

PHARMACISTS' BULLETIN

NOVA SCOTIA SENIORS' PHARMACARE PROGRAM

PHARMACARE

NOVA SCOTIA DEPARTMENT OF COMMUNITY SERVICES

August 2007

Vol. #07-08

AUGUST BULLETIN

NEW PRODUCTS

The following products are "New Listings to the Nova Scotia Formulary" effective September 1, 2007. 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>
02283131	Altace HCT 2.5/12.5 mg Tab	SAV	DR NP	SF
02283158	Altace HCT 5/12.5mg Tab	SAV	DR NP	SF
02283166	Altace HCT 10/12.5mg Tab	SAV	DR NP	SF
02283174	Altace HCT 5/25mg Tab	SAV	DR NP	SF
02283182	Altace HCT 10/25mg Tab	SAV	DR NP	SF
02284642	Azilect 0.5mg Tab	TMP		not insured
02284650	Azilect 1mg Tab	TMP		not insured
02238848	Denavir 1% Cr	NNC		not insured
02287420	Exjade 125mg Tab for Susp	NVR	DR	E
02287439	Exjade 250mg Tab for Susp	NVR	DR	E
02287447	Exjade 500mg Tab for Susp	NVR	DR	E
02282097	Orencia 250mg/vial Inj	BRI	DR	E
02283395	Somatuline Autogel 60mg/0.3mL Syringe Inj	TER	DR	SFC
02283409	Somatuline Autogel 90mg/0.3mL Syringe Inj	TER	DR	SFC
02283417	Somatuline Autogel 120mg/0.3mL Syringe Inj	TER	DR	SFC
02264846	Tramacet Tab	JAN		not insured
02278383	Vantas 50mg/vial Inj	PAL		not insured

CRITERIA FOR COVERAGE OF NEW BENEFITS

Abatacept (Orencia®)

· for patients with severe active rheumatoid arthritis who have failed to respond to an adequate trial of an anti-TNF agent and not used in combination with other TNF antagonists

Deferasirox (Exjade®)

- for the treatment of patients who require iron chelation and deferoxamine is contraindicated

COMPOUNDING FEE REINSTATED

Compounds insured under the Nova Scotia Pharmacare Programs (e.g., LCD preparations, Canesten HC Cream, Magic Mouthwash) will be reimbursed at 1.5 times the professional fee. The exception to this is methadone, the compounding fee (i.e., 1.5 times the professional fee) is not applicable to compounded methadone solutions.

NEW PRESCRIBERS

The following have been added to the list of prescribers under the Nova Scotia Pharmacare Program.

Prescribing Optometrist

Dr. Anne-Marie Brière (Prescriber #50206)

Nurse Practitioner

Beverley Justin-Muldoon (Prescriber #715453)

Please retain for your reference. See the Nova Scotia Formulary for Pharmacare benefits which can be insured if prescribed by these groups of prescribers.

INCLUDED WITH THIS BULLETIN:

- ▶ **New Products**, eff. Sept. 1, 2007
- ▶ **Interchangeable Products**, eff. Sept. 15, 2007
- ▶ **Permax Discontinued**

NEW OSTOMY CARE PRODUCTS

Effective immediately, the following ostomy products are "New Listings to the Nova Scotia Formulary. The benefit status of each product within the Nova Scotia Pharmacare Programs is indicated.

<u>PIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>PRESCRIBER</u>	<u>BENEFIT STATUS</u>
95098996	Assura Easiclose Drainable Pouch (#3870)	COL	DR NP P	SFC
95098461	Assura Easiclose Drainable Pouch (#4492)	COL	DR NP P	SFC
95098470	Assura Easiclose Drainable Pouch (#4496)	COL	DR NP P	SFC
95098464	Easiflex Drainable Pouch w Easiclose (#4520)	COL	DR NP P	SFC
95098463	Easiflex Drainable Pouch w Easiclose (#4521)	COL	DR NP P	SFC
95098465	Easiflex Drainable Pouch w Easiclose (#4524)	COL	DR NP P	SFC
95098462	Easiflex Drainable Pouch w Easiclose (#4528)	COL	DR NP P	SFC
95098468	Easiflex Standard Wear Skin Barrier (#4401)	COL	DR NP P	SFC
95098467	Easiflex Standard Wear Skin Barrier (#4403)	COL	DR NP P	SFC
95098466	Easiflex Standard Wear Skin Barrier (#4406)	COL	DR NP P	SFC
95098438	Sensura Maxi Pouch (#5521)	COL	DR NP P	SFC
95098437	Sensura Maxi Pouch (#5522)	COL	DR NP P	SFC
95098436	Sensura Maxi Pouch (#5523)	COL	DR NP P	SFC
95098435	Sensura Maxi Pouch (#5524)	COL	DR NP P	SFC
95098434	Sensura Maxi Pouch (#5531)	COL	DR NP P	SFC
95098433	Sensura Maxi Pouch (#5532)	COL	DR NP P	SFC
95098432	Sensura Maxi Pouch (#5533)	COL	DR NP P	SFC
95098431	Sensura Maxi Pouch (#5534)	COL	DR NP P	SFC
95098428	Sensura Maxi Pouch (#5605)	COL	DR NP P	SFC
95098427	Sensura Maxi Pouch (#5606)	COL	DR NP P	SFC
95098426	Sensura Maxi Pouch (#5607)	COL	DR NP P	SFC
95098425	Sensura Maxi Pouch (#5608)	COL	DR NP P	SFC
95098424	Sensura Maxi Pouch (#5632)	COL	DR NP P	SFC
95098423	Sensura Maxi Pouch (#5633)	COL	DR NP P	SFC
95098422	Sensura Maxi Pouch (#5634)	COL	DR NP P	SFC
95098421	Sensura Maxi Pouch (#5635)	COL	DR NP P	SFC
95098440	Sensura Midi Pouch (#5501)	COL	DR NP P	SFC
95098439	Sensura Midi Pouch (#5511)	COL	DR NP P	SFC
95098430	Sensura Midi Pouch (#5603)	COL	DR NP P	SFC
95098429	Sensura Midi Pouch (#5604)	COL	DR NP P	SFC
95098458	Sensura Maxi Closed Pouch (#5405)	COL	DR NP P	SFC
95098457	Sensura Maxi Closed Pouch (#5406)	COL	DR NP P	SFC
95098456	Sensura Maxi Closed Pouch (#5407)	COL	DR NP P	SFC
95098455	Sensura Maxi Closed Pouch (#5408)	COL	DR NP P	SFC
95098448	Sensura Maxi Closed Pouch (#5470)	COL	DR NP P	SFC
95098447	Sensura Maxi Closed Pouch (#5472)	COL	DR NP P	SFC
95098446	Sensura Maxi Closed Pouch (#5473)	COL	DR NP P	SFC
95098445	Sensura Maxi Closed Pouch (#5474)	COL	DR NP P	SFC
95098444	Sensura Maxi Closed Pouch (#5480)	COL	DR NP P	SFC
95098443	Sensura Maxi Closed Pouch (#5482)	COL	DR NP P	SFC
95098442	Sensura Maxi Closed Pouch (#5483)	COL	DR NP P	SFC
95098441	Sensura Maxi Closed Pouch (#5484)	COL	DR NP P	SFC
95098460	Sensura Midi Closed Pouch (#5403)	COL	DR NP P	SFC
95098459	Sensura Midi Closed Pouch (#5404)	COL	DR NP P	SFC
95098454	Sensura Midi Closed Pouch (#5412)	COL	DR NP P	SFC
95098453	Sensura Midi Closed Pouch (#5413)	COL	DR NP P	SFC
95098452	Sensura Midi Closed Pouch (#5414)	COL	DR NP P	SFC
95098451	Sensura Midi Closed Pouch (#5415)	COL	DR NP P	SFC
95098450	Sensura Midi Closed Pouch (#5441)	COL	DR NP P	SFC
95098449	Sensura Midi Closed Pouch (#5450)	COL	DR NP P	SFC

INTERCHANGEABLE PRODUCTS ADDED TO NOVA SCOTIA FORMULARY

Effective September 15, 2007

EXISTING CATEGORIES:

Note: For those products with benefit status under the Nova Scotia Pharmacare Programs, the existing Pharmacare Reimbursement Level for each category will apply.

	<u>DIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>PRESCRIBER</u>	<u>BENEFIT STATUS</u>
ACETYLSALICYLIC ACID 650mg EC Tab	02284537	pms-ASA EC	PMS	DR NP	SFC
BUPROPION 100mg SR Tab	02285657	ratio-Bupropion SR	RPH	DR	E
BUPROPION 150mg SR Tab	02285665	ratio-Bupropion SR	RPH	DR	E
FAMCICLOVIR 125mg Tab	02292025	Apo-Famciclovir	APX	DR NP	SFC
FAMCICLOVIR 250mg Tab	02292041	Apo-Famciclovir	APX	DR NP	SFC
FAMCICLOVIR 500mg Tab	02292068	Apo-Famciclovir	APX	DR NP	SFC
FENOFIBRATE 100mg Tab	02289083	Novo-Fenofibrate-S	NOP	DR NP	SF
FENOFIBRATE 160mg Tab	02289091	Novo-Fenofibrate-S	NOP	DR NP	SF
LEFLUNOMIDE 10mg Tab	02288265	pms-Leflunomide	PMS	DR	E
LEFLUNOMIDE 20mg Tab	02288273	pms-Leflunomide	PMS	DR	E
LEVETIRACETAM 250mg Tab	02296101	pms-Levetiracetam	PMS	DR	E
LEVETIRACETAM 500mg Tab	02296128	pms-Levetiracetam	PMS	DR	E
LEVETIRACETAM 750mg Tab	02296136	pms-Levetiracetam	PMS	DR	E
PRAVASTATIN 10mg	02284421	RAN-Pravastatin	RAN	DR NP	SF
PRAVASTATIN 20mg	02284448	RAN-Pravastatin	RAN	DR NP	SF
PRAVASTATIN 40mg	02284456	RAN-Pravastatin	RAN	DR NP	SF
RAMIPRIL 1.25mg Cap	02283891	Novo-Ramipril	NOP	DR NP	SF
RAMIPRIL 2.5mg Cap	02247945	Novo-Ramipril	NOP	DR NP	SF
RAMIPRIL 5mg Cap	02247946	Novo-Ramipril	NOP	DR NP	SF
RAMIPRIL 10mg Cap	02247947	Novo-Ramipril	NOP	DR NP	SF
RISPERIDONE 0.25mg Tab	02292807	Sandoz Risperidone	SDZ	DR	SF
TAMSULOSIN 0.4mg Cap	02294265	ratio-Tamsulosin	RPH		not Insured
	02295121	Sandoz Tamsulosin	SDZ		not Insured

NEW CATEGORIES:

Note: The following Pharmacare Reimbursement Levels (P.R. Level) are effective **September 15, 2007** for the new category additions to the Pharmacare Reimbursement List. AAC will be paid for those products with benefit status under the Nova Scotia Pharmacare Programs until this date.

	<u>DIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>PRESCRIBER</u>	<u>BENEFIT STATUS</u>	<u>P. R. LEVEL SEP 15 2007</u>
CEFPROZIL 125mg/5mL O/L	02293943	Apo-Cefprozil	APX	DR NP	SFC	0.1107
	02163675	Cefzil	BRI	DR NP	SFC	0.1107
CEFPROZIL 250mg/5mL O/L	02293951	Apo-Cefprozil	APX	DR NP	SFC	0.2213
	02163683	Cefzil	BRI	DR NP	SFC	0.2213
	02293579	RAN-Cefprozil	RAN	DR NP	SFC	0.2213
CEFPROZIL 250mg Tab	02292998	Apo-Cefprozil	APX	DR NP	SFC	1.1329
	02163659	Cefzil	BRI	DR NP	SFC	1.1329
	02293528	RAN-Cefprozil	RAN	DR NP	SFC	1.1329
CEFPROZIL 500mg Tab	02293005	Apo-Cefprozil	APX	DR NP	SFC	2.2214
	02163667	Cefzil	BRI	DR NP	SFC	2.2214
	02293536	RAN-Cefprozil	RAN	DR NP	SFC	2.2214
CEFTRIAZONE 1g/vial inj	00657417	Rocephin	HLR	DR NP	SFC	24.5000
	02292270	Ceftriaxone	SDZ	DR NP	SFC	24.5000
CEFTRIAZONE 2g/vial inj	00657409	Rocephin	HLR	DR NP	SFC	48.2750
	02292289	Ceftriaxone	SDZ	DR NP	SFC	48.2750
FLUTICASONE 50mcg/dose Nasal Spray	02294745	Apo-Fluticasone	APX		not insured	
	02213672	Flonase	GSK		not insured	
	02296071	ratio-Fluticasone	RPH		not insured	

PERMAX® DISCONTINUED

Eli Lilly has given notification of the discontinuation of the following products from the market due to the potential side effect of cardiac valvulopathy. 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>
Permax 0.05mg Tab	02123320	LIL
Permax 0.25mg Tab	02123339	LIL
Permax 1mg Tab	02123347	LIL