZYM	ZYM-MIRTAZAPINE 30MG TABLET	27-05-2010
97799526	BTD	BD AUTOSHIELD PEN NEEDLE	17-09-2010
97799527	BTD	BD ULTRA-FINE NANO PEN NEEDLE	26-08-2010
97799543	UMI	ULTI 29GX1/2 INC SHARP CONTAINER	21-06-2010
97799545	UMI	ULTI 31GX1/4 INC SHARP CONTAINER	21-06-2010
97799544	UMI	ULTI 31GX5/16 INC SHARP CONTAINER	21-06-2010
02349167	MYL	<sup>ST</sup> MYLAN-NIFEDIPINE ER 30MG TABLET	18-05-2010
02325691	CBT	CO OLANZAPINE 15MG TABLET	27-05-2010
02325659	CBT	CO OLANZAPINE 2.5MG TABLET	27-05-2010
02325713	CBT	CO OLANZAPINE 20MG TABLET	27-05-2010
02325667	CBT	CO OLANZAPINE 5MG TABLET	27-05-2010
02325675	CBT	CO OLANZAPINE 7.5MG TABLET	27-05-2010
02306212	ODN	ONDANSETRON-ODAN 4MG TABLET	27-08-2010
02306220	ODN	ONDANSETRON-ODAN 8MG TABLET	27-08-2010
02344440	ZYM	ZYM-ONDANSETRON 4MG TABLET	25-05-2010
02344459	ZYM	ZYM-ONDANSETRON 8MG TABLET	25-05-2010
02282844	SAN	PAROXETINE 10MG TABLET	26-08-2010
02282852	SAN	PAROXETINE 20MG TABLET	26-08-2010
02282860	SAN	PAROXETINE 30MG TABLET	26-08-2010
09991007	WIL	POLYETHYLENE GLYCOL POWDER	07-06-2010
80004415	ODN	<sup>ST</sup> ODAN K-20 20MMOL LA TABLET	25-05-2010
02343053	SAN	<sup>ST</sup> PROPAFENONE 150MG TABLET	25-08-2010
02343061	SAN	<sup>ST</sup> PROPAFENONE 300MG TABLET	25-08-2010
02336480	RBY	RAN-RANITIDINE 150MG TABLET	24-08-2010
02336502	RBY	RAN-RANITIDINE 300MG TABLET	24-08-2010

DIN (Drug Identification Number)

Non-Insured Health Benefits, Summer 2010, Page 3 of 9

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)



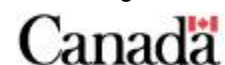
DIN	MFR	ITEM NAME	Effective Date
02336715	APX	APO-RIVASTIGMINE 1.5MG TABLET	27-08-2010
02336723	APX	APO-RIVASTIGMINE 3MG TABLET	27-08-2010
02336731	APX	APO-RIVASTIGMINE 4.5MG TABLET	27-08-2010
02336758	APX	APO-RIVASTIGMINE 6MG TABLET	27-08-2010
02284731	SAN	<sup>ST</sup> SIMVASTATIN 10MG TABLET	25-08-2010
02284758	SAN	<sup>ST</sup> SIMVASTATIN 20MG TABLET	25-08-2010
02284766	SAN	<sup>ST</sup> SIMVASTATIN 40MG TABLET	25-08-2010
02284723	SAN	<sup>ST</sup> SIMVASTATIN 5MG TABLET	25-08-2010
02284774	SAN	<sup>ST</sup> SIMVASTATIN 80MG TABLET	25-08-2010
80000689	ODN	PHOSLAX ORAL LIQUID	24-08-2010
02286548	SAN	SUMATRIPTAN 100MG TABLET	24-08-2010
02286513	SAN	SUMATRIPTAN 25MG TABLET	24-08-2010
02286521	SAN	SUMATRIPTAN 50MG TABLET	24-08-2010
97799509	UMI	ULTI SYG WITH ULTIG 29G 1/2 INCH NEEDLE	21-06-2010
97799507	UMI	ULTI SYG WITH ULTIG 29G 1/2 INCH NEEDLE	21-06-2010
97799508	UMI	ULTI SYG WITH ULTIG 29G 1/2 INCH NEEDLE	21-06-2010
97799551	UMI	ULTI SYG WITH ULTIG 30G 1/2 INCH NEEDLE	21-06-2010
97799550	UMI	ULTI SYG WITH ULTIG 30G 1/2 INCH NEEDLE	21-06-2010
97799549	UMI	ULTI SYG WITH ULTIG 30G 1/2 INCH NEEDLE	21-06-2010
97799506	UMI	ULTI SYG WITH ULTIG 30G 5/16 INCH NEEDLE	21-06-2010
97799505	UMI	ULTI SYG WITH ULTIG 30G 5/16 INCH NEEDLE	21-06-2010
97799504	UMI	ULTI SYG WITH ULTIG 30G 5/16 INCH NEEDLE	21-06-2010
97799546	UMI	ULTI SYG WITH ULTIG 31G 5/16 INCH NEEDLE	21-06-2010
97799547	UMI	ULTI SYG WITH ULTIG 31G 5/16 INCH NEEDLE	21-06-2010
97799548	UMI	ULTI SYG WITH ULTIG 31G 5/16 INCH NEEDLE	21-06-2010
97799513	UMI	ULTICARE 0.3CC 31G SYG 5/16 INCH NEEDLE	21-06-2010
97799518	UMI	ULTICARE 0.5CC 28G SYG 1/2 INCH NEEDLE	21-06-2010
97799512	UMI	ULTICARE 0.5CC 31G SYG 5/16 INCH NEEDLE	21-06-2010
97799511	UMI	ULTICARE 1CC 31G SYG 5/16 INCH NEEDLE	21-06-2010
97799997	AUC	ULTICARE INSULIN SYRINGE 29G.1CC	21-06-2010
97799999	AUC	ULTICARE INSULIN SYRINGE 29G.3CC	21-06-2010
97799998	AUC	ULTICARE INSULIN SYRINGE 29G.5CC	21-06-2010
97799994	AUC	ULTICARE INSULIN SYRINGE 30G.1CC	21-06-2010
97799996	AUC	ULTICARE INSULIN SYRINGE 30G.3CC	21-06-2010
97799995	AUC	ULTICARE INSULIN SYRINGE 30G.5CC	21-06-2010
97799510	UMI	ULTICARE LOW DEAD SPACE SYRINGE	21-06-2010
97799906	AUC	ULTIGUARD INSULIN SYRINGE 29G.1CC	21-06-2010
97799908	AUC	ULTIGUARD INSULIN SYRINGE 29G.3CC	21-06-2010
97799907	AUC	ULTIGUARD INSULIN SYRINGE 29G.5CC	21-06-2010
97799903	AUC	ULTIGUARD INSULIN SYRINGE 30G.1CC	21-06-2010
97799905	AUC	ULTIGUARD INSULIN SYRINGE 30G.3CC	21-06-2010
97799904	AUC	ULTIGUARD INSULIN SYRINGE 30G.5CC	21-06-2010
09857334	RAT	<sup>ST</sup> RATIO-TAMSULOSIN 0.4MG ER CAPSULE	04-08-2010
02296039	PAL	<sup>ST</sup> TAPAZOLE 10MG TABLET	29-06-2010
02343045	SAN	<sup>ST</sup> TICLOPIDINE 250MG TABLET	25-08-2010
02325144	ZYM	ZYM-TOPIRAMATE 100MG TABLET	18-05-2010
02325152	ZYM	ZYM-TOPIRAMATE 200MG TABLET	18-05-2010
02325136	ZYM	ZYM-TOPIRAMATE 25MG TABLET	18-05-2010
02351579	MYL	MYLAN-VALACYCLOVIR 500MG TABLET	14-07-2010
02344114	SAN	WARFARIN 10MG TABLET	26-08-2010
02344025	SAN	WARFARIN 1MG TABLET	26-08-2010
02344041	SAN	WARFARIN 2.5MG TABLET	26-08-2010
02344033	SAN	WARFARIN 2MG TABLET	26-08-2010
02344068	SAN	WARFARIN 3MG TABLET	26-08-2010
02344076	SAN	WARFARIN 4MG TABLET	26-08-2010
02344084	SAN	WARFARIN 5MG TABLET	26-08-2010

DIN (Drug Identification Number)

Non-Insured Health Benefits, Summer 2010, Page 4 of 9

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)



DIN	MFR	ITEM NAME	Effective Date
02344092	SAN	WARFARIN 6MG TABLET	26-08-2010

### NEW LIMITED USE BENEFITS

#### Multi-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02325373	PMS	PMS-BUPROPION SR 100MG TABLET	14-06-2010

Limited use benefit (prior approval required).

For treatment of depression in patients unresponsive to or intolerant of other listed antidepressants. (Note: this product will not be approved for coverage for smoking cessation).

02341417	PMS	PMS-FENTANYL MTX 100MCG/HR	28-06-2010
02341379	PMS	PMS-FENTANYL MTX 12MCG/HR	28-06-2010
02341387	PMS	PMS-FENTANYL MTX 25MCG/HR	28-06-2010
02341395	PMS	PMS-FENTANYL MTX 50MCG/HR	28-06-2010
02341409	PMS	PMS-FENTANYL MTX 75MCG/HR	28-06-2010

Limited use benefit (prior approval required).

For the management of chronic pain in patients who are unresponsive or intolerant to at least one long-acting oral product, such as morphine, hydromorphone and oxycodone, despite appropriate dose titration and adjunctive therapy including laxatives and antiemetics.

02348500	NOP	<sup>ST</sup> NOVO-FINASTERIDE 5MG TABLET	18-05-2010
02310112	PMS	<sup>ST</sup> PMS-FINASTERIDE 5MG TABLET	18-05-2010
02306905	RPH	<sup>ST</sup> RATIO-FINASTERIDE 5MG TABLET	18-05-2010

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-adrenergic blocker not sufficient.

02287234	SAN	MINOCYCLINE 100MG CAPSULE	26-08-2010
02287226	SAN	MINOCYCLINE 50MG CAPSULE	26-08-2010

Limited use benefit (prior approval required).

For:

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

02320754	ZYM	<sup>ST</sup> ZYM-PIOGLITAZONE 15MG TABLET	23-06-2010
02320762	ZYM	<sup>ST</sup> ZYM-PIOGLITAZONE 30MG TABLET	23-06-2010
02320770	ZYM	<sup>ST</sup> ZYM-PIOGLITAZONE 45MG TABLET	23-06-2010

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

### NOT ADDED TO FORMULARY

#### The following drugs will not be added to the NIHB Drug Benefit List:

DIN	MFR	ITEM NAME
02244126	LEO	DOVOBET OINTMENT (CALCIPOTRIOL/BETAMETHASONE)
02331675	UCB	CIMZIA 200MG/ML INJECTION (CERTOLIZUMAB)
02330989	SAC	MULTAQ 400MG TABLET (DRONEDARONE)
02337282	JNO	JURNISTA 16MG TABLET (HYDROMORPHONE HYDROCHLORIDE)
02337290	JNO	JURNISTA 32MG TABLET (HYDROMORPHONE HYDROCHLORIDE)
02337266	JNO	JURNISTA 4MG TABLET (HYDROMORPHONE HYDROCHLORIDE)

DIN (Drug Identification Number)

Non-Insured Health Benefits, Summer 2010, Page 5 of 9

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)





DIN	MFR	ITEM NAME
02337274	JNO	JURNISTA 8MG TABLET (HYDROMORPHONE HYDROCHLORIDE)
02347156	BCM	VYVANSE 20MG CAPSULE (LISDEXAMPHETAMINE)
02322951	BCM	VYVANSE 30MG CAPSULE (LISDEXAMPHETAMINE)
02347164	BCM	VYVANSE 40MG CAPSULE (LISDEXAMPHETAMINE)
02322978	BCM	VYVANSE 50MG CAPSULE (LISDEXAMPHETAMINE)
02321114	BSH	LOTEMAX 0.5% OPHTHALMIC SUSPENSION (LOTEPREDNOL ETABONATE)
02333554	BMS	ONGLYZA 5MG TABLET (SAXAGLIPTIN)

**The following indication will not be added to the NIHB Drug Benefit List:**

DIN	MFR	BRAND NAME
02301881	FRS	ISENTRESS 40MG TABLET (RALTEGRAVIR)

For the treatment of treatment-naïve adults with HIV.

**MAJOR CHANGES**

**EXCLUSION OF ZOPICLONE**

The status of zopiclone has been revised after consideration of its clinical evidence and drug use trends, in consultation with the NIHB Program's Drug Use Evaluation Advisory Committee (DUEAC). Effective January 1, 2011, zopiclone will be an Exclusion under the NIHB Drug Program, and will no longer be reimbursed as a benefit. Clients who have received coverage for zopiclone since July 1, 2010, may, upon their physician's request, have zopiclone coverage extended for up to one year to allow sufficient time to find alternate therapy for insomnia.

**ELECTRONIC DRUG SUBMISSION PROCESS**

Please be advised that all submissions for products to be reviewed for inclusion on the NIHB Drug Benefit List, including copies of submissions reviewed by the Common Drug Review (CDR), must be sent to the NIHB Program electronically. Please send all drug submissions to the following email address: NIHB.Drug.Submissions@hc-sc.gc.ca  
Only one (1) copy of the submission is required. Receipt of submission will be acknowledged electronically.

**REVISED CRITERIA FOR ORENCIA**

The limited use criteria for Orenia (abatacept) for the treatment of adult patients with moderately to severely active rheumatoid arthritis (RA) has changed. Failure to respond to a trial of a tumour necrosis factor (TNF) alpha inhibitor (i.e., anti-TNF agent) is no longer required.

**CHANGE IN DBL PUBLISHING DATE**

Health Canada maintains an up-to-date NIHB drug benefit list of eligible drugs that are primarily used in a home or ambulatory setting. The drug benefit list indicates to prescribers and pharmacy providers which drug products are eligible NIHB benefits. It is a tool to encourage providers to select the most optimal and cost-effective drug therapy. Pharmacy providers should regularly review the list to ensure that they continue to be aware of the drug benefits included.

The NIHB Drug Benefit List (DBL) has previously been published each year in April. Beginning January 2011, the DBL will be posted on our website annually, at the beginning of each calendar year. Changes made to the DBL during the year will continue to be communicated via quarterly NIHB DBL Updates. The NIHB DBL and DBL updates can be found at: <http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/drug-med/index-eng.php>

Please note: the Drug Benefit List will no longer be printed and distributed in hardcopy. For your convenience, a pdf version will be available for printing on our website. If you are unable to access the Internet, you may contact the Provider Call Centre toll free at 1 888-511-4666.



## PROTON PUMP INHIBITORS LISTING CHANGE

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Effective July 5, 2010, the NIHB Program listed the following proton pump inhibitors (PPIs) as limited use benefits with quantity and frequency limits. Prior approval is not required unless the quantity limit is exceeded. A maximum of 400 doses of PPIs every 180 days will be permitted. This quantity limit will begin on the date of the client's first claim for a PPI.

The following PPI's became limited use, prior approval not required:

Losec® 10mg capsules, including generics  
Losec® 20mg capsules, including generics  
Losec® 20mg tablets, including generics  
Pariet® 10mg tablets, including generics  
Pariet® 20mg tablets, including generics  
Pantoloc® 40mg tablets, including generics  
Prevacid® 15mg capsules, including generics  
Prevacid® 30mg capsules, including generics

The following PPIs will remain limited use, prior approval required and are subject to the quantity limit:

Prevacid® Fastabs 15mg tablets  
Prevacid® Fastabs 30mg tablets  
Tecta® 40mg tablets  
Losec® 10mg tablets, including generics

The following PPIs will remain exceptions and are subject to the quantity limit:

Losec® Mups 10mg tablets  
Losec® Mups 20mg tablets

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## REVISED CRITERIA AND NEW DAY SUPPLY LIMIT FOR OXYCONTIN

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The Limited Use criteria for the following items have been revised after consideration of their clinical evidence and drug use trends, in consultation with the NIHB Program's Drug Use Evaluation Advisory Committee (DUEAC).

- OxyContin 5 mg tab (DIN 02258129)
- OxyContin 10 mg tab (DIN 02202441)
- OxyContin 15 mg tab (DIN 02323192)
- OxyContin 20 mg tab (DIN 02202468)
- OxyContin 30 mg tab (DIN 02323206)
- OxyContin 40 mg tab (DIN 02202476)
- OxyContin 60 mg tab (DIN 02323214)
- OxyContin 80 mg tab (DIN 02202484)

Effective October 18, 2010, NIHB Program clients will be required to meet one of the revised criteria (below) before they will be considered for coverage of OxyContin:

Limited Use Benefit (Prior Approval Required):

- a. for the treatment of moderate to severe cancer pain in patients who cannot tolerate or who have failed treatment with at least one other long-acting opioid (such as sustained-release morphine or controlled-release hydromorphone) OR
- b. for the treatment of moderate to severe non-cancer chronic pain in patients who cannot tolerate or who have failed treatment with at least one other long-acting opioid (such as sustained-release morphine or controlled-release hydromorphone)

Additionally, the NIHB Program will introduce a day supply limit per dispense for OxyContin. Effective October 18, 2010, the maximum day supply limit per dispense for items listed above will be 30 days.

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## ADDITIONS TO THE SHORT-TERM DISPENSING POLICY DRUG LIST

DIN	ITEM NAME
02286246	ACEBUTOLOL 100MG TABLET
02286254	ACEBUTOLOL 200MG TABLET
02286262	ACEBUTOLOL 400MG TABLET
02295261	APO-ATORVASTATIN 10MG TABLET

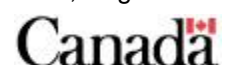
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DIN (Drug Identification Number)

MFR (Manufacturer)

ST (Short-Term Dispensing Policy Drug)

Non-Insured Health Benefits, Summer 2010, Page 7 of 9



DIN	ITEM NAME
02295288	APO-ATORVASTATIN 20MG TABLET
02295296	APO-ATORVASTATIN 40MG TABLET
02295318	APO-ATORVASTATIN 80MG TABLET
02267217	ASACOL 800MG TABLET
02332922	ATACAND PLUS 32MG/12.5MG TABLET
02332957	ATACAND PLUS 32MG/25MG TABLET
02348705	ATORVASTATIN 10MG TABLET
02348713	ATORVASTATIN 20MG TABLET
02348721	ATORVASTATIN 40MG TABLET
02348748	ATORVASTATIN 80MG TABLET
02273411	BISACODYL-ODAN 5MG TABLET
02310899	CO ATORVASTATIN 10MG TABLET
02310902	CO ATORVASTATIN 20MG TABLET
02310910	CO ATORVASTATIN 40MG TABLET
02310929	CO ATORVASTATIN 80MG TABLET
02286092	FENOFIBRATE MICRO 200MG CAPSULE
02248699	FERODAN 300MG TABLET
02288346	GD-ATORVASTATIN 10MG TABLET
02288354	GD-ATORVASTATIN 20MG TABLET
02288362	GD-ATORVASTATIN 40MG TABLET
02288370	GD-ATORVASTATIN 80MG TABLET
02287072	GLICLAZIDE 80MG TABLET
02280159	LORATADINE 10MG TABLET
02349167	MYLAN-NIFEDIPINE ER 30MG TABLET
02302675	NOVO-ATORVASTATIN 10MG TABLET
02302683	NOVO-ATORVASTATIN 20MG TABLET
02302691	NOVO-ATORVASTATIN 40MG TABLET
02302713	NOVO-ATORVASTATIN 80MG TABLET
02348500	NOVO-FINASTERIDE 5MG TABLET
80004415	ODAN K-20 20MMOL LA TABLET
02313448	PMS-ATORVASTATIN 10MG TABLET
02313456	PMS-ATORVASTATIN 20MG TABLET
02313464	PMS-ATORVASTATIN 40MG TABLET
02313472	PMS-ATORVASTATIN 80MG TABLET
02310112	PMS-FINASTERIDE 5MG TABLET
02343053	PROPAFENONE 150MG TABLET
02343061	PROPAFENONE 300MG TABLET
02313707	RAN-ATORVASTATIN 10MG TABLET
02313715	RAN-ATORVASTATIN 20MG TABLET
02313723	RAN-ATORVASTATIN 40MG TABLET
02313758	RAN-ATORVASTATIN 80MG TAB
02350297	RATIO-ATORVASTATIN 10MG TABLET
02350319	RATIO-ATORVASTATIN 20MG TABLET
02350327	RATIO-ATORVASTATIN 40MG TABLET
02350335	RATIO-ATORVASTATIN 80MG TABLET
02306905	RATIO-FINASTERIDE 5MG TABLET
09857334	RATIO-TAMSULOSIN 0.4MG ER CAPSULE
02324946	SANDOZ ATORVASTATIN 10MG TABLET
02324954	SANDOZ ATORVASTATIN 20MG TABLET
02324962	SANDOZ ATORVASTATIN 40MG TABLET
02324970	SANDOZ ATORVASTATIN 80MG TABLET
02284731	SIMVASTATIN 10MG TABLET
02284758	SIMVASTATIN 20MG TABLET
02284766	SIMVASTATIN 40MG TABLET
02284723	SIMVASTATIN 5MG TABLET
02284774	SIMVASTATIN 80MG TABLET

**DIN**      **ITEM NAME**

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02296039	TAPAZOLE 10MG TABLET
02343045	TICLOPIDINE 250MG TABLET
00762903	TRI-VI-SOL DROPS
02342804	ZYM-AMLODIPINE 10MG TABLET
02342790	ZYM-AMLODIPINE 5MG TABLET
02338106	ZYM-CARVEDILOL 12.5MG TABLET
02338114	ZYM-CARVEDILOL 25MG TABLET
02338068	ZYM-CARVEDILOL 3.125MG TABLET
02338092	ZYM-CARVEDILOL 6.25MG TABLET
02320754	ZYM-PIOGLITAZONE 15MG TABLET
02320762	ZYM-PIOGLITAZONE 30MG TABLET
02320770	ZYM-PIOGLITAZONE 45MG TABLET