

For our Pharmacy Providers

Winter 1999/2000

NEWS AND VIEWS

By the time you receive this newsletter, we will have moved past January 1, 2000, and into First Canadian Health's second year of operations as the claims processor for the Non-Insured Health Benefits (NIHB) Program for Medical Services Branch (MSB), Health Canada.

As always, your comments and questions are welcome. Please call our First Canadian Health (FCH) NIHB Toll-Free Inquiry Centre's Customer Service Representatives at **1-888-511-4666**, or send your correspondence to our mailing address.

We wish you the best for the New Year, and thank you for your continued support.

claim is submitted and paid by FCH, all subsequent claims for that infant can be processed on-line.

For more information on this subject, please contact the First Canadian Health (FCH) NIHB Toll-Free Inquiry Centre at 1-888-511-4666.

NEW 'MR' INTERVENTION CODE

When clients have lost their medication, effective April 19th, 1999 the CPhA Pharmacy Claim Standard Version 3 "MR" intervention code must be used to resubmit claims rejected with the "MW" Duplicate Drug, DUR information.

This new intervention code was announced in the Summer 1999 Newsletter. Unfortunately, the newsletter did not specifically state that this intervention code is not applicable to Quebec.

Please refer to Sub-Section 5.4 of your Pharmacy/MS&E Provider Information Kit (PPIK) for further clarification.

WINTER 1999/2000 DRUG BENEFIT UPDATE

The attachment lists additions, changes and deletions to the May 1999 Drug Benefit List.

Should you have any questions, please contact the First Canadian Health (FCH) NIHB Toll-Free Inquiry Centre at 1-888-511-4666.

FIRST CANADIAN HEALTH ADDRESS

Please direct any written communication or paper claims to the following address:

**First Canadian Health (FCH)
NIHB Claims Processing Department
5770 Hurontario Street, Suite 606
Mississauga, Ontario
L5R 3G5**

ISOTRETINOIN (ACCUTANE)

The change in coverage for isotretinoin (Accutane) from an unrestricted benefit to a limited use benefit for female patients will not be implemented until further notice. It will remain an unrestricted benefit for both male and female patients.

SASKATCHEWAN MSB REGIONAL OFFICE

The MSB Regional Office in Saskatchewan has moved. Prior approvals for Medical Supplies and Equipment (MS&E) items should be sent to the following address:

**Health Canada
Medical Services Branch (MSB)
18th Floor, 1920 Broad Street,
Regina, Saskatchewan
S4P 3V2**

CLIENT INFORMATION SHEET

Attached is a Client Information Sheet on how to access drug benefits under the NIHB Program. Please feel free to post this in your pharmacy. The Client Information Sheet is also being sent to all First nations and Inuit communities and health centres.

Telephone numbers remain the same, and are:

(306) 780-5014 (306) 780-7790 (306) 780-6017

PAPER, DISKETTE AND TAPE CLAIMS

Effective April 1, 2000, First Canadian Health (FCH) will no longer accept claims via paper, diskette or tape submissions. All claims must be submitted through "Point Of Sale" (POS) technology. The exception remains the first claim for an infant under one year of age who has not been registered with DIAND. The pharmacy will receive the "A6 submit manual claim" message. Once this manual

ATLANTIC MSB REGIONAL OFFICE

The MSB Regional Office for Atlantic Region has moved. Prior approvals for Medical Supplies and Equipment (MS&E) items should be sent to the following address:

Health Canada

Medical Services Branch (MSB)

Suite 1816, 18th Floor

Maritime Centre

1505 Barrington Street,

Halifax, Nova Scotia

B3J 3Y6

Telephone numbers remain the same, and are:

1-800-565-4446 **426-2656 (in Halifax)**

QUEBEC MSB TOLL-FREE NUMBER

Starting from January 15, 2000, Pharmacy providers contacting the regional MSB office in Quebec for Medical Supplies and Equipment (MS&E) prior approvals, should note that the new toll-free number is:

1-877-483-1575

UPDATED DIRECTORY

Attached is an updated directory reflecting Medical Services Branch (MSB) changes. Please discard the previous version from your Pharmacy/Medical Supply and Equipment Provider Information Kit (PIIK), and insert the updated directory.

Y2K COMPLIANCE

First Canadian Health (FCH) has addressed the Year 2000 issue and has taken all appropriate actions to remedy potential problems with the Health Information and Claims Processing System (HICPS). No disruptions in service are anticipated. Should you encounter a service problem after January 1, 2000, please contact the First Canadian Health (FCH) NIHB Toll-Free Inquiry Centre at **1-888-511-4666**.

NISGA'A VALLEY HEALTH BOARD

Effective August 31, 1999, the Nisga'a Valley Health Board has assumed complete management of drug benefits provided to its members and Nisga'a claims became ineligible for payment through Health Canada's NIHB Health Information and Claims Processing System (HICPS) operated by First Canadian Health (FCH).

The Nisga'a Valley Health Board represent members of the following bands:

671 - Gingolx (Kincolith)

677 - Gitlakdamix (New Aiyanih)

678 - Lakalzap (Greenville)

679 - Gitwinksihlkw (Canyon City)

Nisga'a clients are provided with a Nisga'a Care Card which indicates the Great-West Life Plan #51364, as well as a unique personal identification number. This number is used to bill for non-prior approval items as per usual third party billing procedures. Pharmacists requiring prior approval for drugs should call **1-888-808-9459**, or fax requests to the Nisga'a Valley Health Board NIHB office at **1-250-615-5192**.

For information on Nisga'a client eligibility, or to receive information on the Nisga'a Valley Health Board drug plan, please contact the Nisga'a Valley Health Board NIHB office at **1-888-808-9459**.

LABRADOR INUIT HEALTH COMMISSION

Payment of Non-Insured Health Benefits (NIHB) for eligible Labrador Inuit Association (LIA) members with a **permanent residency in Newfoundland and Labrador** are covered by the Labrador Inuit Health Commission (LIHC) including those members temporarily residing outside the area such as students attending university.

Please submit your drug claims for the above LIA members to:

Labrador Inuit Health Commission

P.O. Box 234

North West River, Labrador

A0P AM0

Attention: Shirley Montague

Telephone: (709) 497-8371

Fax: (709) 497-8810

LIA claims with dates of service on or after September 1, 1999 for eligible LIA members with a permanent residency in Newfoundland and Labrador **are no longer eligible** for payment through Health Canada's NIHB Health Information and Claims Processing System (HICPS) operated by First Canadian Health (FCH). These claims are displayed on your Pharmacy Claims Statement with an R30 message (CLIENT HAS ALTERNATIVE COVERAGE)

Claims for all other eligible LIA members with a permanent residency outside the province of Newfoundland and Labrador are covered by the Medical Services Branch (MSB) in the region where they reside. These claims are eligible for payment through Health Canada's NIHB Health Information and Claims Processing System (HICPS) operated by FCH.

MIAWPUKEK CLIENTS - BAND #047

Payment of Non-Insured Health Benefits (NIHB) for members of Band #047 Miawpukek (formerly known as Conne River) **who have permanent residency in Newfoundland and Labrador** are now covered by the Miawpukek Conne River Health & Social Services. Please submit your drug claims for Miawpukek clients (Band #047) to:

Conne River Health & Social Services

P.O. Box 160
Conne River, Newfoundland
A0H 1J0
Attention: Josephine MacDonald
Telephone: (709) 882-2710
Fax: (709)882-2836

Therefore, for members of Miawpukek (Conne River) with a permanent residency in Newfoundland and Labrador, claims with dates of service on or after October 1, 1999 **are no longer eligible** for payment through Health Canada's NIHB Health Information and Claims Processing System (HICPS) operated by First Canadian Health (FCH).

Claims for all other eligible Miawpukek (Band #047 clients) with a permanent residency outside the province of Newfoundland and Labrador are still covered by the MSB office in the region where they reside. These claims are eligible for payment through Health Canada's NIHB Health Information and Claims Processing System (HICPS) operated by FCH.

Additions to the NIHB Drug Benefit List for Indian and Inuit People of Canada Winter 1999

This Winter 1999 update replaces the Fall 1999 update and supplements the May 1, 1999 NIHB Drug Benefit List.

Please note that this update is not intended to replace your NIHB Drug Benefit List but rather to serve as an addendum to it. DO NOT discard your May 1, 1999 NIHB Drug Benefit List.

DIN	MFR	BRAND NAME	PTC	
Effective Date: 1993/03/01				
00703494	PMS	PMS-DOCUSATE SODIUM	56:12.00	
Effective Date: 1998/08/01				
02237230	NOP	NOVOCAPTORIL 6.25MG TAB	24:04.00	
Effective Date: 1998/11/01				
02237726	BAY	ASPIRIN 81MG ECT	28:08.04	
Effective Date: 1998/11/08				
02238984	AXC	URSO 250MG TAB	56:14.00	
Effective Date: 1998/11/30				
00690686	TCH	LAXILOSE SYRUP	40:10.00	
Effective Date: 1998/12/01				
02239068	TAR	TARO-DESOXIMETASONE 0.05% CR	84:06.00	
02239069	TAR	TARO-DESOXIMETASONE 0.25% CR	84:06.00	
Effective Date: 1999/01/01				
02229396	PDL	PDL-DIPYRIDAMOLE 25MG TAB	24:12.00	
02229398	PDL	PDL-DIPYRIDAMOLE 75MG TAB	24:12.00	
02238209	PMS	PMS-SULCRALFATE 1000MG TAB	56:40.00	
Effective Date: 1999/01/15				
00903531	LIF	FAST TAKE TEST STRIPS	36:26.00	*
Effective Date: 1999/01/27				
02237371	APX	APO-FLUCONAZOLE 100MG TAB	08:12.04	
02237370	APO	APO-FLUCONAZOLE 50MG TAB	08:12.04	
Effective Date: 1999/02/01				
02230888	SIL	GENTAMICIN SULF OPHTH OINT 0.3%	52:04.04	
Effective Date: 1999/03/01				
00977060	BOM	ACCU-CHEK TEST STRIPS	36:26.00	*
00977031	BOM	ACCUTREND TEST STRIPS	36:26.00	*
00977292	BAY	ACETEST TAB (100)	36:88.00	*
00908312	BOM	ADVANTAGE GLUCOSE TEST STRIPS	36:26.00	*
00977896	BAY	AMES LANCETS	94:01.00	*
02239044	APX	APO-BENZYDAMINE ORAL RINSE	52:28.00	
00977985	BTD	BD ULTRA-FINE II SYRINGES	94:01.00	*
00977471	BAY	DEX GLUCOMETER GLUCOSE SENSORS	36:26.00	*

* Denotes not available in every province.

DIN	MFR	BRAND NAME	PTC	
Effective Date: 1999/03/01				
00977033	BAY	ENCORE TEST STRIPS	36:26.00	*
00977995	LFS	FAST TAKE BG TEST STRIPS	36:26.00	*
00995965	BAY	FINGERSTIX LANCETS	94:01.00	*
02239131	GEN	GEN-IPRATROPIUM 0.25MG/ML SOLN	12:08.08	
00977969	BAY	GLUCOFILM	36:26.00	*
00977308	BAY	GLUCOMETER ELITE TEST STRIP	36:26.00	*
00977971	SDR	GLUCOMETER III GLUC STRIP	36:26.00	*
00977493	BAY	MICROLET LANCETS	94:01.00	*
02239517	NUP	NU-DIVALPROEX 125MG EC TAB	28:12.92	
02239518	NUP	NU-DIVALPROEX 250MG EC TAB	28:12.92	
02239519	NUP	NU-DIVALPROEX 500MG EC TAB	28:12.92	
00977059	MED	PRECISION PLUS TEST STRIPS	36:26.00	*
00977057	MED	PRECISION STRIP W/O ELECTRODE	36:26.00	*
02235971	SAB	SAB-BETAXOLOL 0.5% OPHTH SOL	52:36.00	
00977996	LIF	SMART STRIP	36:26.00	*
00977952	WIL	SOFT TOUCH LANCET	94:01.00	*
00977970	SDR	STANLEY GLUCOMETER II STRIP	36:26.00	*
02238708	CBV	TOMYCINE 3MG/ML OPHTH SOLN	52:04.04	
00977309	BOM	TRACER BG TEST STRIP	36:26.00	*
00977051	MED	UNILET LANCETS	94:01.00	*
00977365	AME	URISTIX STRIPS	36:88.00	*
Effective Date: 1999/04/01				
02231603	APO	APO-CETIRIZINE 10MG TAB	04:00.00	
02238545	PMS	ASAPHEN 80MG EC TAB	28:08.04	
02082519	ALC	DURATEARS NATURAL OINTMENT	52:36.00	
02144417	PMS	EGOZINC 10MG SUPP	84:06.00	
02237041	PMI	ERYTHROMYCIN 5MG OPHTH OINT	52:04.04	
00179655	SDR	FERROUS SULFATE TAB 300MG	20:04.04	
00332305	LDL	IRON TAB 324MG	20:04.04	
02239500	NUP	NU-ENALAPRIL 10MG TAB	24:04.00	
02239498	NUP	NU-ENALAPRIL 2.5MG TAB	24:04.00	
02239501	NUP	NU-ENALAPRIL 20MG TAB	24:04.00	
02239499	NUP	NU-ENALAPRIL 5MG TAB	24:04.00	
02238546	PDL	PDL-VALPROIC 250MG CAP	28:12.92	
02237452	ZIL	PERIDEX ORAL RINSE 0.12%	52:28.00	
02239101	PMS	PMS-LOXAPINE 25MG/ML LIQ	28:16.08	
02237459	PMS	PMS-TAMOXIFEN 10MG TAB	10:00.00	
02237460	PMS	PMS-TAMOXIFEN 20MG TAB	10:00.00	
02230193	CBV	POLYCIDIN OPHTH OINT	52:04.00	
02238699	GWI	RETROVIR 300MG TAB	08:18.08	
00481912	XEN	SODIUM BICARBONATE 5GR TAB	40:08.00	
Effective Date: 1999/04/15				
09854002	YNO	ADVANTAGE COMFORT	36:26.00	*
02177072	APX	APO-NAPROXEN SR 750MG TAB	28:08.04	
09854029	LIF	FAST TAKE STRIP	36:26.00	*
02212021	PFI	ZITHROMAX 250MG TAB	08:12.12	

* Denotes not available in every province.

DIN	MFR	BRAND NAME	PTC	
Effective Date: 1999/05/01				
02239698	APO	APO-DIVALPROEX 125MG TAB	28:12.92	
02239699	APO	APO-DIVALPROEX 250MG TAB	28:12.92	
02239700	APO	APO-DIVALPROEX 500MG TAB	28:12.92	
02239864	APO	APO-FENO-MICRO 200MG CAP	24:06.00	
02236894	MCL	CHILDREN'S MOTRIN 100MG/5ML	28:08.04	
02239213	GWI	COMBIVIR TAB	08:18.08	
02239658	DOM	DOM-DOCUSATE SODIUM 100MG CAP	56:12.00	
02231031	DOM	DOM-VALPROIC ACID 500MG EC CAP	28:12.92	
02231643	SDR	FOLIC ACID 1MG TAB	88:08.00	
02239744	GEN	GEN-TICLOPIDINE 250MG TAB	92:00.00	
02239835	NOP	NOVO-AMIODARONE 200MG TAB	24:04.00	
02239701	NOP	NOVO-DIVALPROEX 125MG TAB	28:12.92	
02239702	NOP	NOVO-DIVALPROEX 250MG TAB	28:12.92	
02239703	NOP	NOVO-DIVALPROEX 500MG TAB	28:12.92	
02239954	NOP	NOVO-FLUVOXAMINE 100MG TAB	28:16.04	
02239953	NOP	NOVO-FLUVOXAMINE 50MG TAB	28:16.04	
00876488	PMS	PMS-BALMYXIN OINT	84:00.00	
02231780	PMS	PMS-FENOFIBRATE MICRO 200MG	24:06.00	
02239619	PMS	PMS-INDAPAMIDE 1.25MG TAB	40:28.00	
02239577	PMS	PMS-TOBRAMYCIN 0.3% OPHTH SOLN	52:04.04	
01948164	RIV	RIVA-SOL 0.5% OINT	84:08.00	
02230934	TAN	TANTAPHEN 160MG CHEW GRAPE TAB	28:08.92	
02015676	TAN	TANTAPHEN 80MG CHEW GRAPE TAB	28:08.92	
Effective Date: 1999/05/15				
09853685	APO	APO-LISINAPRIL 5MG TAB	24:08.00	*
Effective Date: 1999/05/27				
02238073	WAY	DIAMOX SEQUELS 500MG CAP	52:10.00	
02171767	WAY	RHEUMATREX 2.5MG TAB	10:00.00	
Effective Date: 1999/06/01				
02176483	TCH	ALLER-AIDE 25MG CAPLET	04:00.00	
02230644	WAM	CHILDREN VITAMIN DROPS	88:28.00	
02200384	PER	DAIRY DIGESTIVE 3000UI TAB	56:16.00	
02231011	WAM	FEVERHALT 160MG CHEW TAB	28:08.92	
02230788	WAM	FEVERHALT 80MG CHEW TAB	28:08.92	
02230787	WAM	FEVERHALT DROPS 80MG/ML	28:08.92	
02231232	WAM	FEVERHALT SYRUP 160MG/5ML	28:08.92	
Effective Date: 1999/07/01				
02237367	PDA	ACCURETIC 10/12.5MG TAB	24:08.00	
02237368	PDA	ACCURETIC 20/12.5MG TAB	24:08.00	
02240071	ALT	ALTI-AMIODARONE 200MG TAB	24:04.00	
02239750	FCP	ATENOLOL 100MG TAB	24:04.00	
02239749	FCP	ATENOLOL 50MG TAB	24:04.00	
02163675	BMS	CEFZIL 125MG/5ML SUSP	08:12.06	
02163659	BMS	CEFZIL 250MG TABS	08:12.06	
02163683	BMS	CEFZIL 250MG/5ML SUSP	08:12.06	
02163667	BMS	CEFZIL 500MG TABS	08:12.06	

* Denotes not available in every province.

DIN	MFR	BRAND NAME	PTC
Effective Date: 1999/07/01			
02239008	SOL	CREON 20 MINIMICROSPHERES	56:16.00
02239007	SOL	CREON 5 MINIMICROSPHERES	56:16.00
02233542	BEX	DIANE-35 TAB	92:00.00
02238633	DPC	DOM-CYCLOBENZAPRINE 10MG TAB	12:20.00
02238770	DPC	DOM-TIMOLOL 0.25% OPHTH SOLN	52:36.00
02238771	DPC	DOM-TIMOLOL 0.5% OPHTH SOLN	52:36.00
02238817	DPC	DOM-VALPROIC ACID 250MG/5ML	28:12.92
02238704	SCH	ESTROGEL TRANSDERMAL GEL 0.06%	68:16.04
02238570	FTP	FTP-ATENOLOL 100MG TAB	24:04.00
02238445	FTP	FTP-BACLOFEN 10MG TAB	12:20.00
02238446	FTP	FTP-BACLOFEN 20MG TAB	12:20.00
02238449	FTP	FTP-CAPTOPRIL 12.5MG TAB	24:04.00
02238450	FTP	FTP-CAPTOPRIL 25MG TAB	24:04.00
02238451	FTP	FTP-CAPTOPRIL 50MG TAB	24:04.00
02238444	FTP	FTP-DOMPERIDONE 10MG TAB	56:40.00
02238442	FTP	FTP-INDOMETHACIN 25MG CAP	28:08.04
02238443	FTP	FTP-INDOMETHACIN 50MG CAP	28:08.04
02238448	FTP	FTP-VALPROIC ACID 250MG CAP	28:12.92
02240498	GPM	GEN-DOXAZOSIN TAB 1MG	24:08.00
02240499	GPM	GEN-DOXAZOSIN TAB 2MG	24:08.00
02240500	GPM	GEN-DOXAZOSIN TAB 4MG	24:08.00
02240210	GEN	GEN-FENOFIBRATE MICRO 200M	24:06.00
02240067	GPM	GEN-INDAPAMIDE TAB 1.25MG	40:28.00
02238525	TAP	HP-PAC KIT	56:40.00
09853715	LIL	HUMALOG 100U/ML INJ CARTRIDGE	68:20.08
02229704	LIL	HUMALOG INSULIN 10ML	68:20.08
02229705	LIL	HUMALOG INSULIN CARTRIDGE	68:20.08
02233562	LIL	HUMALOG PREFILLED INJ 3ML	68:20.08
02239754	MED	MED-ACEBUTOLOL (TYPE S) 100MG	24:04.00
02239755	MED	MED-ACEBUTOLOL (TYPE S) 200MG	24:04.00
02239756	MED	MED-ACEBUTOLOL (TYPE S) 400MG	24:04.00
02239758	MED	MED-ACEBUTOLOL 100MG TAB	24:04.00
02239759	MED	MED-ACEBUTOLOL 200MG TAB	24:04.00
02239760	MED	MED-ACEBUTOLOL 400MG TAB	24:04.00
02239761	MED	MED-AMOXICILLIN 250MG CAP	08:12.16
02239762	MED	MED-AMOXICILLIN 500MG CAP	08:12.16
02239772	MED	MED-METOPROLOL 100MG TAB	24:04.00
02239771	MED	MED-METOPROLOL 50MG TAB	24:04.00
02239770	MED	MED-VERAPAMIL 120MG TAB	24:04.00
02239769	MED	MED-VERAPAMIL 80MG TAB	24:04.00
00725765	SIL	MEPERIDINE HCL INJ 50MG/ML	28:08.08
00725757	SIL	MEPERIDINE HCL INJ 75MG/ML	28:08.08
02231691	NOP	NOVO-CEFAFLOR 250MG	08:12.06
02231693	NOP	NOVO-CEFAFLOR 500MG	08:12.06
02239746	NOP	NOVO-MOCLOBEMIDE 100MG TAB	28:16.04
02239747	NOP	NOVO-MOCLOBEMIDE 150MG TAB	28:16.04
02239748	NOP	NOVO-MOCLOBEMIDE 300MG TAB	28:16.04
00796492	CHA	PARA SHAMPOO	84:04.12

* Denotes not available in every province.

DIN	MFR	BRAND NAME	PTC
Effective Date: 1999/07/01			
00899992	HCI	PARA SPRAY	84:04.12
02239388	PDL	PDL-FLUTAMIDE 250MG TAB	10:00.00
02233017	PEN	PENTA-AMOXICILLIN 500MG CAP	08:12.16
02238342	PEN	PENTA-FAMOTIDINE 20MG TAB	56:40.00
02238343	PEN	PENTA-FAMOTIDINE 40MG TAB	56:40.00
02239073	PEN	PENTA-OXYBUTYNIN 5MG TAB	86:12.00
02239164	PEN	PENTA-SULINDAC 200MG TAB	28:08.04
02239071	PEN	PENTA-TEMAZEPAM 15MG CAP	28:24.08
02239072	PEN	PENTA-TEMAZEPAM 30MG CAP	28:24.08
02238638	PEN	PENTA-TRIAMTERENE HCTZ	40:28.00
02239655	PMS	PMS-CONJUGATED ESTROGENS CSD	68:16.04
02239654	PMS	PMS-CONJUGATED ESTROGENS CSD	68:16.04
02239620	PMS	PMS-INDAPAMIDE 2.5MG TAB	40:28.00
02239627	PMS	PMS-IPRATROPIUM 0.03% NAS SPR	52:36.00
02239827	FOU	PROCLIM 10MG TAB	68:32.00
02239825	FOU	PROCLIM 2.5MG TAB	68:32.00
02239826	FOU	PROCLIM 5MG TAB	68:32.00
02125447	BLO	R & C SHAMPOO/CONDITIONER	84:04.12
02239323	NOV	SANDOSTATIN LAR 10MG/VIAL INJ	92:00.00
02239324	NOV	SANDOSTATIN LAR 20MG/VIAL INJ	92:00.00
02239325	NOV	SANDOSTATIN LAR 30MG/VIAL INJ	92:00.00
02238617	AGO	VIRACEPT 250MG TAB	08:18.08
02238618	AGO	VIRACEPT 50MG/G ORL PWS	08:18.08
02238453	HLR	XELODA 150MG TAB	10:00.00
02238454	HLR	XELODA 500MG TAB	10:00.00
02238660	ZEN	ZOMIG 2.5MG TAB	28:92.00
Effective Date: 1999/08/01			
00587281	PMS	CONJUGATED ESTROGENS	68:16.04
Effective Date: 1999/08/30			
02227339	PRO	PRO-INDAPAMIDE 1.25MG TAB	40:28.00
Effective Date: 1999/09/01			
02240481	NOP	NOVO-SERTRALINE 100MG CAP	28:16.04
02240485	NOP	NOVO-SERTRALINE 25MG CAP	28:16.04
02240484	NOP	NOVO-SERTRALINE 50MG CAP	28:16.04
02239951	PMS	PMS-GEMFIBROZIL 300MG CAP	24:06.00
Effective Date: 1999/10/01			
02218429	ALT	ALTI-MOCLOBEMIDE 300MG TAB	28:16.04
02240774	APO	APO-CEFADROXIL 500MG CAP	08:12.06
02240588	APO	APO-DOXAZOSIN 1MG TAB	24:08.00
02240589	APO	APO-DOXAZOSIN 2MG TAB	24:08.00
02240590	APO	APO-DOXAZOSIN 4MG TAB	24:08.00
02240456	APO	APO-MOCLOBEMIDE 300MG TAB	28:16.04
02238282	APO	APO-SERTRALINE 100MG CAP	28:16.04
02238280	APO	APO-SERTRALINE 25MG CAP	28:16.04
02238281	APO	APO-SERTRALINE 50MG CAP	28:16.04
02169908	WAY	ASENDIN 100MG TAB	28:16.04

* Denotes not available in every province.

DIN	MFR	BRAND NAME	PTC	
Effective Date: 1999/10/01				
02237325	BAY	BAYCOL 0.2MG TAB	24:06.00	
02237326	BAY	BAYCOL 0.3MG TAB	24:06.00	
02240113	MSD	COSOPT 20MG/5MG/ML OPH SOL	52:10.00	
02237556	EUR	EURO-FER 300MG CAP	20:04.04	
02239083	HLR	FORTOVASE 200MG CAP	08:18.08	
02240850	GEN	GEN-FLUVOXAMINE 100MG TAB	28:16.04	
02239193	GLW	HEPTOVIR 100MG TAB	08:18.08	
02181479	HLR	INHIBACE PLUS TAB	24:08.00	
99002981	RPR	LOVENOX 100MG/1.0ML INJ	20:12.04	*
02236564	RPR	LOVENOX 300MG/3ML INJ	20:12.04	
02012472	RPR	LOVENOX 30MG/0.3ML INJ	20:12.04	
02236883	RPR	LOVENOX 40MG/0.4ML INJ	20:12.04	
99002965	RPR	LOVENOX 60MG/0.6ML INJ	20:12.04	*
99003058	RPR	LOVENOX 80MG/0.8ML INJ	20:12.04	*
02182947	FAP	METHOTREXATE INJ 10MG/ML	10:00.00	
02170655	WAY	METHOTREXATE INJ 20MG/VIAL	10:00.00	
02170663	WAY	METHOTREXATE INJ 25MG/ML	10:00.00	
02170671	WAY	METHOTREXATE INJ 25MG/ML	10:00.00	
02182955	FAP	METHOTREXATE INJ 25MG/ML	10:00.00	
02182777	FAP	METHOTREXATE INJ 25MG/ML	10:00.00	
02099705	NOP	METHOTREXATE SODIUM INJ 25MG/ML	10:00.00	
02161168	UPJ	METHOTREXATE SODIUM INJ 25MG/ML	10:00.00	
02237145	BOE	MIRAPEX 0.25MG TAB	92:00.00	
02237147	BOE	MIRAPEX 1.5MG TAB	92:00.00	
02237146	BOE	MIRAPEX 1MG TAB	92:00.00	
02238465	SCH	NASONEX AQUEOUS 50MG/MET NAS	52:08.00	
02232565	SKB	REQUIP 0.25MG TAB	12:08.04	
02232567	SKB	REQUIP 1MG TAB	12:08.04	
02232568	SKB	REQUIP 2MG TAB	12:08.04	
02232569	SKB	REQUIP 5MG TAB	12:08.04	
02238748	BOE	VIRAMUNE 200MG TAB	08:18.08	
02240332	MER	ZOCOR 80MG TAB	24:06.00	
00855766	EUR	ZODERM 0.025% CR	84:36.00	
02239372	GWI	ZOFRAN ODT 4MG TAB	56:22.00	
02239373	GWI	ZOFRAN ODT 8MG TAB	56:22.00	
Effective Date: 1999/11/01				
02240604	GPM	GEN-AMIODARONE TAB 200MG	24:04.00	
00977853	LIF	LIFESCAN FINEPOINT LANCETS	94:01.00	*
02235134	NOP	NOVO-CEFADROXIL 500MG CAP	08:12.06	
02239024	NOP	NOVO-CLONAZEPAM 0.5MG TAB	28:12.08	
02239025	NOP	NOVO-CLONAZEPAM 2MG TAB	28:12.08	
02231061	NOP	NOVO-KETOCONAZOLE 200MG TAB	08:12.04	
02240457	NOP	NOVO-NIZATIDINE 150MG CAP	28:16.04	
02240458	NOP	NOVO-NIZATIDINE 300MG CAP	28:16.04	
00977594	BOM	SOFT-IN SYRINGES 0.3CC, 0.5CC & 1CC	94:01.00	*
Effective Date: 2000/01/01				
02239665	DRX	ALERTEC 100MG TAB	28:20.00	

* Denotes not available in every province.

DIN	MFR	BRAND NAME	PTC
Effective Date: 2000/01/01			
02239092	AST	ATACAND 16MG TAB	24:08.00
02239091	AST	ATACAND 8MG TAB	24:08.00
02239757	DUP	BACTROBAN 2% CREAM	84:04.04
02236913	SAO	FRAXIPARINE 9500IU/ML (0.2ML)	20:12.04
02240114	SAO	FRAXIPARINE FORTE 19000U/ML	20:12.04
02240115	GWI	LAMICTAL 5MG CHEWABLE TAB	28:12.92
02239887	DUP	SUSTIVA 100MG CAP	08:18.08
02239888	DUP	SUSTIVA 200MG CAP	08:18.08
02239886	DUP	SUSTIVA 50MG CAP	08:18.08
02240358	GWI	ZIAGEN 20MG/ML O/L	08:18.08
02240357	GWI	ZIAGEN 300MG TAB	08:18.08

Replacement DINs on the NIHB Drug Benefit List for Indian and Inuit People of Canada Winter 1999

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OLD DIN	NEW DIN	MFR	BRAND NAME	PTC
00108103	02234510	LIO	282 TABLETS	28:08.08
00219843	02238645	LIO	292 TABLET	28:08.08
00776548	02229570	PMS	ARTIFICIAL TEARS 1.4% OPHTH DROP	52:36.00
02025868	02163055	SCJ	AVEENO ACNE BAR	84:24.16
00907685	09854088	BAY	ELITE TEST STRIP	36:26.00
00372331	02232388	LIO	EXDOL-15 TAB	28:08.08
00372358	02232389	LIO	EXDOL-30 TABLETS	28:08.08
02019604	02238070	WAY	NEPTAZANE 25MG TAB	52:10.00
02022389	02238071	WAY	NEPTAZANE 50MG TAB	52:10.00
02217112	02238075	WAY	PHOSPHOLINE IODIDE 0.06%	52:20.00
02217139	02043343	WAY	PHOSPHOLINE IODIDE OPHTH SOLN 12.5MG	52:20.00
00755311	02229632	PMS	PMS-ARTIFICIAL TEARS 1.4%	52:36.00
01986880	02141906	WES	PRESUN 29 CRM FOR KIDS	84:80.00
02055678	02229485	WES	PRESUN 30 ENFANT	84:80.00
02013088	02229486	WES	PRESUN ULTRA 30 CREAM	84:80.00
02013118	02229484	WES	PRESUN ULTRA 30 GEL	84:80.00
01937650	02220350	DER	ZETAR EMULSION 30%	84:32.00
01937642	02220393	DER	ZETAR SHAMPOO	84:32.00

*

Corrections to the NIHB Drug Benefit List for Indian and Inuit People of Canada

Winter 1999

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Please note that the manufacturer of the following products is ICN and not RPR as indicated in the May 1, 1999 NIHB Drug Benefit List:

02230891	CES TAB 0.3MG	68:16.00
00265470	CES TAB 0.625MG	68:16.00
02230892	CES TAB 0.9MG	68:16.00
00265489	CES TAB 1.25MG	68:16.00

Deletions from the NIHB Drug Benefit List for Indian and Inuit People of Canada

Winter 1999

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Products or DINS deleted by NIHB, October 1, 1999

DIN	MFR	BRAND NAME	PTC
02177145	APO	APO CYCLOBENZAPRINE TAB 10MG	12:20.00
02220644	PDL	CYCLOBENZAPRINE TAB 10MG	12:20.00
02237275	MED	CYCLOBENZAPRINE TAB 10MG	12:20.00
00977993		DIABETIC SUPPLIES	
02238633	DPC	DOM-CYCLOBENZAPRINE 10MG TAB	12:20.00
00782742	MER	FLEXERIL TAB 10MG	12:20.00
02236506	TCH	FLEXITEC TAB 10MG	12:20.00
02231353	GEN	GEN-CYCLOPRINE TAB 10MG	12:20.00
01966154	TMP	NORFLEX TAB 100MG	12:20.00
02080052	NOP	NOVOCYCLOPRINE TAB 10MG	12:20.00
02171848	NUP	NU-CYCLOBENZAPRINE TAB 10MG	12:20.00
02047535	KPC	ORFENACE TAB 100MG	12:20.00
02212048	PMS	PMS-CYCLOBENZAPRINE TAB 10MG	12:20.00
02174618	ALT	SYN CYCLOBENZAPRINE TAB 10MG	12:20.00
00537500	LAL	VIT C CAP 500MG A.P.	88:12.00
00783773	LAL	VIT C TAB 500MG A.P.	88:12.00
00341215	JAM	VIT C TAB 500MG SRT	88:12.00
00517682	SDR	VIT C TAB 500MG TD	88:12.00

Drugs Discontinued from the NIHB Drug Benefit List for Indian and Inuit People of Canada

Winter 1999

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Products or DINS Discontinued by the Manufacturer

DIN	MFR	BRAND NAME	PTC
02038242	HMR	ACTINAC PWR	84:04.04
02155877	BAY	ADALAT CAP 10MG	24:04.00
02155869	BAY	ADALAT CAP 5MG	24:04.00
00140589	MSD	ALDORIL 15 TAB	24:08.00
02054825	ALT	ALTI-CHOLESTYRAMINE LIGHT	24:06.00
02125854	WAC	AMPHOJEL 500 SUSP	56:04.00
00010510	CIB	ANTURAN 100MG TAB	40:40.00
02208156	BAY	ASPIRIN ENT COATED TAB 80MG	28:08.04
00335347	WAR	BEBEN GEL 0.025%	84:06.00
00187585	STI	BENOXYL LOTION 20%	84:04.16
00444537	ICN	BETACORT SCALP LOTION 0.1%	84:06.00
02100169	RBT	BETNOVATE CRM 0.05%	84:06.00
02100177	RBT	BETNOVATE CRM 0.1%	84:06.00
02106264	RBT	BETNOVATE OINT 0.05%	84:06.00
00695688	ALC	BETOPTIC OPHTH SOL	52:36.00
00581313	HOR	BUTISOL SODIUM TAB 100MG	28:24.04
00581305	HOR	BUTISOL SODIUM TAB 15MG	28:24.04
00581291	HOR	BUTISOL SODIUM TAB 30MG	28:24.04
02150832	BAY	CANESTEN SUPP 100 MG	84:04.08
00028185	SCH	CELESTONE TAB 0.5MG	68:04.00
00024066	WAR	CHLOROMYCETIN OPH ONT 1%	52:04.04
00476412	WAR	CHOLEDYL TAB 200MG	86:16.00
00477680	ROU	CORTICREME 0.1%	84:06.00
00477699	ROU	CORTICREME 1%	84:06.00
02099179	NRD	CORTIMENT SUP 10MG	84:06.00
02099187	HMR	CORTIMENT SUP 40MG	84:06.00

DIN	MFR	BRAND NAME	PTC
00397512	ABB	CYLERT TAB 37.5MG	28:20.00
00397520	ABB	CYLERT TAB 75MG	28:20.00
00028630	SEA	DEMULEN 50 TAB 21	68:12.00
00343536	SEA	DEMULEN 50 TAB 28	68:12.00
00024716	PFI	DIABINESE TAB 250MG	68:20.20
00024082	WAR	ELASE OINT	84:36.00
00016306	MER	ELAVIL PAMOATE SYR 10MG/5ML	28:16.04
00015709	LIL	ERGOTRATE MALEATE TAB 0.2MG	76:00.00
00640263	ALT	ERYTHROMYCIN TAB 250MG	08:00.00
00028215	SCH	ESTINYL TABLETS 0.02	68:16.04
00513237	SCH	FULVICIN PG TAB 330MG	08:12.04
02100266	ROB	GRISOVIN FP 125MG TAB	08:12.04
00512559	PMJ	HALCION TAB 0.125MG	28:24.08
00017574	ORT	HALDOL INJECTION 5MG/ML	28:16.08
01916289	BOE	HYDROMORPHONE 2MG TAB	28:08.08
01916270	BOE	HYDROMORPHONE 4MG TAB	28:08.08
00015202	LIL	ILOSONE 250MG CAP	08:12.12
00015474	LIL	ILOSONE LIQUID 125MG/5ML	08:12.12
00210641	LIL	ILOSONE LIQUID 250MG/5ML	08:12.12
00015970	ALL	ILOTYCIN CRYST OP ONT 0.5%	52:04.04
00542903	ORT	IMAP FORTE INJ 10MG/ML	28:16.08
00368393	ORT	IMAP INJ 2MG/ML	28:16.08
02017652	SAN	ISUPREL INH	12:12.00
00025968	PRO	KARIDIUM TAB 1MG	92:00.00
00640263	ALT	KENRAL-ERYTHROMYCIN TAB 250MG	08:12.12
00606200	ALT	KENRAL-IBUPROFEN TAB 300MG	28:08.04
00606219	ALT	KENRAL-IBUPROFEN TAB 400MG	28:08.04
00606227	ALT	KENRAL-IBUPROFEN TAB 600MG	28:08.04
02162784	ALT	KENRAL-LOPERAMIDE CAPLETS 2MG	56:08.00
00610623	ALT	KENRAL-PREDNISONE TAB 5MG	68:04.00
00651818	ROU	LACTULAX SYRUP 666.7MG/ML	40:10.00
00030589	UPJ	LINCOCIN 500 MG CAPSULES	08:12.28
00005134	CIB	LOCACORTEN .03% CR	84:06.00
02163071	CBA	MAALOX EXTRA STRENGTH TAB	56:04.00
02003147	RHO	MAALOX L.S.C. TAB	56:04.00
01997149	CIB	MAALOX PLUS SUSP	56:04.00
01937758	ROR	MAALOX TAB	56:04.00

DIN	MFR	BRAND NAME	PTC
01997599	ALZ	MACRODANTIN CAP 25MG	08:36.00
02099195	NRD	MAXERAN 5MG TAB	56:40.00
02099160	HMR	MAXERAN LIQ 1MG/ML	56:40.00
02099209	HMR	MAXERAN TAB 10MG	56:40.00
00177024	SCH	METIMYD OPH SUS 5MG/ML	52:08.00
01927876	RPR	MULTIPAX 10MG CAP	28:24.92
00031070	UPJ	MYCIGUENT OINTMENT 0.5%	84:04.04
00270113	ROU	NADOSTINE TAB 500000UNIT	08:12.04
00328642	LIL	NALFON CAP 300MG	28:08.04
00628875	PMS	NATURAL SOURCE LAXATIVE	56:12.00
02030799	ROB	NORPACE 100MG CAP	24:04.00
02030802	ROB	NORPACE CR TAB 150MG	24:04.00
02099144	MER	NORPRAMIN TAB 75MG	28:16.04
02049082	NOP	NOVO-CROMOLYN 1% NEB SOL	92:00.00
02230220	NOP	NOVO-FLUNARIZIN CAP 5MG	92:00.00
02234217	NOP	NOVO-LEVAMISOLE	10:00.00
00391581	NOP	NOVO-RYTHRO STEARATE TAB 250MG	08:12.12
02044641	NUP	NU-KETOPROFEN EC TAB 100MG	28:08.04
02044781	NUP	NU-KETOPROFEN EC TAB 50MG	28:08.04
02044684	NUP	NU-PROPRANOLOL 10MG TAB	24:04.00
02044722	NUP	NU-PROPRANOLOL 120MG TAB	24:04.00
02044714	NUP	NU-PROPRANOLOL 80MG TAB	24:04.00
02044625	NUP	NU-TIMOLOL 20 MG TAB	24:04.00
00707457	ALT	OPHTHO-CHLORAM 0.5% OPH SOL	52:04.04
00707465	ALT	OPHTHO-SULF LIQ 10%	52:04.08
01987542	HOE	ORINASE 500MG TAB	68:20.20
02222760	STI	PANOXYL 10 WASH	84:28.00
00811882	PMS	PMS-CHLORHYDRATE 500MG	28:24.92
02238102	PMS	PMS-SELEGILINE 5MG TAB	92:00.00
00027596	SAN	POTASSIUM SANDOZ TAB	40:12.00
00415731	HOR	PURINOL TAB 100MG	92:00.00
00415758	HOR	PURINOL TAB 200MG	92:00.00
00415766	HOR	PURINOL TAB 300MG	92:00.00
02043513	WAY	REGLAN-5 TAB 5MG	56:40.00
01974432	AST	RHINOCORT AQ NASAL 100MCG	52:08.00
00029165	BMS	RUBRAMIN 1000MCG/ML INJ	88:08.00
02230650	ICN	RYLOSOL 160MG TAB	24:04.00

DIN	MFR	BRAND NAME	PTC
02230651	ICN	RYLOSOL 240MG TAB	24:04.00
02230649	ICN	RYLOSOL 80MG TAB	24:04.00
02064499	PMJ	SALAZOPYRIN 3GM/100M	08:24.00
00263869	ICN	SAS TAB 500MG	08:24.00
02156067	SCP	SCHEIN-NIFEDIPINE 10MG CAP	24:04.00
02156059	SCP	SCHEIN-NIFEDIPINE 5MG CAP	24:04.00
00027448	SAN	SERENTIL TAB 10MG	28:16.08
01987658	HMR	SOFRAMYCIN EYE DROPS 5MG/ML	52:04.04
01987666	HMR	SOFRAMYCIN EYE ONT 0.5%	52:04.04
00842672	ALT	SYN-BROMOCRIPTINE 2.5MG TAB	92:00.00
00818593	ALT	SYN-PINODOL TAB 10MG	24:08.00
00818607	ALT	SYN-PINODOL TAB 15MG	24:08.00
00818615	ALT	SYN-PINODOL TAB 5MG	24:08.00
02063778	PMJ	TAMONE 10 MG TAB	10:00.00
02063751	PMJ	TAMONE 20 MG TAB	10:00.00
00298212	ICN	TERFLUZINE CONC 10MG/ML SYP	28:16.08
01966243	3MP	THEOLAIR SR 200MG	86:16.00
00484938	ORT	TOLECTIN CAP 400MG	28:08.04
02046164	CIB	TRANSDERM-NITRO 0.8 MG	24:12.00
00402567	CIB	TRASICOR TAB 20MG	24:04.00
00028304	SCH	TRILAFON TAB 4MG	28:16.08
00781371	BAK	TRISYN CREAM	84:06.00
01945254	JOU	URSOFALK CAP 250MG	56:14.00
02238145	ALC	VOFENAL 0.1% OPH SOL	52:08.00
00010308	MER	WARFILONE TAB 5MG	20:12.04

Limited Use Benefits

Winter 1999

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DIN	MFR	BRAND NAME	PTC
Effective Date: 1999/10/01			
2239730	SCH	REBETRON READY TO USE SOLN 6,000,000IU	08:18.00
2125366	PFR	HYDROMORPH CONTIN CAP 12MG	28:08.08
2125382	PFR	HYDROMORPH CONTIN CAP 24MG	28:08.08
2125390	PFR	HYDROMORPH CONTIN CAP 30MG	28:08.08
2125323	PFR	HYDROMORPH CONTIN CAP 3MG	28:08.08
2125331	PFR	HYDROMORPH CONTIN CAP 6MG	28:08.08
2202441	PFR	OXYCONTIN CR TAB 10MG	28:08.08
2202468	PFR	OXYCONTIN CR TAB 20MG	28:08.08
2202476	PFR	OXYCONTIN CR TAB 40MG	28:08.08
2202484	PFR	OXYCONTIN CR TAB 80MG	28:08.08
2237824	GLW	WELLBUTRIN SR TABLET 100MG	28:16.04
2237825	GLW	WELLBUTRIN SR TABLET 150MG	28:16.04
2229285	LIL	ZYPREXA TABLET 10MG	28:16.08
2229250	LIL	ZYPREXA TABLET 2.5MG	28:16.08
2229269	LIL	ZYPREXA TABLET 5MG	28:16.08
2229277	LIL	ZYPREXA TABLET 7.5MG	28:16.08
2230170	KNR	ALTI-BENZYDAMINE	52:28.00
2239044	APX	APO-BENZYDAMINE ORAL RINSE	52:28.00
2229799	NOP	NOVO-BENZYDAMINE ORAL RINSE	52:28.00
2229777	PMS	PMS-BENZYDAMINE ORAL RINSE	52:28.00
2226820	SGW	SUN-BENZ LIQUID 0.15%	52:28.00
1966065	MMH	TANTUM LIQUID 0.15%	52:28.00
2239064	PMJ	DETROL 1MG TABLET	86:12.00
2239065	PMJ	DETROL 2MG TABLET	86:12.00
2236606	ZEN	ACCOLATE 20MG TABLET	92:00.00
2238682	BMS	PLAVIX 75MG TABLET	92:00.00
2238217	MSD	SINGULAIR 10MG FILM COATED TABLET	92:00.00
2238216	MSD	SINGULAIR 5MG CHEWABLE TABLET	92:00.00

The change in coverage for isotretinoin (Accutane) from an unrestricted benefit to a limited use benefit for female patients, as announced in the Fall Update, will not be implemented until further notice. It will remain an unrestricted benefit for both male and female patients.



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Weekends and Holidays: 8:00 am to 12:00 midnight (eastern standard time)

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- Benefit Eligibility**
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MEDICAL SERVICES BRANCH NIHB REGIONAL OFFICES

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Atlantic	1-800-565-4446	Northwest Territories/ Nunavut	1-800-259-5611
Manitoba	1-800-665-8507		

FIRST CANADIAN HEALTH MANAGEMENT CORPORATION INC.

NIHB Claims Department
5770 Hurontario Street, Suite 606
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Atlantic

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Medical Services Branch
Indian & Inuit Health Services
Suite 1816, 18th Floor
Maritime Centre
1505 Barrington Street
Halifax, Nova Scotia B3J 3Y6
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(in Halifax) 426-2656

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Medical Services Branch
Guy-Favreau Complex
200 René Lévesque Boulevard West
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Montréal, Québec H2Z 1X4
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Health Canada
Medical Services Branch
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Nepean, Ontario K1A 0L3
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Manitoba

Health Canada
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391 York Avenue
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Winnipeg, Manitoba R3C 4W1
1-800-665-8507
(in Winnipeg) 983-8886

Saskatchewan

Health Canada
Medical Services Branch
1920 Broad Street, 18th Floor
Regina, Saskatchewan S4P 3V2
1-800-667-3515
(in Regina) 780-8267, 780-8257
780-6254, 780-5438, 780-5441

Alberta

Health Canada
Medical Services Branch
9700 Jasper Avenue
Suite 730, Canada Place
Edmonton, Alberta T5J 4C3
1-800-232-7301
(in Edmonton) 495-2694

British Columbia

Health Canada
Medical Services Branch
540-757 West Hastings Street
Vancouver, B.C. V6C 3E6
Provider Line: 1-800-665-2289
Fax Line: 1-888-299-9222

Yukon

Health Canada
Medical Services Branch
300 Main Street, Suite 100
Elijah Smith Building
Whitehorse, Yukon Y1A 2B5
(867) 667-3942

Northwest Territories/Nunavut

Health Canada
NWT/Nunavut Liaison
Non-Insured Health Benefits (NIHB) Program
Medical Services Branch
Room 1979C
Jeanne Mance Building
Tunney's Pasture, Postal Locator 1919C
Ottawa, Ontario K1A 0L3
1-800-259-5611