

PHARMACISTS' BULLETIN

NOVA SCOTIA SENIORS' PHARMACARE PROGRAM

PHARMACARE

NOVA SCOTIA DEPARTMENT OF COMMUNITY SERVICES

June 2008

Vol. #08-06

JUNE BULLETIN

PHARMACARE REIMBURSEMENT LIST

Enclosed is a copy of the new Pharmacare Reimbursement List, *effective July 14, 2008*. The following **MAC categories** have been removed from the Pharmacare Reimbursement List. Please note that effective July 14, 2008, AAC will be paid for those products in these categories which have not been discontinued.

CIMETIDINE 800mg Tab	00749494	Apo-Cimetidine	APX
	00663727	Novo-Cimetidine	NOP - DISCONTINUED
CLORAZEPATE DIPOTASSIUM 3.75mg Cap	00860689	Apo-Clorazepate	APX
	00628190	Novo-Clopate	NOP - DISCONTINUED
CLORAZEPATE DIPOTASSIUM 7.5mg Cap	00860700	Apo-Clorazepate	APX
	00628204	Novo-Clopate	NOP - DISCONTINUED
CLORAZEPATE DIPOTASSIUM 15mg Cap	00860697	Apo-Clorazepate	APX
	00628212	Novo-Clopate	NOP - DISCONTINUED
FLURBIPROFEN 200mg SR Cap (Special MAC)	02223082	Froben SR	ABB - DISCONTINUED
IDOXURIDINE 0.1% Sol	00001317	Herplex-D	ALL - DISCONTINUED
	02237187	Sandoz Idoxuridine	SDZ
MISOPROSTOL 100mcg Tab	02244022	Apo-Misoprostol	APX
	02240754	Novo-Misoprostol	NOP - DISCONTINUED
SUFENTANIL CITRATE 50mcg/mL Inj	01951319	Sufenta	JAN - DISCONTINUED
	02244147	Sufentanil Citrate	SDZ

INCLUDED WITH THIS BULLETIN:

- ▶ Pharmacare Reimbursement List
effective July 14, 2008
- ▶ New Diabetic Products
- ▶ New Product

MANUFACTURER SHORTAGE OF LOWEST PRICED BRAND

The following are MAC categories for which the lowest priced brand is currently unavailable due to a manufacturer shortage. Therefore, effective immediately, the products indicated below will be paid AAC. The established MAC price provided in the Pharmacare Reimbursement List (version July 14, 2008) will be reinstated as the lower priced brands become available.

DESMOPRESSIN 0.2mg Tab	00824143	DDAVP	FEI
ERYTHROMYCIN BASE 333mg Cap	00873454	ERYC	PFI

New Special MAC Categories

A Special MAC has been established for the following new category. AAC will be paid on this category until the Special MAC comes into effect on July 14, 2008.

METHADONE POWDER	0.0050 per milligram
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A Special MAC has been established for the following new categories. The corresponding products will be insured as exception status benefits with the Special MAC applied effective July 14, 2008.

METHADONE 1mg/mL O/L	0.0050 per milligram
METHADONE 10mg/mL O/L	0.0050 per milligram

INCREASE TO SELECTED MAC - JULY 1, 2008

Due to notification of price increase, the MAC for the following category is established effective July 1, 2008 and is reflected in the enclosed Pharmacare Reimbursement List.

BETAMETHASONE 6mg/mL Inj	7.1900
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NEW DIABETIC PRODUCTS

The following diabetic products are "New Listings" to the Nova Scotia Formulary *effective June 23, 2008*. The benefit status and MAC Price of each product within the Nova Scotia Pharmacare Programs is indicated.

<u>PIN/DIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>PRESCRIBER</u>	<u>BENEFIT STATUS</u>	<u>SPECIAL MAC PRICE</u>
97799584	NovaMax Test Strips (#43894 - 50/box)	NBM	DR NP P	SFD	0.7290
97799583	NovaMax Test Strips (#43955 - 100/box)	NBM	DR NP P	SFD	0.7290
97799580	On-Call Plus Test Strips (#1130069002 - 25/box)	ACO	DR NP P	SFD	0.7000
97799581	On-Call Plus Test Strips (#1130088501 - 50/box)	ACO	DR NP P	SFD	0.6700
97799582	On-Call Plus Test Strips (#1130089001 - 100/box)	ACO	DR NP P	SFD	0.6300

NEW PRODUCT

The following product is a non-interchangeable "New Listing" to the Nova Scotia Formulary effective June 23, 2008. It is a benefit under the Nova Scotia Pharmacare Programs as indicated.

<u>PIN/DIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>PRESCRIBER</u>	<u>STATUS</u>
02290812	Apo-Timop 0.5% Oph Gel	APX	DR	SF

INTERCHANGEABLE PRODUCTS ADDED TO NOVA SCOTIA FORMULARY

Effective June 23, 2008

EXISTING CATEGORIES:

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

	<u>DIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>PRESCRIBER</u>	<u>BENEFIT STATUS</u> Jun 23, 2008
ACETAMINOPHEN 325mg & OXYCODONE 5mg Tab	02307898	Novo-Oxycodone Acet	NOP	DR	SFC
BICALUTAMIDE 50mg Tab	02302403	Gen-Bicalutamide	GPM	DR	SFC
CIPROFLOXACIN 250mg Tab	02303728	RAN-Ciproflox	RAN	DR NP	E(SFC)
CIPROFLOXACIN 500mg Tab	02303736	RAN-Ciproflox	RAN	DR NP	E(SFC)
CIPROFLOXACIN 750mg Tab	02303744	RAN-Ciproflox	RAN	DR NP	E(SFC)
CITALOPRAM 20mg Tab	02304686	MINT-Citalopram	MNT	DR NP	SFC
CITALOPRAM 40mg Tab	02304694	MINT-Citalopram	MNT	DR NP	SFC
METOPROLOL TARTRATE 100mg SR Tab	02303396	Sandoz Metoprolol SR	SDZ	DR NP	SF
METOPROLOL TARTRATE 200mg SR Tab	02303418	Sandoz Metoprolol SR	SDZ	DR NP	SF
MORPHINE SULFATE 100mg SR Tab	02245287	pms-Morphine Sulfate SR	PMS	DR	SFC
MORPHINE SULFATE 200mg SR Tab	02245288	pms-Morphine Sulfate SR	PMS	DR	SFC
OLANZAPINE 2.5mg Tab	02303116	pms-Olanzapine	PMS	DR	E(SF)
OLANZAPINE 5mg Tab	02303159	pms-Olanzapine	PMS	DR	E(SF)
OLANZAPINE 7.5mg Tab	02303167	pms-Olanzapine	PMS	DR	E(SF)
OLANZAPINE 10mg Tab	02303175	pms-Olanzapine	PMS	DR	E(SF)
OLANZAPINE 15mg Tab	02303183	pms-Olanzapine	PMS	DR	E(SF)
PANTOPRAZOLE 20mg EC Tab	02285479	Novo-Pantoprazole	NOP	DR NP	E(SF)
PANTOPRAZOLE 40mg EC Tab	02285487	Novo-Pantoprazole	NOP	DR NP	E(SF)
PROPAFENONE 150mg Tab	02294559	pms-Propafenone	PMS	DR	SF
PROPAFENONE 300mg Tab	02294575	pms-Propafenone	PMS	DR	SF
RISPERIDONE 0.25mg Tab	02303655	Sandoz Risperidone	SDZ	DR	SF
RISPERIDONE 0.5mg Tab	02303663	Sandoz Risperidone	SDZ	DR	SF

NEW CATEGORIES:

A MAC has been established for the following products. Benefit status is effective, as of June 23, 2008 and AAC will be paid until the specified MAC is effective on *July 14, 2008*.

	<u>DIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>PRESCRIBER</u>	<u>BENEFIT STATUS</u>		<u>MAC</u>
					<u>Jun 23, 2008</u>	<u>July 14, 2008</u>	
CICLOPIROX 8% w/w Top Sol	02298953	Apo-Ciclopirox	APX		Not Insured		
	02250535	Penlac	SAV		Not Insured		
ETIDRONIC DISODIUM 400mg & CALCIUM CARBONATE 500mg Tab, SEQUENTIAL	02263866	CO Etidrocal	COB	DR NP	SFC		29.9900 [†]
	02176017	Didrocal	PGA	DR NP	SFC		29.9900 [†]
	02247323	Gen-Eti-Cal Carepac	GPM	DR NP	SFC		29.9900 [†]
MODAFINIL 100mg Tab	02285398	Apo-Modafinil	APX		Not Insured		
	02239665	Alertec	SHI		Not Insured		

[†] must be billed per kit (not per tablet)