

## NOVEMBER BULLETIN

### COMPOUNDED PRODUCTS INSURED

The following is a complete list of compounded products which are fully insured under the Pharmacare Programs. Each compound has been assigned a corresponding DIN which is to be used when submitting a compound claim. Please do not use the DIN of the main ingredient for compounds.

Product	DIN
Anthralin Soft 0.05% Paste	00902063
Anthralin Soft 0.1% Paste	00900907
Anthralin Soft 0.2% Paste	00900915
Anthralin Weak 0.2% Oint	00901105
Anthralin 0.4% Oint	00901113
Hydrocortisone Pdr 1% - 2.5% in Clotrimazole Cr	00999474
LCD (Coal Tar) Preparations (any strength)	00358494
LCD (Coal Tar) 20% USP	00358495
Salicylic Acid Oint (any strength)	00900788
Tar Pomade	00901121

**Please Note:** The assigned PIN 00999474 represents an insured PIN for the compounded cream containing hydrocortisone powder (1% - 2.5%) in clotrimazole cream only.

Mixing hydrocortisone 1% cream with clotrimazole cream in equal parts will create a product of hydrocortisone 0.5% in 1/2 strength clotrimazole cream. This concentration is *not insured* under the Nova Scotia Pharmacare Programs and upon audit, reimbursements for these compounds will be recovered.

### NEW NURSE PRACTITIONER

The following nurse practitioner has been added to this group of prescribers.

Dara Lee MacDonald (License #724184)

Please retain for your reference. See the Nova Scotia Formulary for Pharmacare benefits which can be insured if prescribed by nurse practitioners.

### HYDROCORTISONE PREPARATIONS DELISTED

Manually compounded hydrocortisone preparations had been approved for reimbursement only until the commercial preparations became available. As the cream and ointment base hydrocortisone preparations are now available on the market, *effective immediately* the following manually compounded preparations will no longer be insured under the Pharmacare Programs.

Product	DIN
Hydrocortisone 0.5% in Dermabase Cr	00903124
Hydrocortisone 1% in Dermabase Cr	00903132
Hydrocortisone 0.5% in Glaxal Base Cr	00903159
Hydrocortisone 1% in Glaxal Base Cr	00903167
Cortoderm 0.5% Oint	00716685
Cortoderm 1% Oint	00716693
Hydrocortisone 0.5% in Soft Petro Oint	00903175
Hydrocortisone 1% in Soft Petro Oint	00903183

### CHANGE IN BENEFIT STATUS

**Effective December 1, 2006** the following products will be insured as full benefits, no longer requiring special authorization for coverage under the Nova Scotia Pharmacare Programs. The benefit status will change as indicated below:

DIN	Product	MFR	Benefit Status
02272830	Apo-ISMN 60mg Tab	APX	E to SF
02126559	Imdur 60mg ER Tab	AZE	E to SF

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- ▶ **New Products List**, effective December 1, 2006

## PHARMACY CLOSING / OWNERSHIP TRANSFER

As indicated in the Tariff Agreement between the Pharmacy Association of Nova Scotia and the Nova Scotia Department of Health, if your pharmacy is closing or changing ownership, it is your responsibility to notify our office 30 days in advance of the transfer/closing. This information will be retained in confidence. A close-out prescription audit is required. You may contact our office at (902) 490-7128 or toll free at 1-800-305-5026 ext. 7128.

## USING THE CORRECT TELEPHONE NUMBERS

The following toll free numbers are direct lines to the Pharmacare Department and are to be used for all Pharmacare Programs inquiries.

Pharmacy Claims Inquires: 1-800-305-5026

Pharmacare Programs Inquires: 1-800-544-6191

**Please Note:** The MSI Registration toll free number (1-800-563-8880) should be used for inquiries regarding MSI Health Card eligibility.

## NEW PRODUCTS

The following products are "New Listings to the Nova Scotia Formulary" *effective December 1, 2006*. The benefit status of each product within the Nova Scotia Pharmacare Programs is indicated.

<u>DIN</u>	<u>Product</u>	<u>MFR</u>	<u>Prescriber</u>	<u>Benefit Status</u>
02259052	Amevive 15mg/0.5mL Pdr for Inj	AST		not insured
02273950	Apo-Methylphenidate 5mg Tab	APX	DR	SFC
02273233	Caduet 5/10mg Tab	PFI	DR	SF
02273241	Caduet 5/20mg Tab	PFI	DR	SF
02273268	Caduet 5/40mg Tab	PFI	DR	SF
02273276	Caduet 5/80mg Tab	PFI	DR	SF
02273284	Caduet 10/10mg Tab	PFI	DR	SF
02273292	Caduet 10/20mg Tab	PFI	DR	SF
02273306	Caduet 10/40mg Tab	PFI	DR	SF
02273314	Caduet 10/80mg Tab	PFI	DR	SF
02276429	Fosavance Tab	MSD		not insured
02279320	Invirase 500mg Tab	HLR		not insured
02229437	Phoslo 667mg Tab	PRE		not insured
02270609	pms-Citalopram 10mg Tab	PMS	DR NP	SFC
02273578	Uromax 10mg Tab	PFR	DR	E
02273586	Uromax 15mg Tab	PFR	DR	E
02247099	Zyprexa 10mg/vial Inj	LIL		not insured

## CRITERIA FOR COVERAGE OF NEW BENEFITS

### **Oxybutynin XL (Uromax®)**

- for the treatment of over-active bladder (not stress incontinence) after a reasonable trial of oxybutynin immediate-release (IR) is not tolerated
- a three month trial will be approved initially with assessment of the effectiveness of this therapy required if further coverage is considered