ESI CANADA®

NIHB NEWSLETTER

NEWS AND INFORMATION FOR NIHB PROVIDERS

PROVIDER CLAIMS PROCESSING CALL CENTRE
1-888-511-4666

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

Pharmacy Providers

Spring 2010

IMPORTANT MESSAGE

Registration Required by March 31, 2010
Pharmacy providers who have not registered with ESI Canada need to do so to avoid disruption of service.
(Refer to "Transition Items" section
Or click *More*)

REGIONAL NEWS

British Columbia Pharmacy Providers
(Refer to "Regional News" section
Or click *More*)

CLAIMS PROCESSING SERVICES CONTACT INFORMATION

Telephone inquiries 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:
NIHB Claims Department
3080 Yonge Street, Suite 3002
Toronto, ON
M4N 3N1

Fax completed Pharmacy Agreements to:
New NIHB Providers
Fax No.: 905-712-0669

Re-registering NIHB Providers
Fax No.: 905-737-3161

Mail all other correspondence to:
ESI Canada
5770 Hurontario Street, 10th Floor
Mississauga, ON
L5R 3G5

Welcome…

to the first edition of

ESI Canada's

NIHB Pharmacy Newsletter!

ESI Canada is proud to support Pharmacy professionals across the country as they provide services to eligible First Nations and Inuit through Health Canada's Non-Insured Health Benefits (NIHB) Program.

Effective December 1, 2009, ESI Canada became Health Canada's claims processor for the NIHB Program.

It is ESI Canada's goal to support all Pharmacy providers, keeping you informed of news and information regarding the NIHB Program through a regular NIHB Newsletter publication.

On December 6, 2009, ESI Canada began processing NIHB claims via a new claims adjudication system for the NIHB Program.

As with any new system implementation, some technical issues have occurred and we have been correcting them as they were identified. We apologize for any inconvenience this transitional process has caused and want to assure you that we are working diligently with Health Canada to correct issues as they are identified. We are committed to notifying providers immediately of any high priority issues. Note that we are also posting Alerts on the ESI Canada NIHB Claims Services Provider Website as adjustments are undertaken. Your cooperation as we implement this new system is appreciated.

We look forward to nurturing a mutually beneficial relationship that will enable us to ensure NIHB clients benefit from service excellence.

NEW INFORMATION

NIHB Drug Benefit List (DBL)

The NIHB DBL is a listing of the drugs provided as a benefit by the NIHB Program. The list is published once a year in April with updates generally distributed every three months with this NIHB Pharmacy Newsletter. A copy of the DBL update for April 1, 2010 is included with this newsletter. The list and updates may also be accessed via the NIHB Claims Services Provider Website (select "Drug Benefit List" and "Benefit Updates").

The purpose of the Drug Benefit List is to:

- Indicate which drug products are eligible benefits
- Provide a tool for physicians and pharmacists that encourage the selection of optimal, cost-effective drug therapy

Should you have any questions, please contact the Provider Claims Processing Call Centre.

Changes in Drug Benefit Status

Please refer to the Fall-Winter 2009-2010 DBL Update to view changes that have been made in NIHB Drug Benefit status.

As announced in a previous NIHB Drug Use Evaluation Bulletin, the NIHB Program has been phasing in extended approvals for selected drugs for chronic conditions.

To facilitate the December 2009 transition to a new claims processor, the NIHB Program accelerated this work to include 34 drugs for chronic conditions. These drugs have been granted extended authorization periods beyond one year, with certain ones having an indefinite authorization period.

Limited Use Medications with an Indefinite Authorization

- It is only necessary to confirm that the patient meets the clinical criteria once by obtaining a PA, following which time the patient will be set up for indefinite approval.
- For other drugs that will have a defined authorization period (i.e., 2, 3 or 5 years), a new PA request will be required for renewal of coverage.

Below is a complete list of the 34 drugs affected by the change:

Two Years

- Accolate®; Actos® and generics; Avandia®; Arava® and generics; Celebrex®; Minocycline; Nuvaring®; Pantoloc® and generics; Prevacid®; Singulair®; Wellbutrin SR® and generics; Wellbutrin XL®; and, Zanaflex® and generics

Three Years

- Foradil®; Oxeze®; and Serevent®

Five Years

- Actonel®; Alphagan P® and generics; Avodart®; Detrol®; Detrol LA®; Evista® and generics; Fosamax® and generics; Fosavance®; Miacalcin® and generics; Proscar®; and Trosec®

Indefinite

- Advair Diskus®; Advair Inhaler®; Aggrenox®; Ezetrol®; Magic Bullet®; Spiriva®; and Symbicort®

Auto-Approval Procedure

The claims adjudication system now allows for Auto-Approval of selected items requiring Prior Approval (PA).

The system verifies pre-requisite drug therapy as identified in the NIHB Drug Benefit List for Limited Use Criteria. Please refer to the Fall-Winter 2009-10 DBL Update to view the most recent listing of drugs that are eligible for Auto-Approval.

When a claimed item fails the Auto-Approval, the system:

- Rejects the claim
- Generates CPhA Code "RW" (Special Authorization Required), and message SA Needed; Re-submit With [DR] to Proceed

In this case, the provider may initiate a PA request to the Drug Exception Centre (DEC) by submitting the claim with the Intervention Code DR. The resubmitted [DR] claim will also reject, returning with CPhA Response Code "RZ" (Request for Coverage Logged) along with message Submitted for Review; Case # XXXXXXXX.

The Case # serves as your confirmation of a logged request for PA with the DEC. The DEC will then follow-up with you to verify the PA request, and collect additional information as required.

Payment and Reimbursement

Effective December 1, 2009, cheques submitted for amounts owed to the NIHB Program for claims administered by ESI Canada are to be made payable to the "Receiver General for Canada" and forwarded to ESI Canada.

NIHB Pharmacy Claims Submission Kit and Attachments

The following sections of the Pharmacy Claims Submission Kit have been revised:

Section 1 Introduction

- 1.3 Interpretation

Section 2 Legal Definitions and Glossary Terms

- 2.1 Legal Definitions

Section 5 Pharmacy Provider Agreement

- 5.1 Provider Eligibility Requirements
- 5.2 Pharmacy Provider Agreement Documentation and Updates
- 5.3 Process for Registering with ESI Canada and the Provider Identification Number
- 5.4 Terms and Conditions

Section 6 Claims Submission and Processing

- 6.2.5 Short-Term Dispensing Policy *(Changed to Prior Approval)*
- 6.3 NIHB Benefit Coverage and Limitations

Section 7 Provider Audit

- 7.2.3.5 Documentation Requirements for Audit Purposes

Section 11 NIHB Pharmacy Claims Submission Kit: Attachments

- 11.1 Provider Statement – Pharmacy, Messages and Explanations

- 11.2 Mandatory Information in Transmission and Submission Options

Updated versions of the Pharmacy Claims Submission Kit and Attachments may be viewed or downloaded from the NIHB Claims Services Provider Website or requested by contacting the Provider Claims Processing Call Centre.

NIHB Provider Guide for Pharmacy Benefits

The NIHB Provider Guide for Pharmacy Benefits provides information on the Health Canada NIHB Program and policies relevant to pharmacy providers. It fully explains the drug and pharmacy benefits provided by the NIHB Program by outlining the important elements of each associated policy.

It also lists website addresses to 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. This guide can be found on the NIHB Claims Services Provider Website under "Policy and Program Information".

NIHB Forms

All NIHB forms may be downloaded from the NIHB Claims Services Provider Website or obtained by contacting the Provider Claims Processing Call Centre.

It is important to note that Informco no longer processes requests for NIHB forms.

Providers may still use any on-hand supply of First Canadian Health (FCH) NIHB forms.

NIHB Claims Services Provider Website

The NIHB Claims Services Provider Website provides valuable information all in one place relating to the NIHB Program. This user-friendly website allows Pharmacy providers to find the information they require quickly to download and print documents.

These include:

- Late-breaking news regarding changes to the Health Information and Claims Processing Services (HICPS) system via the Bulletins and Alerts Sections, such as planned maintenance periods; and the Announcements Section for important messages to providers.
- NIHB Newsletters, Policy and Program Information, NIHB Forms, Drug Benefit Lists, and the NIHB Claims Submission Kit and Attachments.

Accessible Formats

Downloadable information is available throughout the NIHB Claims Services Provider Website and provided in a Portable Document Format (PDF) as the primary format.

To view and download this information, you will need Adobe Acrobat Reader.

How to Access the ESI Canada Website

Upon registration as a Pharmacy provider in the NIHB Program, a Provider will receive a Welcome Letter that will contain a unique User ID and Password to access the NIHB Claims Services Provider Website.

In order to gain access to the NIHB Claims Services Provider Website, visit http://provider.esicanada.ca/ and click on the **Sign In** button to enter your unique User ID and Password.

Provider Claims Processing Call Centre

The primary function of the ESI Canada Provider Claims Processing Call Centre is to respond to Canada-wide telephone inquiries from registered NIHB Pharmacy providers and from non-registered providers inquiring about the NIHB Program.

The bilingual call centre is open extended hours to assist providers with any questions they may have. Refer to the front page of the NIHB Pharmacy Newsletter for further details of the extended hours, telephone and fax numbers.

REMINDERS

Coordination of Benefits

The NIHB Pharmacy Claim Form should match the information displayed on the Explanation of Benefits (EOB) statement. When submitting a Coordination of Benefits (COB) claim in reference to the EOB statement, please ensure that the Date of Service (DOS), DIN/ Item Number, and fees are the same as what is submitted on the EOB Statement.

Validity of Cheques

Cheques issued by ESI Canada are valid for twelve months from the date of issue. For a cheque or payment status, please contact the Provider Claims Processing Call Centre.

Billing and Payment Guidelines

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

- Electronic Data Interchange (EDI) (for providers who have software compliant with CPhA standards)
- NIHB Pharmacy Claim Form
- Computer printout

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

Benefit Reimbursement for NIHB Methadone Clients

Providers are reminded that the reimbursement for methadone and all other medications received by clients in the methadone maintenance program can only be processed through Point of Service (POS), directly to the service provider.

Manual claims and client reimbursements are therefore outside of the acceptable and allowable payment processes. Methadone maintenance therapy is intended to be a highly structured treatment model that requires careful oversight and close monitoring by both physicians and pharmacists in order to safely treat a group of patients with complex health issues with a minimum of risk to themselves and the public.

The NIHB Program places a high priority on ensuring the safe use of prescription medications.

In order for client safety initiatives to be effective, information regarding drug use must be received in an accurate and timely fashion. The electronic claims processing system helps to ensure this.

Specifically, the use of POS billing system is central in ensuring the safe use of all medications for clients on methadone maintenance therapy

TRANSITION ITEMS

Registration Required by March 31, 2010

Due to the change in the NIHB Claims Processing Services contractor, providers who have not registered with ESI Canada are reminded to register *by March 31, 2010* in order to avoid disruption of service for claims processing and payment services. Any provider claims submitted without first registering with ESI Canada will be rejected.

If you have not already registered, complete and submit the ESI Canada Pharmacy Provider Agreement as soon as possible. The ESI Canada Pharmacy Provider Agreement may be downloaded from the NIHB Claims Services Provider Website or requested from the Provider Claims Processing Call Centre.

When completed, fax the ESI Canada Pharmacy Provider Agreement to ESI Canada at 905-737-3161. Once your registration has been processed, ESI Canada will forward you a Welcome Letter as confirmation of your participation in the NIHB Program.

After March 31, 2010, any claims submitted to Health Canada through ESI Canada's electronic claims processing system or manually by non-registered Pharmacy providers will be rejected.

Cheques Issued by First Canadian Health

All cheques issued by First Canadian Health (FCH) are valid for six months from the date of issue. If you have a cheque that is no longer valid, please call the Provider Claims Processing Call Centre.

REGIONAL NEWS

Changes in Diabetic Test Strips and Supplies Compensation in British Columbia

As of May 1, 2010, the compensation for the above mentioned items will be changed from British Columbia's current formula of Actual Acquisition Cost (AAC) plus a mark-up of 66.6% to:

Diabetic test strips: AAC plus the usual and customary Dispensing Fee of up to a NIHB maximum of $9.50.

Diabetic lancets, pen needles and syringes: AAC plus the usual and customary Dispensing Fee of up to a NIHB maximum of $4.90.

Health Canada Santé Canada

Fall-Winter 2009/10

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 registere 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 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". These requests are reviewed on a case by case basis.

Exclusions
Certain drug therapies for particular conditions fall outside of the NIHB mandate and will not be provided as benefits under the NIHB Program (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 will not apply to excluded drugs.

ADDITIONS TO THE DRUG BENEFIT LIST

OPEN BENEFITS

Single-Source Drug Products

DIN	MFR	BRAND NAME	Effective Date
02273284	PFI	[ST] CADUET 10MG/10MG TABLET	15-10-2009
02273292	PFI	[ST] CADUET 10MG/20MG TABLET	15-10-2009
02273306	PFI	[ST] CADUET 10MG/40MG TABLET	15-10-2009
02273314	PFI	[ST] CADUET 10MG/80MG TABLET	15-10-2009
02273233	PFI	[ST] CADUET 5MG/10MG TABLET	15-10-2009
02273241	PFI	[ST] CADUET 5MG/20MG TABLET	15-10-2009
02273268	PFI	[ST] CADUET 5MG/40MG TABLET	15-10-2009
02273276	PFI	[ST] CADUET 5MG/80MG TABLET	15-10-2009
09854037	SMW	FLAMAZINE 1% CREAM	02-02-2010

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

Canada

DIN	MFR	BRAND NAME	Effective Date
97799584	NCA	NOVAMAX TEST STRIP	15-12-2009
97799583	NCA	NOVAMAX TEST STRIP	15-12-2009
02318660	SCH	[ST] OLMETEC 20MG TABLET	09-10-2009
02318679	SCH	[ST] OLMETEC 40MG TABLET	09-10-2009
02318652	SCH	[ST] OLMETEC 5MG TABLET	09-10-2009
02319616	SCH	[ST] OLMETEC PLUS 20MG/12.5MG TABLET	09-10-2009
02319624	SCH	[ST] OLMETEC PLUS 40MG/12.5MG TABLET	09-10-2009
02319632	SCH	[ST] OLMETEC PLUS 40MG/25MG TABLET	09-10-2009

Multi-Source Drug Products

DIN	MFR	BRAND NAME	Effective Date
02281821	APX	APO-OLANZAPINE 10MG TABLET	14-12-2009
02281848	APX	APO-OLANZAPINE 15MG TABLET	14-12-2009
02281791	APX	APO-OLANZAPINE 2.5MG TABLET	14-12-2009
02281805	APX	APO-OLANZAPINE 5MG TABLET	14-12-2009
02281813	APX	APO-OLANZAPINE 7.5MG TABLET	14-12-2009
02324628	APX	APO-OXYCODONE/ACET 5MG/325MG TABLET	15-12-2009
02337746	APX	[ST] APO-ROPINIROLE 0.25MG TABLET	12-02-2010
02337762	APX	[ST] APO-ROPINIROLE 1MG TABLET	12-02-2010
02337770	APX	[ST] APO-ROPINIROLE 2MG TABLET	12-02-2010
02337800	APX	[ST] APO-ROPINIROLE 5MG TABLET	12-02-2010
80003919	BIO	[ST] BIO CAL D FORTE TABLET	16-02-2010
80002901	EUR	[ST] CARBOCAL D 500MG/400IU TABLET	07-12-2009
02245511	EUR	[ST] CARBOCAL D TABLET	07-12-2009
02327570	CBT	CO-OLANZAPINE ODT 10MG TABLET	07-01-2010
02327589	CBT	CO-OLANZAPINE ODT 15MG TABLET	07-01-2010
02327562	CBT	CO-OLANZAPINE ODT 5MG TABLET	07-01-2010
02248994	PMS	DIARRHEA RELIEF 2MG TABLET	25-11-2009
02280140	PFI	[ST] GD-AMLODIPINE 10MG TABLET	02-10-2009
02280124	PFI	[ST] GD-AMLODIPINE 2.5MG TABLET	09-10-2002
02280132	PFI	[ST] GD-AMLODIPINE 5MG TABLET	09-10-2002
02281384	APX	IBUPROFEN LIQUID 200MG GEL CAPSULE	17-12-2009
02331098	JAP	[ST] JAMP-AMLODIPINE 10MG TABLET	06-12-2009
02331071	JAP	[ST] JAMP-AMLODIPINE 5MG TABLET	09-12-2006
02331004	JMP	[ST] JAMP-FOSINOPRIL 10MG TABLET	12-02-2010
02331012	JMP	[ST] JAMP-FOSINOPRIL 20MG TABLET	12-02-2010
02330954	JMP	[ST] JAMP-PRAVASTATIN 10MG TABLET	12-02-2010
02330962	JMP	[ST] JAMP-PRAVASTATIN 20MG TABLET	12-02-2010
02330970	JMP	[ST] JAMP-PRAVASTATIN 40MG TABLET	12-02-2010
02330423	JAP	JAMP-QUETIAPINE 100MG TABLET	15-12-2009
02330458	JAP	JAMP-QUETIAPINE 200MG TABLET	15-12-2009
02330415	JAP	JAMP-QUETIAPINE 25MG TABLET	15-12-2009
02330466	JAP	JAMP-QUETIAPINE 300MG TABLET	15-12-2009
02331101	JMP	[ST] JAMP-RAMIPRIL 1.25MG CAPSULE	12-02-2010
02331144	JMP	[ST] JAMP-RAMIPRIL 10MG CAPSULE	12-02-2010
02331128	JMP	[ST] JAMP-RAMIPRIL 2.5MG CAPSULE	12-02-2010
02331136	JMP	[ST] JAMP-RAMIPRIL 5MG CAPSULE	12-02-2010
02331039	JAP	[ST] JAMP-SIMVASTATIN 10MG TABLET	15-12-2009
02331047	JAP	[ST] JAMP-SIMVASTATIN 20MG TABLET	15-12-2009
02331055	JAP	[ST] JAMP-SIMVASTATIN 40MG TABLET	15-12-2009
02331020	JAP	[ST] JAMP-SIMVASTATIN 5MG TABLET	15-12-2009
02331063	JAP	[ST] JAMP-SIMVASTATIN 80MG TABLET	15-12-2009
02293471	PMS	[ST] MAX. STRENGTH ACID REDUCER (RANITIDINE)	25-11-2009
02329433	GEN	[ST] MYLAN-OMEPRAZOLE 20MG CAPSULE	25-09-2009
02314290	NOV	NOVO-NARATRIPTAN 1MG TABLET	12-02-2010
02314304	NOV	NOVO-NARATRIPTAN 2.5MG TABLET	12-02-2010

DIN	MFR	BRAND NAME	Effective Date
02321351	NOV	NOVO-OLANZAPINE ODT 10MG TABLET	19-11-2009
02321378	NOV	NOVO-OLANZAPINE ODT 15MG TABLET	19-11-2009
02321343	NOV	NOVO-OLANZAPINE ODT 5MG TABLET	19-11-2009
02326450	NOV	NOVO-SALBUTAMOL 100MCG/ACT	12-02-2010
02273543	PMI	PHI-CITALOPRAM 10MG TABLET	25-11-2009
02247182	PMI	[ST] PHL-ATENOLOL 25MG TABLET	25-09-2009
02278588	PMI	PHL-AZITHROMYCIN 250MG TABLET	25-11-2009
02236947	PMI	PHL-CLONAZEPAM 0.25MG TABLET	03-10-2009
02236948	PMI	PHL-CLONAZEPAM-R 0.5MG TABLET	09-10-2003
02258439	PMI	PHL-RISPERIDONE 0.25MG TABLET	25-09-2009
02258447	PMI	PHL-RISPERIDONE 0.5MG TABLET	25-09-2009
02258455	PMI	PHL-RISPERIDONE 1MG TABLET	25-09-2009
02258463	PMI	PHL-RISPERIDONE 2MG TABLET	25-09-2009
02258471	PMI	PHL-RISPERIDONE 3MG TABLET	25-09-2009
02258498	PMI	PHL-RISPERIDONE 4MG TABLET	25-09-2009
02281554	PMI	[ST] PHL-SIMVASTATIN 10MG TABLET	26-11-2009
02281562	PMI	[ST] PHL-SIMVASTATIN 20MG TABLET	26-11-2009
02281570	PMI	[ST] PHL-SIMVASTATIN 40MG TABLET	26-11-2009
02281546	PMI	[ST] PHL-SIMVASTATIN 5MG TABLET	26-11-2009
02281589	PMI	[ST] PHL-SIMVASTATIN 80MG TABLET	26-11-2009
02271192	PMI	PHL-TOPIRAMATE 100MG TABLET	25-09-2009
02271206	PMI	PHL-TOPIRAMATE 200MG TABLET	25-09-2009
02271184	PMI	PHL-TOPIRAMATE 25MG TABLET	25-09-2009
02303205	PMS	PMS-OLANZAPINE ODT 10MG DR TABLET	25-11-2009
02303213	PMS	PMS-OLANZAPINE ODT 15MG DR TABLET	25-11-2009
02303191	PMS	PMS-OLANZAPINE ODT 5MG DR TABLET	25-11-2009
02310260	PMS	[ST] PMS-OMEPRAZOLE DR 20MG TABLET	25-11-2009
02283700	PMS	[ST] PRAXIS ASA EC 81MG TABLET	12-02-2010
80015351	PHA	[ST] PRIVA CAL D FORTE TABLET	24-02-2010
02327171	PDL	PRO-OXYCODONE ACET 5MG/325MG TABLET	21-12-2009
02328305	RBX	RBX-RISPERIDONE 0.25MG TABLET	12-02-2010
02328313	RBX	RBX-RISPERIDONE 0.5MG TABLET	12-02-2010
02328321	RBX	RBX-RISPERIDONE 1MG TABLET	12-02-2010
02328348	RBX	RBX-RISPERIDONE 2MG TABLET	12-02-2010
02328364	RBX	RBX-RISPERIDONE 3MG TABLET	12-02-2010
02328372	RBX	RBX-RISPERIDONE 4MG TABLET	12-02-2010
02331500	RIV	[ST] RIVA-AMLODIPINE 10MG TABLET	21-12-2009
02331497	RIV	[ST] RIVA-AMLODIPINE 5MG TABLET	21-12-2009
02330091	RIV	[ST] RIVA-RABEPRAZOLE EC 20MG TABLET	21-12-2009
02327783	SDZ	SANDOZ- OLANZAPINE ODT 10MG TABLET	14-12-2009
02327791	SDZ	SANDOZ- OLANZAPINE ODT 15MG TABLET	14-12-2009
02327775	SDZ	SANDOZ- OLANZAPINE ODT 5MG TABLET	14-12-2009
02332388	SDZ	SANDOZ-AZITHROMYCIN 100MG/5ML	17-12-2009
02332396	SDZ	SANDOZ-AZITHROMYCIN 200MG/5ML	17-12-2009
02322323	SDZ	SANDOZ-NARATRIPTAN 2.5MG TABLET	12-02-2010
00406988	JAM	[ST] VITAMIN B12 TABLET	11-02-2009

NEW LIMITED USE BENEFITS

Single-Source Drug Products

DIN	MFR	BRAND NAME	Effective Date
02316986	BAY	XARELTO 10MG TABLET	01-10-2009

Limited use benefit (prior approval not required).
For the prevention of venous thromboembolism following total knee replacement or total hip replacement surgery, for up to two weeks.

Single-Source Drug Products

DIN	MFR	BRAND NAME	Effective Date
02277263	AST	[ST] VESICARE 5MG TABLET	19-10-2009
02277271	AST	[ST] VESICARE 10MG TABLET	19-10-2009

Limited use benefit (prior approval required).
For symptomatic relief in patients with an overactive bladder with symptoms of urinary frequency, urgency or urge incontinence in patients who have failed on or are intolerant of therapy with oxybutynin.

02314940	MSP	[ST] FOSAVANCE 70MG/5600U TABLET	19-10-2009
02276429	FRS	[ST] FOSAVANCE 70MG/2800U TABLET	19-10-2009

Limited use benefit (prior approval required).
For the treatment of:
- Osteoporosis in patients who are 65 years of age and over OR
- Osteoporosis in patients who have documented hip, vertebral or other fractures OR
- Paget's Disease OR
- Osteoporosis in patients with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
- Osteoporosis in patients with moderate 10-year fracture risk (10-20%) AND use of systemic glucocorticoid therapy > 3 months

02320673	JNO	STELARA 45MG/0.5ML INJECTION	06-12-2009

Limited use benefit (prior approval required).
For the treatment of moderate to severe psoriasis in patients who meet the following criteria:
- Body surface area involvement greater than 10% and/or significant involvement of the face, hands, feet or genital region AND
- Intolerance or lack of response to methotrexate and cyclosporine OR
- A contraindication to methotrexate and/or cyclosporine AND
- Intolerance or lack of response to phototherapy OR
- Inability to access phototherapy

Note: Criteria will be confirmed against medication history.
Coverage beyond 16 weeks will be based on a significant reduction in the Body Surface Area (BSA) involved and improvements in the Psoriasis Area Severity Index (PASI) score and the Dermatology Life Quality Index (DLQI).

02324032	MEZ	XEOMIN 100 UNIT/VIAL INJECTION	10-02-2010

Limited use benefit (prior approval required).
For:
a. - the treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorder in patients 12 years of age or older OR
b. - the treatment of cervical dystonia (spasmodic torticollis)

Multi-Source Drug Products

DIN	MFR	BRAND NAME	Effective Date
02299712	PMI	[ST] PHL-ALENDRONATE-FC 70MG TABLET	14-09-2009

Limited use benefit (prior approval required).
For the treatment of:
- Osteoporosis in patients who are 65 years of age and over OR
- Osteoporosis in patients who have documented hip, vertebral or other fractures OR
- Paget's Disease OR
- Osteoporosis in patients with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
- Osteoporosis in patients with moderate 10-year fracture risk (10-20%) AND use of systemic glucocorticoid therapy > 3 months

02310422	NOP	NOVO-BENZYDAMINE 1.5MG/ML MWH	14-09-2009

Limited use benefit (prior approval required).
For:
a.- treatment of radiation mucositis and oral ulcerative complications of chemotherapy.
b.- use in immunocompromised patients who are at risk of mucosal breakdown.

Multi-Source Drug Products

DIN	MFR	BRAND NAME	Effective Date
02280515	NOP	[ST] NOVO-LANSOPRAZOLE 15MG CAPSULE LA	04-12-2009
02280523	NOP	[ST] NOVO-LANSOPRAZOLE 30MG CAPSULE LA	14-12-2009

Limited use benefit (prior approval required).
As part of multi-drug therapy (maximum 7-14 day coverage) for eradication of Helicobacter pylori in individuals with peptic ulcer disease (diagnosed by urea breath test, serology or endoscopically).

Coverage will also be provided if the following prerequisites are met:
- patient has tried at least 30 days of Omeprazole (Losec®) AND
- patient has tried at least 30 days of Rabeprazole sodium (Pariet®).
Total trial of 60 days will be confirmed against medication history

PLUS
• for treatment of confirmed gastric and duodenal ulcers. Or
• for mild to moderate gastroesophageal reflux disease (GERD) in patients who have failed on or not tolerated and 4-week trial of histamine-2 receptor antagonists. Or
• for severe gastroesophageal reflux disease (GERD) and complications as first-line therapy for a maximum period of 3 months. Patients should be reassessed endoscopically or with step-down therapy using a histamine-2 receptor antagonist. Or
• for treatment of nonsteroidal anti-inflammatory drug (NSAID)-induced ulcers where the NSAID must be continued. Or
• for prevention of NSAID-induced ulcers in patients who have a history of ulcer complications, are over the age of 65 years, have comorbid disease such as cardiovascular disease or coagulopathies or are on concomitant medications which increase risk of ulcers or bleeding. Or
• Zollinger-Ellison Syndrome*. Or
• Barrett's Esophagus*. Or
• esophagitis associated with connective tissue disease. Or
• other exceptional circumstances, evaluated on an individual basis.
* Diagnosis must be confirmed by a specialist qualified to diagnose and treat condition

02326477	MIN	[ST] MINT-PIOGLITAZONE 15MG TABLET	14-09-2009
02326485	MIN	[ST] MINT-PIOGLITAZONE 30MG TABLET	14-09-2009
02326493	MIN	[ST] MYLAN-PIOGLITAZONE 45MG TABLET	14-09-2009

Limited use benefit (prior approval required).
For the 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.

02312298	NOP	NOVO-RALOXIFENE 60MG TABLET	14-09-2009

Limited use benefit (prior approval required).
For:
a.- secondary prevention of osteoporosis in women who experience failure on a bisphosphonate
b.- secondary prevention of osteoporosis in women who have a personal history or a first degree relative with a history of breast cancer.

Multi-Source Drug Products

DIN	MFR	BRAND NAME	Effective Date
02324571	SDZ	SANDOZ- RIVASTIGMINE 3MG CAPSULE	25-09-2009
02306034	PMS	PMS-RIVASTIGMINE 1.5MG CAPSULE	25-09-2009
02306042	PMS	PMS-RIVASTIGMINE 3MG CAPSULE	25-09-2009
02306050	PMS	PMS-RIVASTIGMINE 4.5MG CAPSULE	25-09-2009
02332833	MYL	MYLAN-RIVASTIGMINE 6MG CAPSULE	30-09-2009
02306069	PMS	PMS-RIVASTIGMINE 6MG CAPSULE	25-09-2009
02324563	SDZ	SANDOZ- RIVASTIGMINE 1.5MG CAPSULE	25-09-2009
02324598	SDZ	SANDOZ- RIVASTIGMINE 4.5MG CAPSULE	25-09-2009
02324601	SDZ	SANDOZ- RIVASTIGMINE 6MG CAPSULE	25-09-2009
02332809	MYL	MYLAN-RIVASTIGMINE 1.5MG CAPSULE	30-09-2009
02332825	MYL	MYLAN-RIVASTIGMINE 4.5MG CAPSULE	30-09-2009
02305984	NOP	NOVO-RIVASTIGMINE 1.5MG CAPSULE	30-09-2009
02305992	NOP	NOVO-RIVASTIGMINE 3MG CAPSULE	30-09-2009
02306018	NOP	NOVO-RIVASTIGMINE 4.5MG CAPSULE	30-09-2009
02306026	NOP	NOVO-RIVASTIGMINE 6MG CAPSULE	30-09-2009
02311283	RAT	RATIO-RIVASTIGMINE 1.5MG CAPSULE	30-09-2009
02311291	RAT	RATIO-RIVASTIGMINE 3MG CAPSULE	30-09-2009
02311305	RAT	RATIO-RIVASTIGMINE 4.5MG CAPSULE	30-09-2009
02311313	RAT	RATIO-RIVASTIGMINE 6MG CAPSULE	30-09-2009
02332817	MYL	MYLAN-RIVASTIGMINE 3MG CAPSULE	30-09-2009

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 behavior.

Criteria for coverage at every six month interval:
•diagnosis is still mild to moderate Alzheimer's disease; AND
•MMSE score > 10; AND
•GDS score between 4 to 6; AND
•improvement or stabilization in at least one of the following domains
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)

The following indications will be added to the NIHB Drug Benefit List:

DIN	MFR	BRAND NAME	Effective Date
02258595	ABB	HUMIRA 40MG/VIAL INJECTION	01-01-2010

Indication: Moderate to severe psoriasis

Limited use benefit (prior approval required).
For the treatment of moderate to severe psoriasis in patients who meet the following criteria:
- Body surface area involvement greater than 10% and/or significant involvement of the face, hands, feet or genital region AND
- Intolerance or lack of response to methotrexate and cyclosporine OR
- A contraindication to methotrexate and/or cyclosporine AND
- Intolerance or lack of response to phototherapy OR
- Inability to access phototherapy

Note: Criteria will be confirmed against medication history.
Coverage beyond 16 weeks will be based on a significant reduction in the Body Surface Area (BSA) involved and improvements in the Psoriasis Area Severity Index (PASI) score and the Dermatology Life Quality Index (DLQI).

CHANGES IN BENEFIT STATUS: Limited use to open benefit

DIN	MFR		BRAND NAME	Status	Effective Date
02315866	APX	ST	APO-ALFUZOSIN ER 10MG TABLET	Open benefit	14-10-2009
02304678	SDZ	ST	SANDOZ-ALFUZOSIN 10MG TABLET	Open benefit	14-10-2009
02245565	SAC	ST	XATRAL 10MG TABLET	Open benefit	14-10-2009
02247935	APX	ST	APO-CARVEDILOL 12.5MG TABLET	Open benefit	14-10-2009
02247936	APX	ST	APO-CARVEDILOL 25MG TABLET	Open benefit	14-10-2009
02247933	APX	ST	APO-CARVEDILOL 3.125MG TABLET	Open benefit	14-10-2009
02247934	APX	ST	APO-CARVEDILOL 6.25MG TABLET	Open benefit	14-10-2009
02248750	PMS	ST	DOM-CARVEDILOL 12.5MG TABLET	Open benefit	14-10-2009
02248751	PMS	ST	DOM-CARVEDILOL 25MG TABLET	Open benefit	14-10-2009
02248748	PMS	ST	DOM-CARVEDILOL 3.125MG TABLET	Open benefit	14-10-2009
02248749	PMS	ST	DOM-CARVEDILOL 6.25MG TABLET	Open benefit	14-10-2009
02248754	PMI	ST	PHL-CARVEDILOL 12.5MG TABLET	Open benefit	14-10-2009
02248755	PMI	ST	PHL-CARVEDILOL 25MG TABLET	Open benefit	14-10-2009
02248752	PMI	ST	PHL-CARVEDILOL 3.125MG TABLET	Open benefit	14-10-2009
02248753	PMI	ST	PHL-CARVEDILOL 6.25MG TABLET	Open benefit	14-10-2009
02245916	PMS	ST	PMS-CARVEDILOL 12.5MG TABLET	Open benefit	14-10-2009
02245917	PMS	ST	PMS-CARVEDILOL 25MG TABLET	Open benefit	14-10-2009
02245914	PMS	ST	PMS-CARVEDILOL 3.125MG TABLET	Open benefit	14-10-2009
02245915	PMS	ST	PMS-CARVEDILOL 6.25MG TABLET	Open benefit	14-10-2009
02268043	RBY	ST	RAN-CARVEDILOL 12.5MG TABLET	Open benefit	14-10-2009
02268051	RBY	ST	RAN-CARVEDILOL 25MG TABLET	Open benefit	14-10-2009
02268027	RBY	ST	RAN-CARVEDILOL 3.125MG TABLET	Open benefit	14-10-2009
02268035	RBY	ST	RAN-CARVEDILOL 6.25MG TABLET	Open benefit	14-10-2009
02252325	RPH	ST	RATIO-CARVEDILOL 12.5MG TABLET	Open benefit	14-10-2009
02252333	RPH	ST	RATIO-CARVEDILOL 25MG TABLET	Open benefit	14-10-2009
02252309	RPH	ST	RATIO-CARVEDILOL 3.125MG TABLET	Open benefit	14-10-2009
02252317	RPH	ST	RATIO-CARVEDILOL 6.25MG TABLET	Open benefit	14-10-2009
02284057	JNO		PREZISTA 300MG TABLET	Open benefit	15-10-2009
02324016	JNO		PREZISTA 400MG TABLET	Open benefit	15-10-2009
02324024	JNO		PREZISTA 600MG TABLET	Open benefit	15-10-2009
02248974	APX	ST	APO-MELOXICAM 15MG TABLET	Open benefit	19-10-2009
02248973	APX	ST	APO-MELOXICAM 7.5MG TABLET	Open benefit	19-10-2009
02250020	CBT	ST	CO-MELOXICAM 15MG TABLET	Open benefit	19-10-2009
02250012	CBT	ST	CO-MELOXICAM 7.5MG TABLET	Open benefit	19-10-2009
02248606	DOM	ST	DOM-MELOXICAM 15MG TABLET	Open benefit	19-10-2009
02248605	DOM	ST	DOM-MELOXICAM 7.5MG TABLET	Open benefit	19-10-2009
02242786	BOE	ST	MOBICOX 15MG TABLET	Open benefit	19-10-2009
02242785	BOE	ST	MOBICOX 7.5MG TABLET	Open benefit	19-10-2009
02255995	MYL	ST	MYLAN-MELOXICAM 15MG TABLET	Open benefit	19-10-2009
02255987	MYL	ST	MYLAN-MELOXICAM 7.5MG TABLET	Open benefit	19-10-2009
02258323	NOP	ST	NOVO-MELOXICAM 15MG TABLET	Open benefit	19-10-2009
02258315	NOP	ST	NOVO-MELOXICAM 7.5MG TABLET	Open benefit	19-10-2009
02248608	PMI	ST	PHL-MELOXICAM 15MG TABLET	Open benefit	19-10-2009
02248607	PMI	ST	PHL-MELOXICAM 7.5MG TABLET	Open benefit	19-10-2009
02248268	PMS	ST	PMS-MELOXICAM 15MG TABLET	Open benefit	19-10-2009
02248267	PMS	ST	PMS-MELOXICAM 7.5MG TABLET	Open benefit	19-10-2009
02248031	RAT	ST	RATIO-MELOXICAM 15MG TABLET	Open benefit	19-10-2009
02247889	RAT	ST	RATIO-MELOXICAM 7.5MG TABLET	Open benefit	19-10-2009
02270102	BOE	ST	FLOMAX 0.4MG CR TABLET	Open benefit	14-10-2009
02238123	BOE	ST	FLOMAX 0.4MG SR CAPSULE	Open benefit	14-10-2009
02298570	MYL	ST	GEN-TAMSULOSIN 0.4MG ER CAPSULE	Open benefit	14-10-2009

DIN	MFR	BRAND NAME	Status	Effective Date
02281392	NOP	[ST] NOVO-TAMSULOSIN 0.4MG ER CAPSULE	Open benefit	14-10-2009
02294885	RBY	[ST] RAN-TAMSULOSIN 0.4MG ER CAPSULE	Open benefit	14-10-2009
02294265	RAT	[ST] RATIO-TAMSULOSIN 0.4MG ER CAPSULE	Open benefit	14-10-2009
02295121	SDZ	[ST] SANDOZ-TAMSULOSIN 0.4MG ER CAPSULE	Open benefit	14-10-2009

NOT ADDED TO FORMULARY

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

DIN	MFR	BRAND NAME
02233014	TEP	COPAXONE 20MG/VIAL INJECTION (GLATIRAMER)
02245619	TEP	COPAXONE PREFILLED SYRINGE (GLATIRAMER)
02292165	SPH	DUODOPA 20MG/5MG GEL (LEVODOPA/CARBIDOPA)
02254689	LIL	FORTEO 250MCG/ML INJECTION (TERIPARATIDE)
02323052	PFI	INSPRA 25MG TABLET (EPLERANONE)
02323060	PFI	INSPRA 50MG TABLET (EPLERANONE)
02331276	JNO	INVEGA 1.5MG ER TABLET (PALIPERIDONE)
02300311	JNO	INVEGA 12MG ER TABLET (PALIPERIDONE)
02300273	JNO	INVEGA 3MG ER TABLET (PALIPERIDONE)
02300281	JNO	INVEGA 6MG ER TABLET (PALIPERIDONE)
02300303	JNO	INVEGA 9MG ER TABLET (PALIPERIDONE)
02270850	NOO	LEVEMIR FLEXPEN 100UNIT/ML INJECTION (INSULIN DETERMIR)
02271869	NOO	LEVEMIR INNOLET 100UNIT/ML INJECTION (INSULIN DETERMIR)
02271842	NOO	LEVEMIR PENFIL 100UNIT/ML INJECTION (INSULIN DETEMIR)
02268442	PFI	LYRICA 100MG CAPSULE (PREGABALIN)
02268450	PFI	LYRICA 150MG CAPSULE (PREGABALIN)
02268469	PFI	LYRICA 200MG CAPSULE (PREGABALIN)
02268477	PFI	LYRICA 225MG CAPSULE (PREGABALIN)
02268418	PFI	LYRICA 25MG CAPSULE (PREGABALIN)
02268485	PFI	LYRICA 300MG CAPSULE (PREGABALIN)
02268426	PFI	LYRICA 50MG CAPSULE (PREGABALIN)
02268434	PFI	LYRICA 75MG CAPSULE (PREGABALIN)
02294052	PHL	PHL-ZOPICLONE 5MG TABLET (ZOPICLONE)
02294060	PHL	PHL-ZOPICLONE 7.5MG TABLET (ZOPICLONE)
02321106	WYE	PRISTIQ 100MG ER TABLET (DESVENLAFAXINE)
02321092	WYE	PRISTIQ 50MG ER TABLET (DESVENLAFAXINE)
02322951	BCM	VYVANSE 30MG CAPSULE (LISDEXAMPHETAMINE)
02322978	BCM	VYVANSE 50MG CAPSULE (LISDEXAMPHETAMINE)

The following drugs are excluded from the NIHB Drug Benefit List:

DIN	MFR	BRAND NAME
02337614	APX	APO- SIBUTRAMINE 10MG CAPSULE (SIBUTRAMINE)
02337622	APX	APO- SIBUTRAMINE 15MG CAPSULE (SIBUTRAMINE)
02305062	APX	APO-METFORMIN ER 500MG TABLET (METFORMIN)

DRUGS DISCONTINUED BY THE MANUFACTURER

DIN	MFR	BRAND NAME
00370517	ICN	ALLERDRYL 25MG TABLET
00271441	ICN	ALLERDRYL 50MG TABLET
02237500	APX	APO-CEFACLOR 125MG/5ML SUSPENSION
02237501	APX	APO-CEFACLOR 250MG/5ML SUSPENSION
02281228	APX	APO-DIGOXIN 0.125MG TABLET
02281201	APX	APO-DIGOXIN 0.25MG TABLET
02266695	APX	APO-LITHIUM CARBONATE 300MG SR TABLET

DIN	MFR	BRAND NAME
00486582	ICN	MOS 1MG/ML SYRUP
00632481	ICN	MOS 20MG/ML CONCENTRATE
02231691	NOV	NOVO-CEFACLOR 250MG CAPSULE
02231693	NOV	NOVO-CEFACLOR 500MG CAPSULE
02243476	NOV	NOVO-OFLOXACIN 400MG TABLET
00021172	NOV	NOVO-RYTHRO 125MG/5ML SUSPENSION
01946250	PMS	PMS-DESIPRAMINE 10MG TABLET
02245426	PMS	PMS-DIGOXIN 0.0625MG TABLET
02245427	PMS	PMS-DIGOXIN 0.125MG TABLET
02245428	PMS	PMS-DIGOXIN 0.25MG TABLET
02231208	PMS	PMS-MEFENAMIC ACID 250MG CAPSULE
02231208	PMS	PMS-MEFENAMIC ACID CAPSULE
02162687	NOV	RHINALAR 0.025% NASAL SPRAY
00578452	PFI	VIBRA-TABS 100MG TABLET

MANUFACTURER CHANGES

DIN	BRAND NAME	OLD MFR	NEW MFR
02246226	FLUDARA 10MG TABLET	BAY	GEE
01989537	FLUDARA 50MG INJECTION	BAY	GEE
02242320	LANOXIN 0.05MG TABLET	VIR	PMS
02242321	LANOXIN 0.0625MG TABLET	VIR	PMS
02242322	LANOXIN 0.125MG TABLET	VIR	PMS
02242323	LANOXIN 0.25MG TABLET	VIR	PMS
00899356	MANERIX 150MG TABLET	HLR	MAB
02166747	MANERIX 300MG TABLET	HLR	MAB

ADDITIONS TO THE SHORT-TERM DISPENSING POLICY DRUG LIST

DIN	BRAND NAME
02273381	APO-AMLODIPINE 10MG TABLET
02273373	APO-AMLODIPINE 5MG TABLET
02248974	APO-MELOXICAM 15MG TABLET
02248973	APO-MELOXICAM 7.5MG TABLET
02337746	APO-ROPINIROLE 0.25MG TABLET
02337762	APO-ROPINIROLE 1MG TABLET
02337770	APO-ROPINIROLE 2MG TABLET
02337800	APO-ROPINIROLE 5MG TABLET
80003919	BIO CAL D FORTE TABLET
02273284	CADUET 10MG/10MG TABLET
02273292	CADUET 10MG/20MG TABLET
02273306	CADUET 10MG/40MG TABLET
02273314	CADUET 10MG/80MG TABLET
02273233	CADUET 5MG/10MG TABLET
02273241	CADUET 5MG/20MG TABLET
02273268	CADUET 5MG/40MG TABLET
02273276	CADUET 5MG/80MG TABLET
80002901	CARBOCAL D 500MG/400IU TABLET
02245511	CARBOCAL D TABLET
02297493	CO AMLODIPINE 10MG TABLET
02297485	CO AMLODIPINE 5MG TABLET
02250020	CO-MELOXICAM 15MG TABLET
02250012	CO-MELOXICAM 7.5MG TABLET
02248606	DOM-MELOXICAM 15MG TABLET

DIN	BRAND NAME
02248605	DOM-MELOXICAM 7.5MG TABLET
02238123	FLOMAX 0.4MG SR CAPSULE
02270102	FLOMAX CR 0.4MG TABLET
02276429	FOSAVANCE 70MG/2800U TABLET
02314940	FOSAVANCE 70MG/5600U TABLET
02280140	GD-AMLODIPINE 10MG TABLET
02280124	GD-AMLODIPINE 2.5MG TABLET
02280132	GD-AMLODIPINE 5MG TABLET
02272121	GEN-AMLODIPINE 10MG TABLET
02272113	GEN-AMLODIPINE 5MG TABLET
02331098	JAMP-AMLODIPINE 10MG TABLET
02331071	JAMP-AMLODIPINE 5MG TABLET
02331004	JAMP-FOSINOPRIL 10MG TABLET
02331012	JAMP-FOSINOPRIL 20MG TABLET
02330954	JAMP-PRAVASTATIN 10MG TABLET
02330962	JAMP-PRAVASTATIN 20MG TABLET
02330970	JAMP-PRAVASTATIN 40MG TABLET
02331101	JAMP-RAMIPRIL 1.25MG CAPSULE
02331144	JAMP-RAMIPRIL 10MG CAPSULE
02331128	JAMP-RAMIPRIL 2.5MG CAPSULE
02331136	JAMP-RAMIPRIL 5MG CAPSULE
02293471	MAXIMUM STRENGTH ACID REDUCER (RANITIDINE)
02318709	MICARDIS PLUS 80MG/25MG TABLET
02242786	MOBICOX 15MG TABLET
02242785	MOBICOX 7.5MG TABLET
02255995	MYLAN-MELOXICAM 15MG TABLET
02255987	MYLAN-MELOXICAM 7.5MG TABLET
02250500	NOVO-AMLODIPINE 10MG TABLET
02250497	NOVO-AMLODIPINE 5MG TABLET
02258323	NOVO-MELOXICAM 15MG TABLET
02258315	NOVO-MELOXICAM 7.5MG TABLET
02318660	OLMETEC 20MG TABLET
02318679	OLMETEC 40MG TABLET
02318652	OLMETEC 5MG TABLET
02319616	OLMETEC PLUS 20MG/12.5MG TABLET
02319624	OLMETEC PLUS 40MG/12.5MG TABLET
02319632	OLMETEC PLUS 40MG/25MG TABLET
02299712	PHL-ALENDRONATE-FC 70MG TABLET
02326787	PHL-AMLODIPINE 10MG TABLET
02326760	PHL-AMLODIPINE 2.5MG TABLET
02326779	PHL-AMLODIPINE 5MG TABLET
02247182	PHL-ATENOLOL 25MG TABLET
02248608	PHL-MELOXICAM 15MG TABLET
02248607	PHL-MELOXICAM 7.5MG TABLET
02284073	PMS-AMLODIPINE 10MG TABLET
02295148	PMS-AMLODIPINE 2.5MG TABLET
02284065	PMS-AMLODIPINE 5MG TABLET
02248268	PMS-MELOXICAM 15MG TABLET
02248267	PMS-MELOXICAM 7.5MG TABLET
02283700	PRAXIS ASA EC 81MG TABLET
02321866	RAN-AMLODIPINE 10MG TABLET
02321858	RAN-AMLODIPINE 5MG TABLET
02259613	RATIO-AMLODIPINE 10MG TABLET
02259605	RATIO-AMLODIPINE 5MG TABLET
02248031	RATIO-MELOXICAM 15MG TABLET
02247889	RATIO-MELOXICAM 7.5MG TABLET

DIN	BRAND NAME
02331500	RIVA-AMLODIPINE 10MG TABLET
02331497	RIVA-AMLODIPINE 5MG TABLET
02284391	SANDOZ-AMLODIPINE 10MG TABLET
02284383	SANDOZ-AMLODIPINE 5MG TABLET
02277271	VESICARE 10MG TABLET
02277263	VESICARE 5MG TABLET
00406988	VITAMIN B12 TABLET
00122858	VITAMIN E 400IU CAPSULE