ESI CANADA®

NIHB NEWSLETTER

NEWS AND INFORMATION FOR NIHB PROVIDERS

NIHB CLAIMS SERVICES PROVIDER WEBSITE

Non-Insured Health Benefits (NIHB)

www.provider.esicanada.ca

Pharmacy Providers **Spring 2011**

REGIONAL NEWS

Quebec Pharmacy Providers

(Refer to "**Regional News"** section or click ***More***)

NIHB Forms

Download from the

NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre

www.provider.esicanada.ca

Health Canada Regional Offices

Visit Health Canada's website to view a complete provincial list of Regional Offices

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

Provider Claims Processing Call Centre

Inquiries and Password Resets

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

Pharmacy Claims

Mail Pharmacy claims to:

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

Pharmacy Provider Agreement

Fax Completed Pharmacy Provider Agreement to:

Fax No.: 905-712-0669

Other Correspondence

Mail to:

ESI Canada
5770 Hurontario Street, 10th Floor
Mississauga, ON L5R 3G5

WHAT'S INSIDE...

New Information

1. Important Enhancements to the Prior Approval Process (Auto-Approval Procedure)..... 2
2. Change to Oxycontin® Coverage in Ontario..... 2
3. Exclusion of Zopiclone..... 2
4. Avandia® Limited Use Criteria Change..... 2
5. NIHB Drug Benefit List and Drug Benefit List Updates. 2
6. 2010 NIHB Clients Safety Report..... 3
7. NIHB Program - Client Identification..... 3
8. Coverage Status of Fluoroquinolones..... 3

Reminders

1. Drug Prior Approval Requests..... 3
2. Medical Supplies & Equipment Prior Approval Requests..... 4
3. Responsibilities of the Provider Claims Processing Call Centre..... 4
4. Electronic Funds Transfer..... 4
5. Submitting Pharmacy and MS&E Manual Claims 5
6. How to Change Provider Information..... 5
7. Coverage of Medications Only Provided for those Purchased within Canada..... 5
8. Shipping Costs and the Use of Delivery Codes (MS&E)..... 5
9. Pharmacy and Medical Supplies and Equipment Claims Submission Kits..... 5
10. Change of Address..... 5
11. NEW Post Office Box Addresses for Mailing Pharmacy and MS&E Claims..... 5

Regional News

1. Short Term Supply..... 6

NEW INFORMATION

Important Enhancements to the Prior Approval Process (Auto-Approval Procedure)

With the transition to the new claims adjudication system in December 2009, ESI Canada implemented a number of important enhancements. One of the key enhancements is the new Auto-Approval functionality which for certain drugs and claims eliminates the need for providers to call the Drug Exception Centre (DEC). For these types of claims, the system verifies pre-requisite drug therapy as identified in the NIHB Drug Benefit List (DBL) for Limited Use Criteria. Please refer to the 2010 DBL Update to view the listing of drugs that are eligible for Auto-Approval.

If a request for one of these drugs complies with the Limited Use Criteria, the claim is processed without any additional intervention. If a request for one of these drugs does not comply with the Limited Use Criteria, the claim will generate a "CPhA Code RW - Special Authorization Required" and message "SA Needed - Re-submit With [DR] to Proceed", the provider may initiate a PA request to the DEC by submitting the claim with the Intervention Code DR.

The resubmitted [DR] claim will 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 the provider to verify the PA request, and collect additional information as required.

Recent drugs added as eligible for auto-approval are:

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

Change to OxyContin® Coverage in Ontario

The NIHB Program has developed a strategy to address the potential misuse and abuse of OxyContin®. This strategy is based on recommendations by the National Opioid Use Guidelines Group (NOUGG) and developed in consultation with the Drug Use Evaluations Advisory Committee (DUEAC).

The first phase of the NIHB OxyContin® national strategy was implemented on October 18, 2010 when the Program revised the coverage criteria for OxyContin®.

OxyContin® is now eligible for a maximum supply of 30 days at one time, and requires previous use of an alternative long acting opioid (e.g., morphine LA) before coverage is granted in clients who cannot tolerate or who have failed treatment with at least one other long-acting opioid (such as, sustained-release morphine or controlled-release hydromorphone).

Effective February 15, 2011 in **Ontario only**, the NIHB Program placed a dose limit of 36000 morphine mg equivalents over 60 days for any combination of the following DINs, when used to treat non-cancer pain. This is equivalent to 600 morphine mg equivalents per day or 400mg of OxyContin® per day.

This new policy affects the following Drug Identification Numbers (DIN):

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

If a request for coverage is received from the Pharmacy provider resulting in the client exceeding the eligible dose limit, the client's prescriber will be asked to provide a rationale to the DEC to support the additional doses.

This is the second phase of a national approach that will expand in the future. NIHB will continue to monitor the utilization of OxyContin® and adjust the eligible dose limit as required.

Exclusion of Zopiclone

Effective January 1, 2011, Zopiclone became an exclusion under the NIHB Drug Program, and will no longer be reimbursed as a benefit.

Clients who have received coverage for Zopiclone since July 1, 2010, may upon their physician's request have Zopiclone coverage extended for up to one year to allow sufficient time to find alternate therapy for insomnia.

Avandia® Limited Use Criteria Change

On November 6, 2010, Health Canada endorsed new restrictions on the use of Rosiglitazone (Avandia®) due to safety concerns.

Please visit Health Canada's website to review the notice:

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/_2010/avandia_6_hpc-cps-eng.php

(Section: **Drugs and Health Products**)

As a result, NIHB has modified the criteria for Avandia® to request a trial of all other oral anti-diabetic agents prior to coverage.

The updated criterion is as follows:

- Limited use criteria for Avandia® (PA required).
  - For the treatment of Type 2 diabetic patients for whom all other oral anti-diabetic agents, in monotherapy or in combination, do not result in adequate glycemic control, or are inappropriate due to contraindications or intolerance.

The DINs for Avandia® are as follows:

- Avandia® 2 mg Tablet (DIN 02241112)
- Avandia® 4 mg Tablet (DIN 02241113)
- Avandia® 8 mg Tablet (DIN 02241114)

NIHB Drug Benefit List and Drug Benefit List Updates

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

and pharmacy providers, which drug products are eligible NIHB benefits.

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

The DBL is published annually, and changes made to the DBL during the year will continue to be communicated via quarterly NIHB DBL Updates.

Both the DBL and DBL Updates may be downloaded from the NIHB Claims Services Provider Website (select Pharmacy link "**Drug Benefit List**" or "**Benefit Updates**").

A copy of the Fall 2010 Drug Benefit List Update is included with this newsletter.

2010 NIHB Clients Safety Report

The 2010 NIHB Clients Safety Report provides an update on the NIHB Program efforts in the area of client safety.

Please visit the NIHB Claims Services Provider Website (select "**Announcements**") to view the announcement and download the "Report on Client Safety for Health Canada's Non-Insured Health Benefits Program (October 2010)".

NIHB Program - Client Identification

Providers are reminded that it is their responsibility to verify that a client is eligible for benefit coverage under the NIHB Program, and to identify the existence of other benefit coverage, if applicable.

An eligible client must be identified as a resident of Canada and have status under one of the following:

- Eligible First Nations, a registered Indian according to the Indian Act
- An Inuk recognized by one of the Inuit Land Claim Organizations
- An infant less than one year of age, whose parent is an eligible client.

Recognized Inuit clients who are registered under the NIHB Program with one of the following identifiers:

- Government of the Northwest Territories (GNWT) Health Plan Number
- Government of Nunavut (NU) Health Plan Number
- FNIHB Client Identification Number (N-Number).

Required Client Identification Numbers for Eligible First Nations Clients

One of the following identifiers is required for recognized eligible First Nations Clients:

- INAC Registration Number
- Band Number and Family Number
- FNIHB Client Identification Number.

For more detailed information with respect to required identifiers for recognized Inuit and First Nations clients, please refer to the NIHB Pharmacy Claims Submission Kit, Section: **Client Identification and Eligibility**.

Indian and Northern Affairs Canada (INAC) began to issue the Secure Certificate of Indian Status (SCIS), more commonly referred to as a Status card. This new SCIS card features several security improvements that significantly reduce the risk of unauthorized alterations or duplication. This helps to ensure the ongoing integrity of the programs and services by protecting client from incidences of fraud and identity theft.

Clients may begin presenting these new cards as a form of identification. For more information, consult the website **www.ainc-inac.gc.ca/br/is/scs/index-eng.asp**

Clients may also be presenting a temporary confirmation of registration document that can be used while clients are waiting for their new SCIS card to be issued.

Coverage Status of Fluoroquinolones

Moxifloxacin (Avelox®) remains as an exception on the NIHB Drug Benefit List (DBL).

Coverage of this medication may be requested on an exceptional basis by contacting the DEC at 1-800-580-0950.

Levofloxacin (Levaquin® and generics) is available as open benefit (250mg and 500mg strength only) for a maximum of fourteen (14) days.

REMINDERS

Drug Prior Approval Requests

New PA requests and requests to amend an approved PA (e.g., item cost, quantity, effective date or number of repeats) are **obtained from the DEC**.

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

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

PA approval requests may take a few days to review and may depend on the prescriber`s compliance in providing the necessary information requested by DEC. When approval is granted, a confirmation letter is faxed or mailed to the provider.

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

Contact information for the DEC can be found by visiting Health Canada's website at

www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/nihbpa-ssnaap-eng.php#dec

How the Provider Claims Processing Call Centre Can Assist Providers

The customer service representatives can assist the provider to obtain the status of their PA request (approved, on hold or declined); or provide information on how to transfer the PA request to a new Provider Number when ownership of the

pharmacy has changed; provide details of the PA process; explain how claims are paid against the PA, etc. The reps do *not*, however, have the ability to create or edit a PA. To create or edit a PA, contact Health Canada's DEC as mentioned above.

Medical Supplies & Equipment Prior Approval Requests

Prior Approval (PA) requests for MS&E, as well as amendments to an approved PA (e.g., change of item number, cost, quantity, effective date or repeats on a PA already granted) are **obtained from the respective Health Canada Regional Office**.

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

How the Provider Claims Processing Call Centre Can Assist

The customer service representatives can assist the provider by providing the status of their PA request (approved, on hold or declined); or information on how to transfer the PA request to a new Provider Number when ownership of the MS&E location has changed, The reps do *not,* however, have the access to create or edit a PA. To create or edit a PA, contact Health Canada's Regional Office as mentioned above. Providers are required to call their respective Health Canada Regional Office to answer questions, as well as to initiate a PA.

Responsibilities of the Provider Claims Processing Call Centre

The bilingual call centre is open extended hours to respond to Canada-wide telephone inquiries from registered Pharmacy and MS&E providers regarding the NIHB Program.

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

Examples of the type of calls handled through the Provider Claims Processing Call Centre include:

- Verification of:
  - Prior Approval requirements
  - Client's benefit eligibility
  - Provider registration status
  - Claims status and benefit related questions.
- Explanation of:
  - Information documented in the NIHB Claims Submission Kit, Provider Guide for Pharmacy Benefits, NIHB Newsletters, and NIHB Bulletins
  - Information contained in the Confirmation Letters for Prior Approval.
- Requests for the claims adjudication system communication materials to be sent by e-mail, fax or mail.

From time to time, *clients* may contact the call centre with inquiries. Please advise the clients to contact their respective Health Canada Regional Office.

Electronic Funds Transfer

Electronic Funds Transfer (EFT) deposits your claim payments directly into your designated bank account *on the day the payment is issued;* you will still continue to receive mailed statements for reconciliation.

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

Sign up is easy as 1, 2, 3…

1. Complete "Section C – Payment Information" on the *ESI Canada Modification to Pharmacy/ Medical Supplies and Equipment Provider Information Form*.
2. Have the form signed by the director or owner of the business, and attach a VOID cheque or an official bank letter.
3. Fax or mail the form and VOID cheque or an official bank letter as indicated on the form (photocopy of VOID cheque is acceptable if faxing).

The *ESI Canada Modification to Pharmacy/ Medical Supplies and Equipment Provider Information Form* can be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

Submitting Pharmacy and MS&E Manual Claims

In order to expedite payments, providers are encouraged to submit their Pharmacy and MS&E manual claims **at least every two weeks** using one of the following forms:

- Computer generated form
- NIHB Pharmacy Claim Form/ NIHB Medical Supplies and Equipment Claim Form

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

Regardless of the form used, all required data elements must be provided to ensure the efficient payment of claims

The address on the claim form *must* match the address that is registered with the Provider Number.

How to Change Provider Information

It is important to inform ESI Canada of any changes to your contact information as this is how we communicate with you.

Keeping Pharmacy and MS&E provider records up-to-date will avoid unpaid claims and non-delivery of communications (e.g., Health Canada faxes, claim statements, newsletters, etc.),

A *verbal request* is accepted at the Provider Claims Processing Call Centre to change the following important provider information:

- Fax Number
- Phone Number

- E-mail address
- *Correction* to your current address
- Preferred communication method (fax, e-mail, mail).

All other changes to provider information must be completed on the *ESI Canada Pharmacy/ MS&E Modification to Provider Information Form*, signed by the director or owner of the business, and submitted by fax or mail as indicated on the form.

These types of changes are:

- New complete address (e.g., moved)
- Name and/ or ownership of your business.

The *ESI Canada Modification to Pharmacy/ Medical Supplies and Equipment Provider Information Form* can be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

Registering Additional Locations

Each Pharmacy and MS&E location is assigned its *own* **Provider Number** (one Provider Number per location).

It is important to register additional locations with ESI Canada in order to avoid disruption of service for claims processing and payment services. Any provider claims submitted without first registering the new location with ESI Canada will be returned.

If you have not already registered a new location, please complete and sign the *ESI Canada Pharmacy Provider Agreement/ ESI Canada Medical Supplies and Equipment Provider Agreement, and* **fax to ESI Canada at 905-712-0669**. An Agreement can be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

Coverage of Medications Only Provided for those Purchased within Canada

The NIHB Program Policy is to cover the cost of medications sold and purchased in Canada only.

Medications purchased outside of Canada will not be covered or reimbursed.

Shipping Costs and the Use of Delivery Codes (MS&E)

The provider must provide a copy of the way -bill to qualify for reimbursement from the NIHB Program.

The delivery of MS&E must be billed separately and not included in the price of the supplies or equipment. The NIHB Program does not cover local delivery of medical items and supplies but may cover and reimburse the delivery charges when the provider ships the medical item(s) to the client utilizing a shipping company.

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

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

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

Pharmacy and Medical Supplies and Equipment Claims Submission Kits

The "**Pharmacy** Claims Submission Kit" and "Pharmacy Claims Submission Kit: Attachments" documents have been combined into one and entitled "NIHB Pharmacy Claims Submission Kit".

The "**Medical Supplies and Equipment (MS&E)** Claims Submission Kit" and "Medical Supplies and Equipment Claims Submission Kit: Attachments" documents have been combined into one and entitled "NIHB Medical Supplies and Equipment Claim Submission Kit".

In addition, various sections of both kits have been revised.

All Kits can be downloaded from the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

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

Change of Address

As of January 31, 2011, the Northern Region address changed as follows:

FNIH Northern Region

Yukon, Northwest Territories, and Nunavut Office
First Nations and Inuit Health
Health Canada
Qualicum Building
2936 Baseline Road, Tower A - 4th Floor
Ottawa, ON K1A 0K9
Toll Free Number: 1-888-332-9222

NEW Post Office Box Addresses for Mailing Pharmacy and MS&E Claims

ESI Canada has streamlined the NIHB paper claims process and implemented NEW Post Office (P.O.) box addresses for mailing Pharmacy and MS&E claims.

Please continue to use your existing supply of NIHB Pharmacy and/ or Medical Supplies and Equipment Claim Forms prior to replenishing.

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

New Address for MS&E:
ESI Canada
NIHB MS&E Claims
P.O. Box 1365, Station K
Toronto, ON M4P 3J4

The revised NIHB Pharmacy Claim Form and NIHB Medical Supplies and Equipment Claim Form are available for download on the NIHB Claims Services Provider Website or contact the Provider Claims Processing Call Centre to request a copy.

REGIONAL NEWS

QUEBEC ONLY

Short Term Supply

As stipulated in Section 7.22 of the Agreement, between Health Canada and the AQPP (Association québécoise des pharmaciens propriétaires), dispensing fees for a health problem or a medical condition requiring a treatment for 90 days or more (treatment which comes in solid, oral pharmaceutical forms) are reimbursed at the fee, per days supply for NIHB clients. A software change pertaining to this compensation model will be implemented on March 18, 2011.

Health Canada Santé Canada

Fall 2010

Non-Insured Health Benefits

First Nations and Inuit Health Branch

Updates to the Drug Benefit List

The Non-Insured Health Benefits (NIHB) Program provides supplementary health benefits, including prescription and non-prescription drugs, for registered First Nations and recognized Inuit throughout Canada. Visit our Web Site at: www.healthcanada.gc.ca/nihb

BENEFIT DEFINITIONS

Open benefits: Open benefits are the drugs listed in the NIHB Drug Benefit List (DBL) which do not have established criteria or prior approval requirements.

Limited use benefits: Limited use drugs are those that have been found to be effective in specific circumstances, or which have quantity and frequency limitations. For drugs in this category, specific criteria must be met to be eligible for coverage.

Not added to the formulary: Drugs not added to formulary are those which are not listed in the NIHB DBL after review by the national Common Drug Review (CDR) process and/or the 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.

Exclusion: Certain drug therapies for particular conditions fall outside the NIHB Program's mandate and will not be provided as benefits (e.g., cosmetic and anti-obesity drugs). As well, certain drugs will be excluded from the NIHB Program as recommended by the CDR and the 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
02243919	SCH	[ST] AERIUS 5MG TABLET	12-01-2011
02247193	SCH	[ST] AERIUS KIDS 0.5MG/ML SYRUP	12-01-2011
02242819	SAC	[ST] ALLEGRA 24HR 120MG TABLET	12-01-2011
02245689	SAC	LANTUS 100UNIT/ML 10ML VIAL	01-04-2011
02251930	SAC	LANTUS 100UNIT/ML CARTRIDGE	01-04-2011
02294338	SAC	LANTUS 3ML SOLOSTAR	01-04-2011
02244691	VTH	[ST] ALLERTIN 10MG TABLET	12-01-2011

Multi-Source Drug Products

DIN	MFR	ITEM NAME	Effective Date
02314282	NOP	[ST] NOVO-ALFUZOSIN PR 10MG TABLET	19-11-2010
02349191	SAN	ALPRAZOLAM 0.25MG TABLET	09-12-2010
02349205	SAN	ALPRAZOLAM 0.5MG TABLET	09-12-2010

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

Canada

DIN	MFR	ITEM NAME	Effective Date
02341107	ACP	[ST] ACCEL-AMLODIPINE 10MG TABLET	20-09-2010
02341093	ACP	[ST] ACCEL-AMLODIPINE 5MG TABLET	20-09-2010
02352761	SAN	AMOXICILLIN 125MG/5ML ORAL LIQUID	22-12-2010
02352745	SAN	AMOXICILLIN 125MG/5ML ORAL LIQUID	22-12-2010
02352710	SAN	AMOXICILLIN 250MG CAPSULE	21-12-2010
02352737	SAN	AMOXICILLIN 250MG TABLET	09-12-2010
02352788	SAN	AMOXICILLIN 250MG/5ML ORAL LIQUID	22-12-2010
02352753	SAN	AMOXICILLIN 250MG/5ML ORAL LIQUID	22-12-2010
02352729	SAN	AMOXICILLIN 500MG CAPSULE	22-12-2010
02326515	PDL	AMOXI-CLAV 500MG/125MG TABLET	23-12-2010
02326523	PDL	AMOXI-CLAV 875MG/125MG TABLET	23-12-2010
02326701	PDL	[ST] PRO-ATENOLOL 25MG TABLET	22-12-2010
02346486	PDL	[ST] ATORVASTATIN 10MG TABLET	05-11-2010
02348624	RPH	[ST] ATORVASTATIN 10MG TABLET	22-11-2010
02346494	PDL	[ST] ATORVASTATIN 20MG TABLET	05-11-2010
02348632	RPH	[ST] ATORVASTATIN 20MG TABLET	22-11-2010
02348640	RPH	[ST] ATORVASTATIN 40MG TABLET	22-11-2010
02346508	PDL	[ST] ATORVASTATIN 40MG TABLET	05-11-2010
02346516	PDL	[ST] ATORVASTATIN 80MG TABLET	05-11-2010
02348659	RPH	[ST] ATORVASTATIN 80MG TABLET	22-11-2010
02243371	PDL	AZATHIOPRINE-50 50MG TABLET	23-12-2010
02287021	SAN	BACLOFEN 10MG TABLET	19-11-2010
02287048	SAN	BACLOFEN 20MG TABLET	19-11-2010
80017732	PRO	[ST] CALCIUM 500MG TABLET	22-12-2010
80017190	PDL	[ST] CAL-D 400MG TABLET	22-12-2010
80017196	PRO	[ST] CALCIUM 500MG WITH VIT D TABLET	22-12-2010
80009628	ODN	[ST] CALODAN D-400MG TABLET	22-12-2010
02324504	PDL	[ST] PRO-CARVEDILOL 3.125MG TABLET	22-12-2010
02350963	SAN	[ST] CILAZAPRIL 1MG TABLET	19-11-2010
02350971	SAN	[ST] CILAZAPRIL 2.5MG TABLET	19-11-2010
02350998	SAN	[ST] CILAZAPRIL 5MG TABLET	19-11-2010
02353318	SAN	CIPROFLOXACIN 250MG TABLET	19-11-2010
02353326	SAN	CIPROFLOXACIN 500MG TABLET	19-11-2010
02353334	SAN	CIPROFLOXACIN 750MG TABLET	19-11-2010
02353660	SAN	CITALOPRAM 20MG TABLET	19-11-2010
02325047	PDL	PRO-CITALOPRAM 10MG TABLET	22-12-2010
02346524	RIV	RIVA-CLARITHROMYCIN 250MG TABLET	22-12-2010
02346532	RIV	RIVA-CLARITHROMYCIN 500MG TABLET	22-12-2010
02338424	APX	[ST] DESLORATADINE 5MG TABLET	12-01-2011
02298155	PMS	[ST] DESLORATADINE ALLERGY CONTROL 5MG TABLET	12-01-2011
02352397	SAN	DICLOFENAC SODIUM 50MG SR TABLET	09-12-2010
02352400	SAN	DICLOFENAC SODIUM 75MG SR TABLET	09-12-2010
02355752	PMS	[ST] PMS-DILTIAZEM CD 120MG CAPSULE	20-12-2010
02355760	PMS	[ST] PMS-DILTIAZEM CD 180MG CAPSULE	20-12-2010
02355779	PMS	[ST] PMS-DILTIAZEM CD 240MG CAPSULE	20-12-2010
02355787	PMS	[ST] PMS-DILTIAZEM CD 300MG CAPSULE	20-12-2010
02350440	SAN	DOMPERIDONE 10MG TABLET	19-11-2010
02351234	SAN	DOXYCYCLINE 100MG CAPSULE	09-12-2010
02351242	SAN	DOXYCYCLINE 100MG TABLET	09-12-2010
02311429	PDL	[ST] PRO-ENALAPRIL 10MG TABLET	22-12-2010
02311402	PDL	[ST] PRO-ENALAPRIL 2.5MG TABLET	22-12-2010
02311437	PDL	[ST] PRO-ENALAPRIL 20MG TABLET	22-12-2010
02311410	PDL	[ST] PRO-ENALAPRIL 5MG TABLET	22-12-2010
02352265	RBY	[ST] RAN-ENALAPRIL 16MG TABLET	20-12-2010
02352230	RBY	[ST] RAN-ENALAPRIL 2MG TABLET	20-12-2010
02352249	RBY	[ST] RAN-ENALAPRIL 4MG TABLET	20-12-2010

DIN	MFR	ITEM NAME	Effective Date
02352257	RBY	[ST] RAN-ENALAPRIL 8MG TABLET	20-12-2010
02352923	APX	[ST] APO-ENALAPRIL MALEATE/HCTZ 10MG/25MG TABLET	20-12-2010
02352931	APX	[ST] APO-ENALAPRIL MALEATE/HCTZ 5MG/12.5MG TABLET	20-12-2010
02353210	SAN	[ST] ETIDROCAL 400MG/500MG TABLET	21-12-2010
02324865	PDL	FAMCICLOVIR 125MG TABLET	22-12-2010
02351102	SAN	[ST] FAMOTIDINE 20MG TABLET	12-10-2010
02351110	SAN	[ST] FAMOTIDINE 40MG TABLET	12-10-2010
02281260	CBT	CO-FLUCONAZOLE 50MG TABLET	26-10-2010
02351420	SAN	[ST] FUROSEMIDE 20MG TABLET	08-11-2010
02351439	SAN	[ST] FUROSEMIDE 40MG TABLET	08-11-2010
02351447	SAN	[ST] FUROSEMIDE 80MG TABLET	08-11-2010
02353245	SAN	GABAPENTIN 100MG CAPSULE	22-11-2010
02353253	SAN	GABAPENTIN 300MG CAPSULE	12-11-2010
02353261	SAN	GABAPENTIN 400MG CAPSULE	12-11-2010
02350459	SAN	[ST] GLYBURIDE 2.5MG TABLET	08-11-2010
02350467	SAN	[ST] GLYBURIDE 5MG TABLET	08-11-2010
00579718	LEO	HEPARIN LEO 10000UNIT/ML INJECTION	29-11-2010
00453811	LEO	HEPARIN LEO 1000UNIT/ML INJECTION	22-11-2010
00453781	LEO	HEPARIN LEO 25000UNIT/ML INJECTION	22-11-2010
02303094	SDZ	HEPARIN SODIUM 10000U/ML INJECTION	29-11-2010
02303108	SDZ	HEPARIN SODIUM 10000U/ML INJECTION	29-11-2010
02303086	SDZ	HEPARIN SODIUM 1000U/ML INJECTION	29-11-2010
02331551	TEP	[ST] TEVA-LACTULOSE 667MG/ML ORAL LIQUID	20-12-2010
00965561	JAJ	ONE TOUCH DELICA LANCETS	16-11-2010
02243880	APX	[ST] LORATADINE 10MG TABLET	12-01-2011
02351072	SAN	LORAZEPAM 0.5MG TABLET	08-11-2010
02351080	SAN	LORAZEPAM 1MG TABLET	08-11-2010
02351099	SAN	LORAZEPAM 2MG TABLET	08-11-2010
02353229	SAN	[ST] LOVASTATIN 20MG TABLET	21-12-2010
02353237	SAN	[ST] LOVASTATIN 40MG TABLET	21-12-2010
02353156	SAN	MELOXICAM 15MG TABLET	21-12-2010
02324326	PDL	MELOXICAM 7.5MG TABLET	22-12-2010
02353148	SAN	MELOXICAM 7.5MG TABLET	21-12-2010
02353377	SAN	[ST] METFORMIN 500MG TABLET	24-11-2010
02353385	SAN	[ST] METFORMIN 850MG TABLET	24-11-2010
02350408	SAN	METOPROLOL 100MG FILM COATED TABLET	09-11-2010
02350394	SAN	METOPROLOL 50MG FILM COATED TABLET	09-11-2010
02354195	SDZ	[ST] SANDOZ METOPROLOL (L) 100MG TABLET	19-11-2010
02354187	SDZ	[ST] SANDOZ METOPROLOL (L) 50MG TABLET	19-11-2010
02350750	SAN	NAPROXEN 250MG TABLET	09-11-2010
02350769	SAN	NAPROXEN 375MG TABLET	12-11-2010
02350777	SAN	NAPROXEN 500MG TABLET	12-11-2010
02350785	SAN	NAPROXEN EC 250MG TABLET	12-11-2010
02350793	SAN	NAPROXEN EC 375MG TABLET	12-11-2010
02310945	PDL	PRO-NAPROXEN EC 375MG TABLET	20-12-2010
02351013	SAN	NAPROXEN SODIUM 275MG TABLET	09-11-2010
02311992	PDL	OLANZAPINE 10MG TABLET	22-12-2010
02312018	PDL	OLANZAPINE 15MG TABLET	22-12-2010
02311968	PDL	OLANZAPINE 2.5MG TABLET	22-12-2010
02311976	PDL	OLANZAPINE 5MG TABLET	22-12-2010
02311984	PDL	OLANZAPINE 7.5MG TABLET	22-12-2010
02338653	PDL	OLANZAPINE ODT 10MG TABLET	22-12-2010
02338661	PDL	OLANZAPINE ODT 15MG TABLET	22-12-2010
02338645	PDL	OLANZAPINE ODT 5MG TABLET	22-12-2010
02337150	RIV	RIVA-OLANZAPINE 10MG TABLET	21-12-2010
02337169	RIV	RIVA-OLANZAPINE 15MG TABLET	21-12-2010

DIN	MFR	ITEM NAME	Effective Date
02337126	RIV	RIVA-OLANZAPINE 2.5MG TABLET	21-12-2010
02337134	RIV	RIVA-OLANZAPINE 5MG TABLET	21-12-2010
02337142	RIV	RIVA-OLANZAPINE 7.5MG TABLET	21-12-2010
02310384	SDZ	SANDOZ-OLANZAPINE 10MG TABLET	08-11-2010
02310392	SDZ	SANDOZ-OLANZAPINE 15MG TABLET	08-11-2010
02310341	SDZ	SANDOZ-OLANZAPINE 2.5MG TABLET	08-11-2010
02310368	SDZ	SANDOZ-OLANZAPINE 5MG TABLET	08-11-2010
02310376	SDZ	SANDOZ-OLANZAPINE 7.5MG TABLET	08-11-2010
02339927	PDL	[ST] OMEPRAZOLE 20MG TABLET	23-12-2010
02325160	PDL	ONDANSETRON 8MG TABLET	22-12-2010
02350238	SAN	[ST] OXYBUTYNIN 5MG TABLET	09-11-2010
02325950	PDL	OXYCODONE 5MG TABLET	22-12-2010
80008214	ODN	[ST] ODAN K-8MMOL POT CHLORIDE TABLET	24-11-2010
02325802	PDL	[ST] PRO-PRAMIPEXOLE 0.25MG TABLET	21-12-2010
02325810	PDL	[ST] PRO-PRAMIPEXOLE 0.5MG TABLET	21-12-2010
02325837	PDL	[ST] PRO-PRAMIPEXOLE 1.5MG TABLET	20-12-2010
02325829	PDL	[ST] PRO-PRAMIPEXOLE 1MG TABLET	20-12-2010
02243784	PDL	[ST] PROPAFENONE 300MG TABLET	20-12-2010
02353172	SAN	QUETIAPINE 100MG TABLET	22-12-2010
02353199	SAN	QUETIAPINE 200MG TABLET	22-12-2010
02353164	SAN	QUETIAPINE 25MG TABLET	22-12-2010
02353202	SAN	QUETIAPINE 300MG TABLET	22-12-2010
02343932	PMS	[ST] PMS-RAMIPRIL 15MG CAPSULE	20-12-2010
02342154	PMS	[ST] PMS-RAMIPRIL-HCTZ 10MG/12.5MG TABLET	09-11-2010
02342170	PMS	[ST] PMS-RAMIPRIL-HCTZ 10MG/25MG TABLET	09-11-2010
02353040	SAN	[ST] ROPINIROLE 0.25MG TABLET	21-12-2010
02353059	SAN	[ST] ROPINIROLE 1MG TABLET	21-12-2010
02353067	SAN	[ST] ROPINIROLE 2MG TABLET	21-12-2010
02353075	SAN	[ST] ROPINIROLE 5MG TABLET	21-12-2010
02353547	SAN	SERTRALINE 100MG CAPSULE	16-12-2010
02353520	SAN	SERTRALINE 25MG CAPSULE	16-12-2010
02353539	SAN	SERTRALINE 50MG CAPSULE	16-12-2010
02247224	PDL	[ST] SIMVASTATIN 80MG TABLET	22-12-2010
02324660	PDL	PRO-SUMATRIPTAN 100MG TABLET	20-12-2010
02324652	PDL	PRO-SUMATRIPTAN 50MG TABLET	20-12-2010
02350505	SAN	[ST] TERAZOSIN 10MG TABLET	09-11-2010
02350475	SAN	[ST] TERAZOSIN 1MG TABLET	09-11-2010
02350483	SAN	[ST] TERAZOSIN 2MG TABLET	09-11-2010
02350491	SAN	[ST] TERAZOSIN 5MG TABLET	09-11-2010
02353121	SAN	TERBINAFINE 250MG TABLET	09-12-2010
02242735	PDL	TERBINAFINE-250 250MG TABLET	20-12-2010
02245506	EUR	[ST] EURO-B1 50MG TABLET	09-12-2010
02348780	SAN	TRAZODONE 100MG TABLET	08-11-2010
02348799	SAN	TRAZODONE 150MG TABLET	08-11-2010
02348772	SAN	TRAZODONE 50MG TABLET	08-11-2010
02331748	CBT	CO-VALACYCLOVIR 500MG TABLET	09-12-2010
02354748	SAN	VENLAFAXINE XR 150MG CAPSULE	08-11-2010
02354713	SAN	VENLAFAXINE XR 37.5MG CAPSULE	08-11-2010
02354721	SAN	VENLAFAXINE XR 75MG CAPSULE	08-11-2010
02324156	PDL	[ST] PRO-VERAPAMIL SR 120MG TABLET	20-12-2010
02312697	PDL	[ST] PRO-VERAPAMIL SR 240MG TABLET	20-12-2010
80000436	JAM	[ST] VITAMIN D 1000IU TABLET	09-12-2010

NEW LIMITED USE BENEFITS

DIN	MFR	ITEM NAME	Effective Date
02312794	SPL	TEMODAL 140MG CAPSULE	03-11-2010
02312816	SPL	TEMODAL 180MG CAPSULE	03-11-2010

Limited use benefit (prior approval required).
-For the treatment of adult patients with recurrent or progressive glioblastoma multiforme or anaplastic astrocytoma and documented evidence of recurrence or progression after standard therapy (resection, radiotherapy, and chemotherapy, OR
-For treatment of adult patients with newly diagnosed glioblastoma multiforme concomitantly with radiotherapy and then as maintenance treatment.

02352966	SAN	ST ALENDRONATE 70MG TABLET	19-11-2010

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

02247732	JNO	CONCERTA 18MG TABLET	01-04-2011
02250241	JNO	CONCERTA 27MG TABLET	01-04-2011
02247733	JNO	CONCERTA 36MG TABLET	01-04-2011
02247734	JNO	CONCERTA 54MG TABLET	01-04-2011
02315068	NOP	NOVO-METHYLPHENIDATE ER 18MG TABLET	01-12-2010
02315076	NOP	NOVO-METHYLPHENIDATE ER 27MG TABLET	01-12-2010
02315084	NOP	NOVO-METHYLPHENIDATE ER 36MG TABLET	01-12-2010
02315092	NOP	NOVO-METHYLPHENIDATE ER 54MG TABLET	01-12-2010

Limited use benefit (prior approval required).

For the treatment of patients aged 6 to 18 with Attention Deficit Hyperactivity Disorder (ADHD):
-Who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning AND
-For whom the medication is prescribed by, or in consultation with, a specialist in pediatric psychiatry, pediatrics, or a general practitioner with expertise in ADHD, AND
- For whom sustained release methylphenidate (e.g., Ritalin SR) or sustained release dextroamphetamine (Dexedrine Spansules) has not adequately controlled the symptoms of the disease.

96899969	TRU	AEROCHAMBER PLUS FLOW-VU LARGE	23-12-2010
96899970	TRU	AEROCHAMBER PLUS FLOW-VU MEDIUM	23-12-2010
96899968	TRU	AEROCHAMBER PLUS FLOW-VU MOUTH	23-12-2010
96899971	TRU	AEROCHAMBER PLUS FLOW-VU SMALL	23-12-2010

Limited use benefit with quantity and frequency limits (prior approval is not required).
Coverage will be limited to 3 during a one-year period.

02356058	MYL	ST MYLAN-FINASTERIDE 5MG TABLET	20-12-2010

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

02351668	SAN	LEFLUNOMIDE 10MG TABLET	12-01-2011
02351676	SAN	LEFLUNOMIDE 20MG TABLET	12-01-2011

Limited use benefit (prior approval required).
For treatment of patients with rheumatoid arthritis who:
-have failed treatment with methotrexate: weekly dose (PO, SC or IM) of 20mg or greater (15mg or greater if patient is > 65 years of age) for more than 8 weeks.
-cannot tolerate or have contraindications to methotrexate.

DIN	MFR	ITEM NAME	Effective Date
02353342	SAN	LEVETIRACETAM 250MG TABLET	24-11-2010
02353350	SAN	LEVETIRACETAM 500MG TABLET	24-11-2010
02353369	SAN	LEVETIRACETAM 750MG TABLET	24-11-2010
02311380	PDL	PRO-LEVETIRACETAM 500MG TABLET	20-12-2010

Limited use benefit (prior approval required).
For use in combination with other anti-epileptic medication(s) in the treatment of partial seizures in patients who are refractory to adequate trials of three anti-epileptic medications used either as monotherapy or in combination. This product must be prescribed by a Neurologist.

02241742	JNO	NICORETTE 10MG/CARTRIDGE INHALER	17-12-2010
02247347	JNO	NICORETTE 2MG LOZENGE	17-12-2010
02247348	JNO	NICORETTE 4MG LOZENGE	17-12-2010
80000118	PER	NICOTINE 4MG GUM	17-12-2010
94799970	NOV	THRIVE 1MG LOZENGE	17-12-2010
80007461	NOV	THRIVE 1MG LOZENGE	17-12-2010
80000396	NOV	THRIVE 2MG GUM	17-12-2010
80007464	NOV	THRIVE 2MG LOZENGE	17-12-2010
94799968	NOV	THRIVE 2MG LOZENGE	17-12-2010
80000402	NOV	THRIVE 4MG GUM	17-12-2010
94799972	NOV	THRIVE 4MG GUM	17-12-2010

Limited use benefit with quantity and frequency limits (prior approval is not required).
Coverage will be limited to 945 pieces of gum or lozenges during a one-year period.

02029405	WAR	NICOTROL TRANSDERMAL 10MG PATCH	17-12-2010
02029413	WAR	NICOTROL TRANSDERMAL 15MG PATCH	17-12-2010
02028697	WAR	NICOTROL TRANSDERMAL 5MG PATCH	17-12-2010
02057735	ADD	PROSTEP DAY 11MG PATCH	17-12-2010
02057743	BOE	PROSTEP DAY 22MG PATCH	17-12-2010
02241227	NVC	TRANSDERMAL NICOTINE 17.5MG PATCH	17-12-2010
02241226	NVC	TRANSDERMAL NICOTINE 35MG PATCH	17-12-2010
02241228	NVC	TRANSDERMAL NICOTINE 52.5MG PATCH	17-12-2010

Limited use benefit with quantity and frequency limits (prior approval is not required).
Coverage will be limited to 84 patches during a one-year period.

02353687	APO	[ST] APO-RISEDRONATE 35MG TABLET	12-01-2011
02302209	PMS	[ST] PMS-RISEDRONATE 35MG TABLET	12-01-2011
02341077	RIV	[ST] RIVA-RISEDRONATE 35MG TABLET	19-11-2010
02327295	SDZ	[ST] SANDOZ RISEDRONATE 35MG TABLET	12-01-2011

Limited use benefit (prior approval required).
-osteoporosis in patients who are 60 years of age or over OR
-paget's Disease OR
-osteoporosis in patients under 60 who have documented hip, vertebral or other fractures OR
-osteoporosis in patients under 60 with no evidence of fracture but who have a high (>20%) 10-year fracture risk OR
-osteoporosis in patients under 60with 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
02338572	GAC	SILKIS 3MCG/G OINTMENT (CALCITRIOL)

CRITERIA CHANGES

EXCLUSION OF ZOPICLONE

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

AVANDIA CRITERIA CHANGE

Based on the November 6, 2010, Health Canada endorsed new restrictions on the use of rosiglitazone, NIHB has changed the criteria for Avandia. (http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/_2010/avandia_6_hpc-cps-eng.php).
The updated criteria is as follows:
Limited use benefit (prior approval required). For the treatment of type 2 diabetic patients for whom all other oral antidiabetic agents, in monotherapy or in combination, do not result in adequate glycemic control or are inappropriate due to contraindications or intolerance.

WELLBUTRIN CRITERIA CHANGE

Effective December 17, 2010, the criteria for Wellbutrin SR, Wellbutrin XL and all equivalent generics has been changed to the following:
Limited use benefit with quantity and frequency limits (prior approval is not required). Coverage will be limited to 54 grams per 180 days (300 mg per day). A prior trial of another listed antidepressant is no longer required.

ADDITIONS TO THE SHORT-TERM DISPENSING POLICY DRUG LIST

DIN	ITEM NAME
02341107	ACCEL-AMLODIPINE 10MG TABLET
02341093	ACCEL-AMLODIPINE 5MG TABLET
02243919	AERIUS 5MG TABLET
02247193	AERIUS KIDS 0.5MG/ML SYRUP
02352966	ALENDRONATE 70MG TABLET
02242819	ALLEGRA 24HR 120MG TABLET
02244691	ALLERTIN 10MG TABLET
02352923	APO-ENALAPRIL MALEATE/HCTZ 10MG/25MG TABLET
02352931	APO-ENALAPRIL MALEATE/HCTZ 5MG/12.5MG TABLET
02353687	APO-RISEDRONATE 35MG TABLET
02346486	ATORVASTATIN 10MG TABLET
02348624	ATORVASTATIN 10MG TABLET
02346494	ATORVASTATIN 20MG TABLET
02348632	ATORVASTATIN 20MG TABLET
02346508	ATORVASTATIN 40MG TABLET
02348640	ATORVASTATIN 40MG TABLET
02346516	ATORVASTATIN 80MG TABLET
02348659	ATORVASTATIN 80MG TABLET
80017196	CALCIUM 500 WITH VIT D TABLET
80017732	CALCIUM 500MG TABLET
80017190	CAL-D 400 TABLET
80009628	CALODAN D-400 TABLET
02350963	CILAZAPRIL 1MG TABLET
02350971	CILAZAPRIL 2.5MG TABLET
02350998	CILAZAPRIL 5MG TABLET
02338424	DESLORATADINE 5MG TABLET
02298155	DESLORATADINE ALLERGY CONTROL 5MG TABLET
02353210	ETIDROCAL 400MG/500MG TABLET
02245506	EURO-B1 50MG TABLET
02351102	FAMOTIDINE 20MG TABLET
02351110	FAMOTIDINE 40MG TABLET

DIN	ITEM NAME
02351420	FUROSEMIDE 20MG TABLET
02351439	FUROSEMIDE 40MG TABLET
02351447	FUROSEMIDE 80MG TABLET
02350459	GLYBURIDE 2.5MG TABLET
02350467	GLYBURIDE 5MG TABLET
02243880	LORATADINE 10MG TABLET
02353229	LOVASTATIN 20MG TABLET
02353237	LOVASTATIN 40MG TABLET
02353377	METFORMIN 500MG TABLET
02353385	METFORMIN 850MG TABLET
02356058	MYLAN-FINASTERIDE 5MG TABLET
02314282	NOVO-ALFUZOSIN PR 10MG TABLET
80008214	ODAN K-8 POT CHLORIDE TABLET
02339927	OMEPRAZOLE 20MG TABLET
02350238	OXYBUTYNIN 5MG TABLET
02355752	PMS-DILTIAZEM CD 120MG CAPSULE
02355760	PMS-DILTIAZEM CD 180MG CAPSULE
02355779	PMS-DILTIAZEM CD 240MG CAPSULE
02355787	PMS-DILTIAZEM CD 300MG CAPSULE
02343932	PMS-RAMIPRIL 15MG CAPSULE
02342154	PMS-RAMIPRIL-HCTZ 10MG/12.5MG TABLET
02342170	PMS-RAMIPRIL-HCTZ 10MG/25MG TABLET
02302209	PMS-RISEDRONATE 35MG TABLET
02326701	PRO-ATENOLOL 25MG TABLET
02324504	PRO-CARVEDILOL 3.125MG TABLET
02311429	PRO-ENALAPRIL 10MG TABLET
02311402	PRO-ENALAPRIL 2.5MG TABLET
02311437	PRO-ENALAPRIL 20MG TABLET
02311410	PRO-ENALAPRIL 5MG TABLET
02243784	PROPAFENONE 300MG TABLET
02325802	PRO-PRAMIPEXOLE 0.25MG TABLET
02325810	PRO-PRAMIPEXOLE 0.5MG TABLET
02325837	PRO-PRAMIPEXOLE 1.5MG TABLET
02325829	PRO-PRAMIPEXOLE 1MG TABLET
02324156	PRO-VERAPAMIL SR 120MG TABLET
02312697	PRO-VERAPAMIL SR 240MG TABLET
02352265	RAN-ENALAPRIL 16MG TABLET
02352230	RAN-ENALAPRIL 2MG TABLET
02352249	RAN-ENALAPRIL 4MG TABLET
02352257	RAN-ENALAPRIL 8MG TABLET
02341077	RIVA-RISEDRONATE 35MG TABLET
02353040	ROPINIROLE 0.25MG TABLET
02353059	ROPINIROLE 1MG TABLET
02353067	ROPINIROLE 2MG TABLET
02353075	ROPINIROLE 5MG TABLET
02354195	SANDOZ METOPROLOL (L) 100MG TABLET
02354187	SANDOZ METOPROLOL (L) 50MG TABLET
02327295	SANDOZ RISEDRONATE 35MG TABLET
02247224	SIMVASTATIN 80MG TABLET
02350505	TERAZOSIN 10MG TABLET
02350475	TERAZOSIN 1MG TABLET
02350483	TERAZOSIN 2MG TABLET
02350491	TERAZOSIN 5MG TABLET
02331551	TEVA-LACTULOSE 667MG/ML ORAL LIQUID
80000436	VITAMINE D 1000IU TABLET