

JANUARY BULLETIN

MAXIMUM ALLOWABLE COST LIST

Enclosed is a copy of the new Maximum Allowable Cost (MAC) List, **effective February 1, 2005**. Please note that the prices underlined are effective February 1, 2005 and reflect a change in the acquisition cost of the lowest priced brand.

Actual Acquisition Cost (AAC) will be paid for all *new* categories indicated by the black box, until February 1, 2005. Please see attached list of categories that have been removed from the MAC List.

ADDITION TO EXCEPTION CRITERIA FOR ETANERCEPT®

The criteria for Etanercept has been expanded to include polyarticular juvenile rheumatoid arthritis in children. The criteria is:

- for the treatment of moderate to severely active, polyarticular juvenile rheumatoid arthritis in children (age 4-17) that have not responded to adequate treatment with one or more DMARDs for at least 3 months or have intolerance to DMARD, and do not have a contraindication to etanercept

A REMINDER SERC® TABLETS

On November 1, 2004, Serc 24mg tablets were added as an exception status drug for recipients of the Nova Scotia Pharmacare Programs with the following criteria:

- for the symptomatic treatment of the recurrent episodes of vertigo associated with Meniere's disease

Serc 8mg and 16mg will remain as full benefits until February 1, 2005 when they will also move to exception status with the above criteria. Patients currently receiving this therapy should apply with a written request for continued coverage if they satisfy the above criteria.

INCLUDED WITH THIS BULLETIN:

- ▶ **New Products List**, effective February 1, 2005
- ▶ **Discontinued Products and DIN Changes**
- ▶ **Delisted Products**
- ▶ **Maximum Allowable Cost (MAC) List**, effective February 1, 2005
- ▶ **Physician CPSNS Numbers List**
- ▶ **Nurse Practitioners List**
- ▶ **Prescribing Optometrist List**

NEW PRODUCTS

The following products are "New Listings to the Nova Scotia Formulary" *effective February 1, 2005*. The benefit status of each product within the Nova Scotia Pharmacare Programs is indicated. For those products "not insured", it was determined that there was no evidence of a clinical advantage over existing therapies and, in some instances, an increased cost to the Pharmacare Programs would be experienced.

<u>DIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>BENEFIT STATUS</u>
02248808	Adderall XR 5mg Cap	RBT	not insured
02248809	Adderall XR 10mg Cap	RBT	not insured
02248810	Adderall XR 15mg Cap	RBT	not insured
02248811	Adderall XR 20mg Cap	RBT	not insured
02248812	Adderall XR 25mg Cap	RBT	not insured
02248813	Adderall XR 30mg Cap	RBT	not insured
02247732	Concerta 18mg Tab	JAN	not insured
02247733	Concerta 36mg Tab	JAN	not insured
02247734	Concerta 54mg Tab	JAN	not insured
02243163	Meridia 10mg Cap	ABB	not insured
02243164	Meridia 15mg Cap	ABB	not insured
02249790	Neulasta 10mg/mL Inj	AMG	not insured
02254581	Pegetron Redipen 80mcg/0.5mL Inj / 200mg Cap	SCH	E
02254603	Pegetron Redipen 100mcg/0.5mL Inj / 200mg Cap	SCH	E
02254638	Pegetron Redipen 120mcg/0.5mL Inj / 200mg Cap	SCH	E
02254646	Pegetron Redipen 150mcg/0.5mL Inj / 200mg Cap	SCH	E
02247490	pms-Diazepam 2mg Tab	PMS	SFC
02247491	pms-Diazepam 5mg Tab	PMS	SFC
02247492	pms-Diazepam 10mg Tab	PMS	SFC
02246552	Remodulin 1mg/mL Inj	NTI	not insured
02246553	Remodulin 2.5mg/mL Inj	NTI	not insured
02246554	Remodulin 5mg/mL Inj	NTI	not insured
02246555	Remodulin 10mg/mL Inj	NTI	not insured
02240325	Xenical 120mg Cap	HLR	not insured
02250519	Zavesca 100mg Cap	ACT	not insured

DIN CHANGE TO PHARMACARE BENEFITS - Effective February 1, 2005

<u>PRODUCT DESCRIPTION</u>	<u>MFR</u>	<u>OLD DIN</u>	<u>NEW DIN</u>
Imodium 2mg Caplet	MCN	00860743	02183862

DISCONTINUED PRODUCTS

The respective manufacturers have given notification of the discontinuation of the products listed below. These products will continue to be insured until existing stock is depleted but will be removed from future formulary pages.

<u>PRODUCT DESCRIPTION</u>	<u>DIN</u>	<u>MFR</u>	<u>PRODUCT DESCRIPTION</u>	<u>DIN</u>	<u>MFR</u>
Apo-Cetirizine 5mg Tab	02240910	APX	pms-Cephalexin 500mg Tab	02177803	PMS
Ativan 4mg/mL Inj	02041405	WAY	pms-Ketoprofen EC 50mg Tab	02150816	PMS
Clonapam 0.5mg Tab	02230366	ICN	pms-Ketoprofen EC 100mg Tab	02150824	PMS
Clonapam 1mg Tab	02230368	ICN	Procyclid 5mg Tab	00306290	ICN
Clonapam 2mg Tab	02230369	ICN	Procytox 500mg/vial Inj	00373753	ASM
Codeine Phosphate 15mg Tab	00093122	DTC	ratio-Captopril 25mg Tab	00851833	RPH
Codeine Phosphate 30mg Tab	00093130	DTC	ratio-Doxycycline 100mg Tab	02091232	RPH
Flaxedil 20mg/mL Inj	01927574	SAN	ratio-Indomethacin 25mg Cap	02143364	RPH
Fucidin 500mg/vial Inj	02049406	LEO	ratio-Indomethacin 50mg Cap	02143372	RPH
Garamycin 40mg/mL Inj	00223824	SCH	ratio-Moclobemide 150mg Tab	02218410	RPH
Imodium 2mg Cap	00579343	MCN	ratio-Nadolol 160mg Tab	00851698	RPH
Largactil 25mg/mL Inj	01929984	RHO	Renagel 400mg Tab	02244309	GEZ
Lentaron Depot 250mg/vial Inj	02128209	NVR	Rhodis 100mg Supp	00761699	RHO
Loperacap 2mg Caplet	02228343	ICN	Rhodis SR 200mg Tab	02031175	RHO
Modulon 50mg/5mL Inj	00587850	AXC	Rhoxal-Metformin 500mg Tab	02233999	RHO
Netromycin 25mg/mL Inj	00503398	SCH	Taro-Carbamazepine CR 200mg Tab	02237907	TAR
Netromycin 100mg/mL Inj	00503371	SCH	Taro-Sone 0.05% Lot	01944444	TAR
Nyaderm 100,000iu/mL Susp	00779121	TAR	Zovirax 500mg/vial Inj	00605336	GSK
Palladone XL 12mg Cap	02243159	PFR			
Palladone XL 16mg Cap	02243160	PFR			
Palladone XL 24mg Cap	02243161	PFR			
pms-Cephalexin 250mg Tab	02177781	PMS			
			<u>Diabetic Product:</u>		
			BD Ultra-Fine Lancets (100)	97799882	BTD

DELISTED PRODUCTS - Effective February 1, 2005

In a recent audit of claims within the Nova Scotia Pharmacare Programs the following injectable products were noted to have no utilization and therefore have been delisted.

<u>PRODUCT DESCRIPTION</u>	<u>DIN</u>	<u>MFR</u>	<u>PRODUCT DESCRIPTION</u>	<u>DIN</u>	<u>MFR</u>
Adriamycin PFS 2mg/mL Inj	02071002	PFI	Labetalol HCl 5mg/mL Inj	02231689	SIL
Amikacin 250mg/mL Inj	02242971	SIL	Levophed 1mg/mL Inj	02241981	ABB
Amikin 250mg/mL Inj	00397415	BQU	Lopresor 1mg/mL Inj	00590819	NVR
BiCNU 100mg Inj	00297763	BQU	Mutamycin 5mg/vial Inj	00381799	BQU
Blenoxane 15u/mL Inj	00258482	BQU	Naloxone 0.4mg/mL Inj	02148706	SIL
Cefoxitin Sodium 1g/vial Inj	02128187	NOP	Naloxone 1mg/mL Inj	02148714	SIL
Cefoxitin Sodium 2g/vial Inj	02128195	NOP	Neo-Bex Inj	00147680	NEO
Cerubidine 20mg/vial Inj	01926683	ERF	Nipride 50mg/5mL Inj	00336459	HLR
Coly-Mycin M 150mg/vial Inj	00476420	PFI	Norepinephrine Bitartrate 1mg/mL Inj	00893285	SIL
Cortrosyn 250mg/vial Inj	00022381	ORG	Norflex 30mg/mL Inj	01966162	RIK
Cosmegen 500mcg/vial Inj	00213071	MSD	Novantrone 2mg/mL Inj	02173468	WAY
Cytosar 100mg/vial Inj	00386715	PFI	Procainamide 100mg/mL Inj	02184486	SIL
Cytosar 500mg/vial Inj	00194727	PFI	Prostin VR 500mcg/mL Inj	00559253	PFI
Digoxin 0.05mg/mL Inj	02048272	SIL	Suprefact 1mg/mL Inj	02225166	SAN
Digoxin 0.25mg/mL Inj	02048264	SIL	Synacthen 1mg/mL Depot Inj	00253952	NVR
Fraxiparine 9500 anti-Xa iu/mL Inj	02236913	GSK	Ventolin 0.5mg/mL IM Inj	02213443	GSK
Fraxiparine Forte 19000 anti-Xa iu/mL	02240114	GSK	Ventolin 1mg/mL Infusion Sol	02213451	GSK
Indocid PDA 1mg/mL Inj	00597805	MSD	Vepesid 100mg/vial Inj	00523410	BQU
Isoproterenol HCl 0.2mg/mL Inj	00897639	SIL	Xylocard 100mg/5mL Inj	00001937	AZE
Kidrolase 10,000iu/vial Inj	01926438	SAN	Zanosar 1g/vial Pdr Cake	00622141	PFI

MAXIMUM ALLOWABLE COST (MAC) LIST

The following **categories** have been removed from the MAC List. For those categories which have been removed due to discontinuation of one of the brands by the manufacturer, AAC will be paid for the products which have not been discontinued, **effective February 1, 2005**. For those brands which are no longer interchangeable, benefit status will remain unchanged and paid at AAC.

AMIKACIN 250mg/mL Inj	02242971 Amikacin 00397415 Amikin	SIL BQU } DELISTED as benefits
BETHANECHOL CHLORIDE 25mg Tab	01947931 Duvoid 00349739 Urecholine	RBT MSD — DISCONTINUED
BUTORPHANOL 10mg/mL Nasal Spray	02242504 Apo-Butorphanol 02113031 Stadol NS	APX BQU — DISCONTINUED
CEFUROXIME SODIUM 750mg/vial Inj	02237731 Cefuroxime 02213532 Zinacef	PPC — DISCONTINUED GSK
CEFUROXIME SODIUM 1.5g/vial Inj	02237732 Cefuroxime 02213540 Zinacef	PPC — DISCONTINUED GSK
CEFUROXIME SODIUM 7.5g/vial Inj	02237733 Cefuroxime 02213559 Zinacef	PPC — DISCONTINUED GSK
CETIRIZINE 5mg Tab	02240910 Apo-Cetirizine 02223546 Reactine	APX — DISCONTINUED PFI
CHLORPROMAZINE 25mg/mL Inj	00743518 Chlorpromazine 01929984 Largactil	SIL RHO — DISCONTINUED
CYANOCOBALAMIN 100mcg/mL Inj	00497533 Vitamin B12 02241500 Vitamin B12	ABB — DISCONTINUED SIL
DILTIAZEM 60mg SR Cap	02222957 Apo-Diltiaz SR 02097214 Cardizem SR 02229406 Novo-Diltazem SR	APX BVL — DISCONTINUED NOP — DISCONTINUED
DILTIAZEM 90mg SR Cap	02222965 Apo-Diltiaz SR 02097214 Cardizem SR 02229407 Novo-Diltazem SR	APX BVL — DISCONTINUED NOP — DISCONTINUED
DILTIAZEM 120mg SR Cap	02222973 Apo-Diltiaz SR 02097214 Cardizem SR 02229408 Novo-Diltazem SR	APX BVL — DISCONTINUED NOP — DISCONTINUED
GENTAMICIN 40mg/mL Inj	02242652 Gentamicin 00223824 Garamycin	SIL SCH — DISCONTINUED
HALOPERIDOL 2mg/mL O/L	00587702 Apo-Haloperidol 00552429 ratio-Haloperidol	APX RPH — DISCONTINUED
KETOPROFEN 200mg SR Tab	02172577 Apo-Keto 02031175 Rhodis	APX RHO — DISCONTINUED
LORAZEPAM 4mg/mL Inj	02041405 Ativan 02243278 Lorazepam	WAY — DISCONTINUED SIL

ORCIPRENALINE 2mg/mL Syr	02236783 Apo-Orciprenaline 02152568 ratio-Orciprenaline	APX RPH — DISCONTINUED
NADOLOL 160mg Tab	00782475 Apo-Nadol 00851698 ratio-Nadolol	APX RPH — DISCONTINUED
NITROFURANTOIN 50mg Cap	01997637 Macrochantin 02231015 Novo-Furantoin	PGA — DISCONTINUED NOP
NYSTATIN 100,000 IU/mL O/L	00779121 Nyaderm 02194201 ratio-Nystatin	TAR — DISCONTINUED RPH
PRIMIDONE 250mg Tab	00396761 Apo-Primidone 02042355 Mysoline	APX DRH — DISCONTINUED
PROCYCLIDINE HCl 5mg Tab	00587354 pms-Procyclidine 00306290 Procyclid	PMS ICN — DISCONTINUED