

JULY BULLETIN

ADDITIONS TO EXCEPTION CRITERIA FOR INFLIXIMAB, IMIQUIMOD AND CLOPIDOGREL

Infliximab (Remicade®)

The criteria for infliximab for moderate to severe active Crohn's disease has been expanded to consider case by case coverage beyond the induction therapy. The criteria is:

- for treatment of Crohn's disease in adults, when prescribed by a gastroenterologist or physician with a specialty in gastroenterology:
 - in patients with moderate to severe active disease refractory to 5-ASA products AND glucocorticosteroids (e.g., prednisone) AND immunosuppressive therapy (azathioprine or 6-mercaptopurine or methotrexate) ** . Initial approval of infliximab will be for a single infusion of 5mg/kg/dose. A second infusion may be warranted in patients not responding to the first infusion or in patients responding initially but then worsening before maintenance therapy is effective. Request for approval beyond induction therapy will be considered case by case.
 - in patients with fistulizing disease who have actively draining perianal or enterocutaneous fistula(e) that have recurred or persisted despite a course of appropriate antibiotic therapy (e.g. metronidazole +/-ciprofloxacin for a minimum of 3 weeks) AND immunosuppressive therapy (azathioprine or 6-mercaptopurine or methotrexate) **. Initial approval is for three infusions of infliximab of 5mg/kg/dose at 0,2 and 6 week intervals.

** Patients who are very ill and not candidates for surgery may qualify for infliximab therapy without a trial of AZA, 6-MP or MTX, as they may require a more rapid onset of response.

Imiquimod (Aldara®)

- for the treatment of actinic keratosis on the head and neck in patients who have failed treatment with 5FU and cryotherapy

Clopidogrel (Plavix®)

The criteria for clopidogrel in patients with an intra coronary stent implantation has been expanded to include drug-eluting stents. The criteria is:

- in patients with intra coronary stent implantation, the coverage period following insertion is:
 - Bare Metal Stents (BMS) - 30 days
 - Drug Eluting Stents (DES):
 - Sirolimus (Cypher®) - 90 days
 - Paclitaxel (Taxus®) - 180 days

Note: The *Criteria Code 02* may be used for the initial 30 days coverage period for all types of intra coronary stent implantation. For coverage beyond the initial 30 day on-line approval a written request from the attending physician is required.

INCLUDED WITH THIS BULLETIN:

- ▶ Nova Scotia Formulary - July 2005
- ▶ New Products List, effective August 1, 2005
- ▶ Replacement pages for August 2005 MAC List
- ▶ Physician CPSNS Numbers List
- ▶ Nurse Practitioners List
- ▶ Prescribing Optometrist List

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>
Aldomet 250mg Tab	00016578	MSD
Ampicillin 250mg Cap	00265047	SAP
Ancotil 500mg Cap	00384895	ICN
Ceftin 125mg Tab	00886882	GSK
Cogentin 1mg/mL Inj	00016128	MSD
Colchicine 0.6mg Tab	00094382	DTC
Coptin Susp	00745618	AXC
Coptin Tab	00656933	AXC
Cuprimine 125mg Cap	00497894	MSD
Cuprimine 250mg Cap	00016055	MSD
Erythromycin 250mg Tab	00281573	SAP
Flexeril 10mg Tab	00782742	JAN
Ilosone 500mg Tab	00244384	LIL
Indocid 1% Oph Susp	00594458	MSD
Intal 1mg/dose Inhaler	00555649	SAN
Largactil 20mg/mL Liq	01929976	RHO
Largactil 25mg/5mL Liq	01929968	RHO
Largactil 40mg/mL Oral Drops	01929992	SAN
Motrin 300mg Tab	00327794	MCN
Motrin 400mg Tab	00364142	MCN
Myochrysine 25mg/mL Inj	01927612	SAN
Nu-Desipramine 150mg Tab	02211998	NXP
Ortho-Novum 1/50 Tab 21 Day	00022608	JAN
Piportil L4 25mg/mL Inj	01926667	SAN
Prednisone 5mg Tab	00232092	SAP
Rhodacine 100g Supp	02146940	RHO
Rhdis EC 50mg Tab	00761672	RHO
Rhdis EC 100mg Tab	00761680	RHO
Rhotrimine 100mg Tab	00761648	RHO
Rhovail 150mg Cap	02183099	RHO
Rhovail 200mg Cap	02183102	RHO
Rhoxal-Loperamide 2mg Caplet	02233998	RHO
Streptomycin 1g/amp Inj	00303984	GSK
Suprax 200mg Tab	02195973	SAN
Surmontil 50mg Tab	01926330	SAN

DIN CHANGE TO PHARMACARE BENEFITS - Effective August 1, 2005

<u>PRODUCT DESCRIPTION</u>	<u>MFR</u>	<u>OLD DIN</u>	<u>NEW DIN</u>
Dycholium 300mg Tab	NVR	01937812	02162148
Pancrease Cap	JAN	00591548	02242374
Pontocaine 0.5% Oph Sol	ABB	02017768	02241977
Pontocaine 20mg/vial Inj	ABB	02017717	02241978
Ventolin 0.5mg/mL Nebules	GSK	02022125	02213400

NOVA SCOTIA FORMULARY - JULY 2005

Enclosed is a complete copy of the July 2005 Nova Scotia Formulary. Please remove all pages from your Nova Scotia Formulary Binder and replace with the new packet.

Please note that in this formulary update some discontinued brand name products have been added back into the interchangeable categories. For example, Amoxil is now listed in the interchangeable 'box' along with other amoxicillin products. This is to serve as a reference for product selection. Please contact our office if you have any questions.

CHANGE TO MAXIMUM ALLOWABLE COST LIST

The Maximum Allowable Cost (MAC) on the following categories will be **effective August 1, 2005** to reflect changes in the acquisition cost of the lowest priced brands. Enclosed are replacement pages for your August, 2005 MAC List which reflects these changes.

BRIMONIDINE 0.2% Oph Sol	<u><u>2.1830</u></u>
IBUPROFEN 300mg Tab	<u><u>0.0588</u></u>
IBUPROFEN 400mg Tab	<u><u>0.1040</u></u>
MOMETASONE 0.1% Oint	<u><u>0.3668</u></u>

NEW PRODUCTS

The following products are "New Listings to the Nova Scotia Formulary" **effective August 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>
02254514	Apo-Quinine 200mg Cap	APX	SF
02254522	Apo-Quinine 300mg Cap	APX	SF
02248347	Combigan Oph Sol	ALL	SF
02253275	Gleevec 100mg Tab	NVR	E*
02253283	Gleevec 400mg Tab	NVR	E*
02261553	Telzir 50mg/mL Susp	GSK	not insured
02261545	Telzir 700mg Tab	GSK	not insured
02256738	Tiazac XC 120mg Tab	BVL	SF
02256746	Tiazac XC 180mg Tab	BVL	SF
02256754	Tiazac XC 240mg Tab	BVL	SF
02256762	Tiazac XC 300mg Tab	BVL	SF
02256770	Tiazac XC 360mg Tab	BVL	SF
02252260	Vigamox 0.5% Oph Sol	ALC	not insured
02261723	Yasmin Tab 21 Day	BEX	F
02261731	Yasmin Tab 28 Day	BEX	F
02257270	Zymar 0.3% Oph Sol	ALL	not insured

*Criteria already established will apply.