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

Summer 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

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

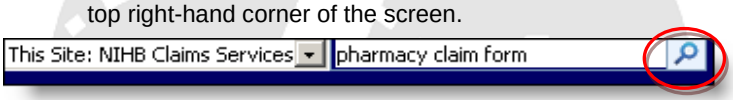
Mail all other correspondence to:
ESI Canada
5770 Hurontario Street, 10th Floor
Mississauga, ON
L5R 3G5

NIHB Claims Services Provider Website

Access the NIHB Claims Services Provider Website for valuable information relating to the NIHB Program. This user-friendly website allows you to locate the information you require quickly, as well as download and print documents, such as:

- Alerts
- Announcements
- Bulletins
- Newsletters
- Policy and Program Information (Provider Guide for Pharmacy Benefits)
- Forms
- Drug Benefit List and Drug Benefit Updates
- Claims Submission Kits

TIP Use the "**Search**" function when searching for information within the NIHB Claims Services Provider Website. This function is symbolized with a magnifying glass located at the top right-hand corner of the screen.



In the white space to the left of the magnifying glass, type your key words (i.e., pharmacy claim form), and then click on the magnifying glass. All references for "pharmacy claim form" are displayed providing a hyperlink for each reference.

Auto-Approval Procedure

In the Spring 2010 NIHB Pharmacy Newsletter, an article entitled "**Auto-Approval Procedure**" was published. The article stated that providers could find the most recent listing of drugs eligible for Auto-Approval within the Fall-Winter 2009-10 Drug Benefit List (DBL) Update. Unfortunately, the DBL Update did not contain that information. We apologize for the inconvenience.

The most recent listing of drugs eligible for Auto-Approval is listed below:

- Pioglitazone (Actos® and generics)
- Ezetimibe (Ezetrol®)
- Minocycline (Minocin® and generics)
- Dutasteride (Avodart®)
- Finasteride (Proscar® and generics)

NEW INFORMATION

Benefits and Criteria List

As of March 1, 2010, the maximum quantities and replacement/ frequency periods for the following medical supplies and equipment (MS&E) have been modified in order to facilitate provider billing to cover a three-month period.

A complete MS&E list is available on the NIHB Claims Services Provider Website (MS&E link "**Benefits and Criteria**") under section D4.2. General Benefits and Criteria.

Changes have been made within the following subsections:

a) D4.2.21 Catheter Supplies and Equipment

New Item No.	Item Name	Maximum
99400418	Catheters, external, disposable	90 per 3 months
99400420	Catheters, indwelling	4 per 3 months
99400421	Catheters, intermittent, disposable	36 per 3 months
99400435	Lubricating jelly, tube	12 per 3 months
99400885	Lubricating jelly/ box single use	4 per 3 months

b) D4.2.22 Incontinence Supplies

New Item No.	Item Name	Maximum
99400436	Diapers/ pull-ups, adult	450 per 3 months
99400438	Liners, disposable	450 per 3 months
99400442	Underpads, disposable	150 per 3 months
99400750	Diaper tabs, adult	450 per 3 months
99400752	Diapers tabs, child > 2 years	450 per 3 months
99400753	Diaper pull-up, child > 2 years	450 per 3 months
99400755	Pant, incontinence brief mesh	9 per 3 months

Change in Provider Information

In order to keep our provider records up-to-date, it is important that you inform ESI Canada when changes occur to avoid unpaid claims, and non-delivery of communications (i.e., provider statements, newsletters, etc.). Types of changes are name and ownership of your business or any provider information (i.e., address, phone, fax, and e-mail address).

These changes need to be identified and completed on the ESI Canada Modification to Medical Supplies and Equipment (MSE)/ Pharmacy Information Form and faxed or mailed to ESI Canada as indicated on the form. The form is available for download on the NIHB Claims Service Provider Website or you may contact the Provider Claims Processing Call Centre to request a copy.

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

Registering Additional Business Locations

Please be sure to register all new or additional locations with ESI Canada in order to avoid disruption of service for claim 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, 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, please fax the ESI Canada Pharmacy Provider Agreement to ESI Canada at 905-712-0669. Once your Agreement has been processed, ESI Canada will forward you a Welcome Letter as confirmation of your participation in the NIHB Program.

Drug Benefit List

The 2010 Annual NIHB Drug Benefit List (DBL) will be available on the NIHB Claims Services Provider Website at a later date. A Drug Benefit Update is included with this newsletter.

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**").

Electronic Funds Transfer

Pharmacies are encouraged to use the Electronic Funds Transfer (EFT) payment method. Claim payment funds are transferred electronically from ESI Canada's bank account and directly deposited in the provider's designated bank account. This arrangement is set up beforehand and authorized by the provider.

Confidentiality

EFT eliminates most hands-on contact, which increases the confidentiality of the payment.

Benefits

The following chart displays the benefits of EFT compared to cheque payments:

EFT	Cheque Payments
Electronic delivery of payment(s), fast and efficient	Canada Post mail delivery
Funds are deposited to the bank account immediately on the day the payment is sent, no need to visit the bank	3-10 business day delivery depending on the region (local and within a province)before the cheque is deposited at the bank
Computerized, no worry of delay or lost/ misplaced/ stolen payments	Mail delivery delay or lost/ misplaced/ stolen cheques
Account interest is earned upon immediate deposit	Account interest is not earned until the cheque is deposited (3-10 business days)
Easy replacement of electronic payment	Stop payment has to be issued and another cheque prepared for mailing

Units of Measure for Claim Quantities

In general, claim quantities are the number of units dispensed wherever possible (i.e., number of tablets, capsules, milliliters, grams, etc.).

For products that are dispensed in packages (i.e., oral contraceptives, inhalers), submit claim quantities according to your provincial public plan convention. For example, pharmacies in Saskatchewan and Ontario submit inhalers as a package of one (1).

REMINDERS

Requisitions from Allied Health Professionals

The NIHB Program only accepts requisitions from an allied health professional for MS&E items when accompanied by a referral prescription or order from a physician or nurse practitioner.

For item-specific prescriber requirements, please consult the Provider Guide for Medical Supplies & Equipment (MS&E) Benefits located on the NIHB Claims Services Provider Website (select Pharmacy link "**Policy and Program Information**").

MS&E Repairs and Parts

Repairs to MS&E items do not require a prescription from a physician. This applies to both repair labour and the necessary replacement parts associated with a repair such as batteries.

The Prescriber ID field on the NIHB Medical Supplies & Equipment Claim Form is a mandatory field; therefore, claims submitted for repair and labour must be submitted with "999repair" entered in the Prescriber ID field.

Payment and Reimbursement

All 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 mailed to ESI Canada. Should you require additional information, please contact the Provider Claims Processing Call Centre.

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

Next Day Claims Verification Program

The Next Day Claims Verification (NDCV) Program is an ongoing process consisting of a review of a sample of claims the day following adjudication. On occasion, you may receive a Pharmacy NDCV Program MS&E Faxback Form or MS&E Faxback Confirmation Form C requesting you to record the item name, quantity and price of the items delivered on the Date of Service noted on the form.

Supporting documentation (i.e., prescription, invoice, etc.) must be submitted with the form, as specified. Should you receive the Pharmacy Faxback Confirmation Form, please complete and return within two weeks from the date of receipt. If the form is not returned within two weeks, the claim will be reversed.

The audit team will review the information on the returned form, as well as the supporting documentation to determine if it is consistent with the claim. Any inconsistencies or insufficient information will result in recovery of the funds. Please note, prior approved claims are subject to the NDCV Program.

Provider Guide for Pharmacy Benefits

The Provider Guide for Pharmacy Benefits provides information on the Health Canada NIHB Program and policies relevant to Pharmacy providers. It explains the extent and limitation of the NIHB Program's Pharmacy benefits by describing the important elements of each associated policy. This Provider Guide is a supplement to the information contained in the Pharmacy Claims Submission Kit.

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

- Provider Guide for Pharmacy Benefits, click on Pharmacy link "**Policy and Program Information**"
- Pharmacy Claims Submission Kit, click on Pharmacy link "**Claims Submission Kit**"

Calling into the Provider Claims Processing Call Centre

When calling into the Provider Claims Processing Call Centre regarding a Pharmacy claim or to receive technical assistance on the NIHB Claims Services Provider Website, please note the following **quick** prompts:

Language Preference		
Press **1** *English*	**OR**	Press **2** *French*

Menu				
Press **2** *Drug Claims*	**OR**	Press **3** *Medical Supplies & Equipment Claims*	**OR**	Press **4** *Technical Assistance on the Provider Website*

If you are a provider and you wish to register with the NIHB Program or check the status of your registration, please call 1-888-677-0111, ext 7015.

Extended Hours

The bilingual call centre is open extended hours Monday to Friday 6:30 a.m. to 12 a.m. ET, Saturday, Sunday and Statutory Holidays 8 a.m. to 12 a.m. ET to respond to Canada-wide telephone inquiries from registered Pharmacy providers regarding the NIHB Program.

Some examples of the type of calls handled through the Provider Claims Processing Call Centre are:

- Verification of:
  - Prior Approval requirements
  - Client's benefit eligibility
  - Provider registration status
  - Eligible NIHB benefits and frequency limits for benefit items

- Interpretation of:
  - Information documented in the NIHB Claims Submission Kit and Attachments, Provider Guide, Newsletters, and NIHB Bulletins
  - Information contained in the Confirmation Letters for Prior Approval
- E-mail and fax requests for HICPS communication materials

Billing and Payment Guidelines

Manual submitted provider claims should be sent at *least every two weeks* using one of the following billing methods:

- NIHB Pharmacy Claim Form
- Computer printout

In order to expedite payments, providers are encouraged to bill ESI Canada and submit claims by Electronic Data Interchange (EDI) which is a point of service claim submission method.

Note Reversals and corrections to previously paid claims may be submitted on your NIHB Pharmacy Claim Statement.

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.

Health Canada Santé Canada

Spring 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 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" 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
02283700	PMS	[ST] PRAXIS ASA EC 81MG TABLET	12-02-2010
02324997	ALL	LUMIGAN RC 0.01% OPHTHALMIC SOLUTION	26-02-2010
02331624	ALC	AZARGA 1%/0.5% OPHTHALMIC SOLUTION	08-03-2010
80006877	JAP	WAMPOLE MINERAL CALCIUM ORAL LIQUID	03-03-2010
80015351	PHA	[ST] PRIVA CAL D FORTE TABLET	22-02-2010
02239090	AZE	[ST] ATACAND 4MG TABLET	10-03-2010
02332922	AZE	[ST] ATACAND PLUS 32MG/12.5MG TABLET	12-03-2010
02332957	AZE	[ST] ATACAND PLUS 32MG/25MG TABLET	10-03-2010
02200864	ALC	CILOXAN 0.3% OPHTHALMIC OINTMENT	08-03-2010
02317966	ODN	PURG-ODAN ORAL LIQUID	06-04-2010

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

Canada

DIN	MFR	ITEM NAME	Effective Date
02043394	WAY	PREMARIN 0.3MG TABLET	22-04-2010
02043408	WAY	PREMARIN 0.625 MG TABLET	22-04-2010
02043424	WAY	PREMARIN 1.25MG TABLET	22-04-2010
02126559	AZE	[ST] IMDUR 60 MG TABLET	03-03-2010
02337835	NOV	[ST] STALEVO 125/31.25/200MG TABLET	08-03-2010
02337827	NOV	[ST] STALEVO 75/18.75/200MG TABLET	05-03-2010
80011134	WYE	[ST] CENTRUM JUNIOR COMPLETE TABLET	16-02-2010
02321653	SEV	[ST] COVERSYL PLUS HD 8MG/2.5MG TABLET	26-03-2010
02317680	PED	LAX-A-DAY 1G/G POWDER	06-04-2010

Multi-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02326841	DOM	[ST] DOM-AMLODIPINE 10MG TABLET	19-03-2010
02326825	DOM	[ST] DOM-AMLODIPINE 2.5MG TABLET	06-04-2010
02326833	DOM	[ST] DOM-AMLODIPINE 5MG TABLET	19-03-2010
02280124	PFI	[ST] GD-AMLODIPINE 2.5MG TABLET	06-04-2010
02326760	PMI	[ST] PHL-AMLODIPINE 2.5MG TABLET	06-04-2010
02295148	PMS	[ST] PMS-AMLODIPINE 2.5MG TABLET	06-04-2010
02331489	RIV	[ST] RIVA-AMLODIPINE 2.5MG TABLET	06-04-2010
02330474	SDZ	[ST] SANDOZ-AMLODIPINE 2.5MG TABLET	06-04-2010
02326817	ZYM	[ST] ZYM-AMLODIPINE 10MG TABLET	07-04-2010
02326795	ZYM	[ST] ZYM-AMLODIPINE 2.5MG TABLET	07-04-2010
02326809	ZYM	[ST] ZYM-AMLODIPINE 5MG TABLET	07-04-2010
80003919	BMI	[ST] BIOCAL-D FORTE 500MG/400IU TABLET	12-02-2010
02329204	RBY	RAN-CEFPROZIL 125MG/5ML ORAL LIQUID	06-04-2010
02315955	PED	ALLERGY RELIEF ES (CETIRIZINE) 10MG TABLET	19-03-2010
02326086	PDL	[ST] DOCUSATE SODIUM 100MG CAPSULE	18-03-2010
02330601	NOP	[ST] NOVO-ENALAPRIL 40MG TABLET	26-03-2010
02332566	RBY	[ST] FOSINOPRIL 10MG TABLET	06-04-2010
02332574	RBY	[ST] FOSINOPRIL 20MG TABLET	06-04-2010
02331004	JAP	[ST] JAMP-FOSINOPRIL 10MG TABLET	12-02-2010
02331012	JAP	[ST] JAMP-FOSINOPRIL 20MG TABLET	12-02-2010
02294524	RBY	[ST] RAN-FOSINOPRIL 10MG TABLET	06-04-2010
02294532	RBY	[ST] RAN-FOSINOPRIL 20MG TABLET	06-04-2010
02310465	PDL	PRO-GABAPENTIN 400MG CAPSULE	11-03-2010
02311321	PDL	[ST] PRO-ISMN 60MG TABLET	03-03-2010
02272830	APX	[ST] APO-ISMN 60MG SR TABLET	03-03-2010
02301288	PMS	[ST] PMS-ISMN 60MG ER TABLET	03-03-2010
02309114	PMS	PMS-LETROZOLE 2.5MG TABLET	17-05-2010
02344815	SDZ	SANDOZ-LETROZOLE 2.5MG TABLET	17-05-2010
02281732	MEL	MIRTAZAPINE 15MG TABLET	19-03-2010
02314290	NOP	NOVO-NARATRIPTAN 1MG TABLET	12-02-2010
02314304	NOP	NOVO-NARATRIPTAN 2.5MG TABLET	12-02-2010
02322323	SDZ	SANDOZ NARATRIPTAN 2.5MG TABLET	12-02-2010
02349167	MYL	[ST] MYLAN-NIFEDIPINE ER 30MG TABLET	18-05-2010
09991054	WIL	POLYETHYLENE GLYCOL 3350 POWDER	06-04-2010
09991007	WIL	POLYETHYLENE GLYCOL POWDER	06-04-2010
02330954	JAP	[ST] JAMP-PRAVASTATIN 10MG TABLET	12-02-2010
02330962	JAP	[ST] JAMP-PRAVASTATIN 20MG TABLET	12-02-2010
02330970	JAP	[ST] JAMP-PRAVASTATIN 40MG TABLET	12-02-2010
80005770	PMT	[ST] PRENATAL & POSTPARTUM VITAMIN TABLET	19-03-2010
02299062	PMI	PHL-QUETIAPINE 100MG TABLET	06-04-2010
02299089	PMI	PHL-QUETIAPINE 200MG TABLET	06-04-2010
02299054	PMI	PHL-QUETIAPINE 25MG TABLET	06-04-2010
02299097	PMI	PHL-QUETIAPINE 300MG TABLET	06-04-2010
02331101	JAP	[ST] JAMP-RAMIPRIL 1.25MG CAPSULE	12-02-2010

DIN	MFR	ITEM NAME	Effective Date
02331144	JAP	[ST] JAMP-RAMIPRIL 10MG CAPSULE	12-02-2010
02331128	JAP	[ST] JAMP-RAMIPRIL 2.5MG CAPSULE	12-02-2010
02331136	JAP	[ST] JAMP-RAMIPRIL 5MG CAPSULE	12-02-2010
02295369	PMS	[ST] PMS-RAMIPRIL 1.25MG CAPSULE	19-03-2010
02247919	PMS	[ST] PMS-RAMIPRIL 10MG CAPSULE	19-03-2010
02247917	PMS	[ST] PMS-RAMIPRIL 2.5MG CAPSULE	19-03-2010
02247918	PMS	[ST] PMS-RAMIPRIL 5MG CAPSULE	19-03-2010
02328305	RBY	RBX-RISPERIDONE 0.25MG TABLET	12-02-2010
02328313	RBY	RBX-RISPERIDONE 0.5MG TABLET	12-02-2010
02328321	RBY	RBX-RISPERIDONE 1MG TABLET	12-02-2010
02328348	RBY	RBX-RISPERIDONE 2MG TABLET	12-02-2010
02328364	RBY	RBX-RISPERIDONE 3MG TABLET	12-02-2010
02328372	RBY	RBX-RISPERIDONE 4MG TABLET	12-02-2010
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
02326450	NOP	NOVO-SALBUTAMOL HFA 100MCG INHALER	10-02-2010
02303779	ZYM	ZYM-SERTALINE 25MG CAPSULE	17-05-2010
02303817	ZYM	ZYM-SERTALINE 100MG CAPSULE	17-05-2010
02303809	ZYM	ZYM-SERTALINE 50MG CAPSULE	17-05-2010
02322498	PMS	PMS-TESTOSTERONE 40MG CAPSULE	10-02-2010
02331705	APX	APO-VENLAFAXINE XR 150MG CAPSULE	17-05-2010
02331683	APX	APO-VENLAFAXINE XR 37.5MG CAPSULE	17-05-2010
02331691	APX	APO-VENLAFAXINE XR 75MG CAPSULES	17-05-2010
80003575	PMT	[ST] VITAMIN B12 MCG TABLET	17-05-2010

NEW LIMITED USE BENEFITS

Single-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02252716	ALC	CIPRODEX OTIC SOLUTION	01-03-2010

Limited use benefit.
a.- for children 16 years old and under (prior approval not required)
b.- for acute otitis media with otorrhea through tympanostomy tubes who require treatment
c.- for acute otitis externa in the presence of tympanostomy tube or known perforation of the tympanic membrane

02296489	AST	ADVAGRAF 5MG ER CAPSULE	08-03-2010
02296470	AST	ADVAGRAF 1MG ER CAPSULE	08-03-2010
02296462	AST	ADVAGRAF 0.5MG ER CAPSULE	08-05-2010

Limited use benefit (prior approval required).
For transplant therapy.

Single-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02324776	CER	SIMPONI 50MG/.5ML PRE-FILLED INJECTION	01-06-2010
02324784	CER	SIMPONI 50MG/0.5ML AUTO INJECTION	01-06-2010

Limited use benefit (prior approval required).

Criteria for initial one year coverage for a MAXIMUM dose of 50mg every month for RHEUMATOID ARTHRITIS, PSORIATIC ARTHRITIS, ANKYLOSING SPONDYLITIS:
1. Prescribed by a rheumatologist, AND
2. Patient has had a tuberculin skin test performed AND
3. For the treatment of severely active RHEUMATOID ARTHRITIS:
- Patient is refractory to methotrexate weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks
PLUS a minimum of two of the following:
- leflunomide: 20mg daily for 10 weeks OR
- gold: weekly injections for 20 weeks OR
- cyclosporine: 2-5 mg/kg/day for 12 weeks OR
- azathioprine: 2-3 mg/kg/day for 3 months OR
- sulfasalazine at least 2g daily for 3 months
PLUS one of the following combinations:
- methotrexate with cyclosporine (minimum 4 month trial on both) OR
- methotrexate with hydroxychloroquine and sulfasalazine (minimum 4 month trial on triple therapy) OR
- methotrexate with gold (minimum 12 week trial) OR
- in patients who are intolerant or who have contraindication to methotrexate therapy, or are refractory to a combination of at least 2 DMARDS OR
4. For the treatment of moderate to severe PSORIATIC ARTHRITIS with at least two of the following:
- five or more swollen joints
- if less than five swollen joints, at least one joint proximal to, or including wrist or ankle
- more than one joint with erosion on imaging study
- dactylitis of two or more digits
- tenosynovitis refractory to oral NSAIDs and steroid injections
- enthesitis refractory to oral NSAIDs and steroid injections (not required for Achilles tendon)
- inflammatory spinal symptoms refractory to two NSAIDs (minimum four weeks trial each) and has a BASDAI greater than 4 - daily use of corticosteroids
- use of opioids > 12 hours per day for pain resulting from inflammation
Patient is refractory to:
- NSAIDs and
- methotrexate weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks PLUS a minimum of one of the following:
- leflunomide: 20mg daily for 10 weeks OR
- gold: weekly injections for 20 weeks OR
- cyclosporine: 2-5 mg/kg/day for 12 weeks OR
- sulfasalazine at least 2g daily for 3 months OR
5. For the treatment of ANKYLOSING SPONDYLITIS when the following criteria are met:
- BASDAI > 4 AND
- patient is refractory to a three month trial of at least 3 NSAIDs at maximum tolerated dose AND for peripheral joint involvement, patient is refractory to weekly parenteral (SC or IM) at 20mg or greater (15mg or greater if patient is >65 years of age) for more than 8 weeks AND sulfasalazine 2g/day for four months.
NOTE: For axial involvement, patient does not need to be tried on methotrexate or sulfasalazine.

Multi-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02261766	SDZ	SANDOZ-CALCITONIN 200U NASAL SPRAY	24-02-2010

Limited use benefit (prior approval required).
For treatment of patients with postmenopausal osteoporosis who have failed therapy, are intolerant to, or who have contraindications to both bisphosphonates and raloxifene.

Multi-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02330105	RBY	RAN-FENTANYL MATRIX PATCH 12	25-02-2010
02330113	RBY	RAN-FENTANYL MATRIX PATCH 25	26-02-2010
02330121	RBY	RAN-FENTANYL MATRIX PATCH 50	26-02-2010
02330148	RBY	RAN-FENTANYL MATRIX PATCH 75	26-02-2010
02330156	RBY	RAN-FENTANYL MATRIX PATCH 100	26-02-2010

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	NOV	[ST] NOVO-FINASTERIDE 5MG TABLET	15-05-2010
02322579	SDZ	[ST] SANDOZ-FINASTERIDE 5MG TABLET	10-05-2010
02316905	RAT	[ST] RATIO-FINASTERIDE 5MG TABLET	18-05-2010
02310112	PMS	[ST] PMS-FINASTERIDE 5MG TABLET	18-05-2010

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

02307634	DOM	[ST] DOM-PIOGLITAZONE 15MG TABLET	19-03-2010
02307642	DOM	[ST] DOM-PIOGLITAZONE 30MG TABLET	19-03-2010
02307650	DOM	[ST] DOM-PIOGLITAZONE 45MG TABLET	19-03-2010

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.

02298376	NOP	[ST] NOVO-RISEDRONATE 5MG TABLET	22-03-2010
02298384	NOP	[ST] NOVO-RISEDRONATE 30MG TABLET	22-03-2010
02298392	NOP	[ST] NOVO-RISEDRONATE 35MG TABLET	22-03-2010

Limited use benefit (prior approval required.)
a.- for the treatment of Paget's disease OR
b.- for the treatment of osteoporosis in patients who are 60 years of age or over OR
c.- for the treatment of osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR
d.- for the treatment of osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
e.- for the treatment of osteoporosis in patients under 60 with moderate 10-year fracture risk AND use of systemic glucocorticoid therapy > 3 months

NOT ADDED TO FORMULARY

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

DIN	MFR	ITEM NAME
02319012	LEO	XAMIOL .5MG/50MC GEL (CALCIPOTRIOL/BETAMETHASONE)

MAJOR CHANGES

ELECTRONIC DRUG SUBMISSION PROCESS

Please be advised that all submissions for drug products, to be reviewed for inclusion on the NIHB Drug Benefit List, 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.

AUTO APPROVAL ITEMS

The ESI 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.

The following items are eligible for Auto Approval through the NIHB Program:
Ezetimibe (Ezetrol®)
Dutasteride (Avodart®)
Pioglitazone (Actos® and generics)
Minocycline (Minocin® and generics)
Finasteride (Proscar® and generics

NOTIFICATION OF CHANGES

Manufacturers are required to notify the NIHB Program of any significant change to listed drug products. Significant changes include changes in DIN, product name, manufacturer or distributor, indication, product monograph, packaging, formulation, manufacturing specifications or discontinuation of a product. Notification of changes should be provided electronically to NIHB.Drug.Submissions@hc-sc.gc.ca

PROTON PUMP INHIBITORS LISTING CHANGE

Effective July 5, 2010, the NIHB Program will list the following Proton Pump Inhibitors (PPIs) as limited use benefits with quantity and frequency limits (prior approval not required). 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 will become 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

ANTIVIRAL AND ANTIBIOTIC LISTING CHANGE

As a result of special circumstances arising during the recent H1N1 pandemic, the coverage status of oseltamivir (Tamiflu®), zanamivir (Relenza®), moxifloxacin (Avelox®) and levofloxacin (Levaquin® and generics) was changed from exception to open benefit status. Effective July 5, 2010, these medications will be returned to exception status. Coverage of these medications may be requested on an exceptional basis by contacting the NIHB Drug Exception Center at 1-800-580-0950.

Levofloxacin (Levaquin® and generics) will continue to be available as open benefit in the 250mg and 500mg strength only for a maximum of 14 days without prior approval.

UPDATED GENERIC SUBMISSION REQUIREMENTS

Please review the following updated NIHB generic submission requirements:
Letter of authorization: The manufacturer will provide a letter authorizing the NIHB Program to gain access to all information with respect to the product in the procession of the Health Canada or of the government of any province or territory in Canada, Patented Medicine Prices Review Board (PMPRB) or Canadian Agency for Drugs and Technologies in Health (CADTH).

Justification for Consideration of Listing: The manufacturer will provide a statement indicating the rationale and evidence to justify the provision of the new generic product.

General Information: Additional information should include:
- Evidence of approval by Health Canada, such as a Notice of Compliance (NOC) and Drug Identification Number (DIN) and
- Two therapeutic classifications:
1. American Hospital Formulary Service (AHFS) Pharmacologic -- Therapeutic Classification and;
2. The World Health Organization's Anatomical Therapeutic Chemical (ATC) classification.

Pricing and Marketing Information: The manufacturer will submit current price information for the drug product.

** Please send all generic 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 **

CRITERIA CHANGE

Effective June 2010, there will be a change in coverage criteria for Fosamax, Fosavance, Actonel and all equivalent generics.
Limited use benefit (prior approval required.)
a.- for the treatment of Paget's disease OR
b.- for the treatment of osteoporosis in patients who are 60 years of age or over OR
c.- for the treatment of osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR
d.- for the treatment of osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
e.- for the treatment of osteoporosis in patients under 60 with moderate 10-year fracture risk AND use of systemic glucocorticoid therapy > 3 months

ADDITIONS TO THE SHORT-TERM DISPENSING POLICY DRUG LIST

DIN	ITEM NAME
02272830	APO-ISMN 60MG SR TABLET
02337746	APO-ROPINIROLE 0.25MG TABLET
02337762	APO-ROPINIROLE 1MG TABLET
02337770	APO-ROPINIROLE 2MG TABLET
02337800	APO-ROPINIROLE 5MG TABLET
02239090	ATACAND 4MG TABLET
02332922	ATACAND PLUS 32MG/12.5MG TABLET
02332957	ATACAND PLUS 32MG/25MG TABLET
80003919	BIOCAL-D FORTE 500MG/400IU TABLET
80011134	CENTRUM JUNIOR COMPLETE TABLET
02321653	COVERSYL PLUS HD 8MG/2.5MG TABLET
02326086	DOCUSATE SODIUM 100MG CAPSULE
02326841	DOM-AMLODIPINE 10MG TABLET
02326825	DOM-AMLODIPINE 2.5MG TABLET
02326833	DOM-AMLODIPINE 5MG TABLET
02307634	DOM-PIOGLITAZONE 15MG TABLET
02307642	DOM-PIOGLITAZONE 30MG TABLET
02307650	DOM-PIOGLITAZONE 45MG TABLET
02332566	FOSINOPRIL 10MG TABLET
02332574	FOSINOPRIL 20MG TABLET
02280124	GD-AMLODIPINE 2.5MG TABLET
02126559	IMDUR 60MG TABLET

DIN	ITEM NAME
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
02349167	MYLAN-NIFEDIPINE ER 30MG TABLET
02330601	NOVO-ENALAPRIL 40MG TABLET
02348500	NOVO-FINASTERIDE 5MG TABLET
02298384	NOVO-RISEDRONATE 30MG TABLET
02298392	NOVO-RISEDRONATE 35MG TABLET
02298376	NOVO-RISEDRONATE 5MG TABLET
02326760	PHL-AMLODIPINE 2.5MG TABLET
02295148	PMS-AMLODIPINE 2.5MG TABLET
02310112	PMS-FINASTERIDE 5MG TABLET
02301288	PMS-ISMN 60MG ER TABLET
02295369	PMS-RAMIPRIL 1.25MG CAPSULE
02247919	PMS-RAMIPRIL 10MG CAPSULE
02247917	PMS-RAMIPRIL 2.5MG CAPSULE
02247918	PMS-RAMIPRIL 5MG CAPSULE
02283700	PRAXIS ASA EC 81MG TABLET
80005770	PRENATAL & POSTPARTUM VITAMIN TABLET
80015351	PRIVA CAL D FORTE TABLET
02311321	PRO-ISMN 60MG TABLET
02294524	RAN-FOSINOPRIL 10MG TABLET
02294532	RAN-FOSINOPRIL 20MG TABLET
02316905	RATIO-FINASTERIDE 5MG TABLET
02331489	RIVA-AMLODIPINE 2.5MG TABLET
02330474	SANDOZ-AMLODIPINE 2.5MG TABLET
02322579	SANDOZ-FINASTERIDE 5MG TABLET
02337835	STALEVO 125/31.25/200MG TABLET
02337827	STALEVO 75/18.75/200MG TABLET
80003575	VITAMIN B12 MCG TABLET
02326817	ZYM-AMLODIPINE 10MG TABLET
02326795	ZYM-AMLODIPINE 2.5MG TABLET
02326809	ZYM-AMLODIPINE 5MG TABLET