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## OCTOBER BULLETIN

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# NOVA SCOTIA FORMULARY UPDATES

## ATTENTION-PHARMACARE FAX NUMBER (902) 468-9402

Please take care when keying this fax number.  
A keying error may result in confidential information being received by another fax operator.

## CORRECTION TO THE NOVA SCOTIA FORMULARY RE: SANDOZ LISINOPRIL

Sandoz Lisinopril 5mg, 10mg and 20mg Tablets will be removed from lisinopril interchangeability categories of the NS Formulary (page C18). The Nova Scotia Drugs and Therapeutics Committee did not recommend interchangeability for these products due to lack of tablet identifiers.

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS
Sandoz Lisinopril 5mg Tab	02289199	SDZ		Not Insured
Sandoz Lisinopril 10mg Tab	02289202	SDZ		Not Insured
Sandoz Lisinopril 20mg Tab	02289229	SDZ		Not Insured

## PHARMACARE REIMBURSEMENT

### NEW CATEGORIES

A MAC has been established for the following products. Benefit status is effective as of **October 21, 2009** and AAC will be paid until the specified MAC is effective on **November 12, 2009**.

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS	MAC	PHARMACARE
				Oct 21, 2009	Nov 12, 2009	ALLOWANCE

#### hydrochlorothiazide 12.5mg tab

Apo-Hydro 12.5mg Tab	02327856	APX	DR NP	SF	0.0322	
pms-Hydrochlorothiazide 12.5mg Tab	02274086	PMS	DR NP	SF	0.0322	

#### omeprazole 10mg cap/tab

Mylan-Omeprazole 10mg Cap	02329425	MYL	DR NP	SFC <sup>1</sup>	0.5500*	
Losec 10mg Tab	02230737	AZE	DR NP	SFC <sup>1</sup>	0.5500*	

<sup>1</sup>Omeprazole is exception status when a daily dose exceeds 20mg. Please refer to Appendix III of the NS Formulary for criteria.  
\* Special MAC

**NEW CATEGORIES CONTINUED**

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS	MAC	PHARMACARE
				OCT 21, 2009	Nov 12, 2009	ALLOWANCE

**rivastigmine 1.5mg cap**

Mylan-Rivastigmine 1.5mg Cap	02332809	MYL	DR NP	E (SF)	1.3029	
pms-Rivastigmine 1.5mg Cap	02306034	PMS	DR NP	E (SF)	1.3029	
Sandoz Rivastigmine 1.5mg Cap	02324563	SDZ	DR NP	E (SF)	1.3029	
Exelon 1.5mg Cap	02242115	NVR	DR NP	E (SF)	1.3029	

**rivastigmine 3mg cap**

Mylan-Rivastigmine 3mg Cap	02332817	MYL	DR NP	E (SF)	1.3029	
pms-Rivastigmine 3mg Cap	02306042	PMS	DR NP	E (SF)	1.3029	
Sandoz Rivastigmine 3mg Cap	02324571	SDZ	DR NP	E (SF)	1.3029	
Exelon 3mg Cap	02242116	NVR	DR NP	E (SF)	1.3029	

**rivastigmine 4.5mg cap**

Mylan-Rivastigmine 4.5mg Cap	02332825	MYL	DR NP	E (SF)	1.3029	
pms-Rivastigmine 4.5mg Cap	02306050	PMS	DR NP	E (SF)	1.3029	
Sandoz Rivastigmine 4.5mg Cap	02324598	SDZ	DR NP	E (SF)	1.3029	
Exelon 4.5mg Cap	02242117	NVR	DR NP	E (SF)	1.3029	

**rivastigmine 6mg cap**

Mylan-Rivastigmine 6mg Cap	02332833	MYL	DR NP	E (SF)	1.3029	
pms-Rivastigmine 6mg Cap	02306069	PMS	DR NP	E (SF)	1.3029	
Sandoz Rivastigmine 6mg Cap	02324601	SDZ	DR NP	E (SF)	1.3029	
Exelon 6mg Cap	02242118	NVR	DR NP	E (SF)	1.3029	

**ropinirole 0.25mg tab**

CO Ropinirole 0.25mg Tab	02316846	COB	DR NP	SF	0.1419	
ReQuip 0.25mg Tab	02232565	GSK	DR NP	SF	0.1419	

**ropinirole 1mg tab**

CO Ropinirole 1mg Tab	02316854	COB	DR NP	SF	0.5676	
ReQuip 1mg Tab	02232567	GSK	DR NP	SF	0.5676	

**ropinirole 2mg tab**

CO Ropinirole 2mg Tab	02316862	COB	DR NP	SF	0.6244	
ReQuip 2mg Tab	02232568	GSK	DR NP	SF	0.6244	

**ropinirole 5mg tab**

CO Ropinirole 5mg Tab	02316870	COB	DR NP	SF	1.7192	
ReQuip 5mg Tab	02232569	GSK	DR NP	SF	1.7192	

## EXISTING CATEGORIES

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

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS	MAC	PHARMACARE
				OCT 21, 2009	OCT 21,2009	ALLOWANCE
<b>fentanyl 12mcg/hr patch</b>						
Sandoz Fentanyl MTX Patch 12mcg/hr	02327112	SDZ	DR	E (SFC)	3.1980	
<b>fentanyl 25mcg/hr patch</b>						
Sandoz Fentanyl MTX Patch 25mcg/hr	02327120	SDZ	DR	E (SFC)	5.9500	
<b>fentanyl 50mcg/hr patch</b>						
Sandoz Fentanyl MTX Patch 50mcg/hr	02327147	SDZ	DR	E (SFC)	11.2000	
<b>fentanyl 75mcg/hr patch</b>						
Sandoz Fentanyl MTX Patch 75mcg/hr	02327155	SDZ	DR	E (SFC)	15.7500	
<b>fentanyl 100mcg/hr patch</b>						
Sandoz Fentanyl MTX Patch 100mcg/hr	02327163	SDZ	DR	E (SFC)	19.6000	
<b>fluconazole 150mg cap</b>						
CO Fluconazole 150mg Cap	02323419	COB	DR NP	SFC	9.1850	
<b>omeprazole 10mg cap</b>						
Mylan-Omeprazole 10mg Cap	02329425	MYL	DR NP	SFC <sup>1</sup>	0.5500*	
Sandoz Omeprazole 10mg Cap	02296438	SDZ	DR NP	SFC <sup>1</sup>	0.5500*	
Losec 10mg Cap	02119579	AZE	DR NP	SFC <sup>1</sup>	0.5500*	
<b>omeprazole 20mg cap</b>						
Mylan-Omeprazole 20mg Cap	02329433	MYL	DR NP	SFC <sup>1</sup>	1.1000	-15%
<b>omeprazole 20mg cap/tab</b>						
Mylan-Omeprazole 20mg Cap	02329433	MYL	DR NP	SFC <sup>1</sup>	1.1000	-15%
<b>ondansetron 4mg tab</b>						
CO Ondansetron 4mg Tab	02296349	COB	DR NP	E (SFC)	5.7584*	
<b>ondansetron 8mg tab</b>						
CO Ondansetron 8mg Tab	02296357	COB	DR NP	E (SFC)	11.5167	
<b>terbinafine 250mg tab</b>						
pms-Terbinafine 250mg Tab	02294273	PMS	DR NP	E (SF)	2.5243	

<sup>1</sup> Omeprazole is exception status when a daily dose exceeds 20mg. Please refer to Appendix III of the NS Formulary for criteria.

\* Special MAC

## NON-INTERCHANGEABLE/NON-INSURED

The following products were not recommended to list as insured benefits under the Nova Scotia Pharmacare Programs.

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS
RAN-Ropinirole 0.25mg Tab	02314037	RAN		Not Insured
RAN-Ropinirole 1mg Tab	02314053	RAN		Not Insured
RAN-Ropinirole 2mg Tab	02314061	RAN		Not Insured
RAN-Ropinirole 5mg Tab	02314088	RAN		Not Insured

The Nova Scotia Drugs and Therapeutics Committee did not recommend interchangeability due confusing tablet identifiers.

## PRODUCT NAME CHANGE OF INTERCHANGEABLE PRODUCT

The following product has been renamed by the manufacturer – but continues to use the same DIN number. It also has the same interchangeability status as the original product.

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS	MAC	PHARMACARE
				EFF JULY 13, 2009	EFF JULY 13, 2009	ALLOWANCE

### **Cetirizine 10mg tab**

APC-Cetirizine 10mg tab	0223160	APX	DR NP	E(SF)	0.2500
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*\*Same DIN as Apo-Cetirizine*

## FRAGMIN-PINs FOR PRE-FILLED SYRINGE SIZES

Fragmin 5000u/0.2ml - DIN 02132648 is available in a variety of pre-filled syringes, all with the same concentration but with different volumes.

Since the pre-filled syringes have the same DIN, pharmacies would need to bill Pharmacare on separate days if they are required to dispense two different pre-filled syringe sizes. (Two claims for the same DIN, for the same patient, cannot be processed through Pharmacare on the same day.)

As an option, the pre-filled syringes have been assigned individual PIN's. Pharmacies may choose to use a PIN(s) to allow payment of both syringe sizes on the same day.

Fragmin pre-filled syringe	DIN	Assigned PIN
5000u/0.2 ml	02132648	96599990
7500u/0.3ml	02132648	96599989
10000u/0.4ml	02132648	96599988
12500u/0.5ml	02132648	96599987
15000u/0.6ml	02132648	96599986
18000u/0.72ml	02132648	96599985

## **NEW PRESCRIBERS**

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

### **Nurse Practitioners**

Carla Greene                      Prescriber # 106989

### **Prescribing Optometrist**

Dr. Luc Boudreau                      Prescriber # 107416  
Dr. Andrea Cullen                      Prescriber # 107418

Please refer to the Nova Scotia Formulary for Pharmacare benefits which can be insured if prescribed by these groups of prescribers.

## **AUDITOR'S CORNER**

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### **REMINDER: PHARMACY CLOSING OR TRANSFERRING OWNERSHIP**

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) 496-7128 or toll free at 1-800-563-8880 ext. 7128.