

NOVEMBER BULLETIN

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NOVA SCOTIA FORMULARY UPDATES

NEW PRODUCTS ADDED TO THE NOVA SCOTIA FORMULARY

The following products are new listings to the Nova Scotia Formulary effective *November 19, 2009*. These products were reviewed by the Canadian Expert Drug Advisory Committee (CEDAC) or the Atlantic Expert Advisory Committee (AEAC). The benefit status of these products within the Nova Scotia Pharmacare Programs is indicated.

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS
Novo-Quetiapine [®] 150mg Tab	02284251	NOP	DR NP	SF
Olmotec [®] 20mg Tab	02318660	SCO	DR NP	SF
Olmotec [®] 40mg Tab	02318679	SCO	DR NP	SF
Olmotec Plus [®] 20mg/12.5mg	02319616	SCO	DR NP	SF
Olmotec Plus [®] 40mg/12.5mg	02319624	SCO	DR NP	SF
Sprycel [®] 100mg Cap	02320193	BRI	DR NP	E
Wellbutrin XL [®] 150mg Tab	02275090	BVL	DR NP	SF
Wellbutrin XL [®] 300mg Tab	02275104	BVL	DR NP	SF

NEW EXCEPTION STATUS BENEFITS

The following products were reviewed by the Canadian Expert Drug Advisory Committee (CEDAC) and will be listed with criteria effective *November 19, 2009*. Further details regarding their recommendations are available at <http://cadth.ca/index.php/en/cdr/recommendations>.

PRODUCT	DIN/PIN	STRENGTH	PRESCRIBER	MFR	STATUS
Enablex[®] (darifenacin)	02273217 02273225	7.5mg Tab 15mg Tab	DR NP	NVR	E (SF)
Criteria	<ul style="list-style-type: none"> 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; assessment of the effectiveness of therapy required for further coverage 				
Decision Highlights	<ul style="list-style-type: none"> daily cost more than oxybutynin but less than tolterodine causes less dry mouth than oxybutynin, more constipation than tolterodine the Committee had concerns regarding the risk/benefit of treatments for overactive bladder, particularly in the elderly; consider nonpharmacologic approaches funding of anticholinergic agents concomitantly with cholinesterase inhibitors is not recommended 				

NEW EXCEPTION STATUS BENEFITS CONTINUED

PRODUCT	DIN/PIN	STRENGTH	PRESCRIBER	MFR	STATUS
Fosavance[®] (alendronic acid, vitamin D3, equivalent to 800IU vitamin D daily)	02314940	70mg/5600IU	DR NP	FRS	E (SFC)
Criteria	<ul style="list-style-type: none"> for the treatment of osteoporosis associated with documented fragility fracture for the treatment of osteoporosis without documented fracture when the patient is at high 10 year fracture risk (using fracture risk tables) as prophylaxis of corticosteroid induced osteoporosis in a patient who will be or has been on systemic corticosteroid therapy for > 3 months 				
Decision Highlights	<ul style="list-style-type: none"> provides weekly dose of alendronate 70mg as well as cholecalciferol 5600IU (equivalent to 800IU vitamin D daily) 				

PRODUCT	DIN/PIN	STRENGTH	PRESCRIBER	MFR	STATUS
Stelara[®] (ustekinumab)	02320673	45mg/0.5mL Inj	DR NP	JAN	E (SF)
Criteria	<ul style="list-style-type: none"> for patients with severe, debilitating chronic plaque psoriasis (PsA) who meet all of the following criteria: <ul style="list-style-type: none"> -Body Surface Area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genital region. -failure to respond to, contraindicated to or intolerant of methotrexate and cyclosporine -failure to respond to, intolerant of or unable to access phototherapy. written request of a dermatologist or prescriber with a specialty in dermatology dose limited to 45mg. Initial doses at 0, 4, and 16 weeks. Response must be assessed prior to fourth dose. Maintenance dosing every 12 weeks. continued coverage is dependent on evidence of improvement, specifically: <ul style="list-style-type: none"> - ≥ 75% reduction in the Psoriasis Area and Severity Index (PASI) score, or - ≥ 50% reduction in PASI with a ≥ 5 point improvement in DLQI (Dermatology Life Quality Index) or significant reduction in BSA involved, with consideration of important regions such as the face, hands, feet or genital region concurrent use of biologics not approved 				
Decision Highlights	<ul style="list-style-type: none"> similar in cost to etanercept and adalimumab; less expensive than infliximab PASI response rates similar with 45mg versus 90mg and every 12 weeks versus every 8 week dosing, therefore dose escalation not insured 				

NEW EXCEPTION STATUS BENEFITS CONTINUED

PRODUCT	DIN/PIN	STRENGTH	PRESCRIBER	MFR	STATUS
Vesicare[®] (solifenacin)	02277263 02277271	5 mg Tab 10 mg Tab	DR NP	AST	E (SF)
Criteria	<ul style="list-style-type: none"> 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; assessment of the effectiveness of therapy required for further coverage 				
Decision Highlights	<ul style="list-style-type: none"> costs more than oxybutynin but less than tolterodine with similar efficacy less dry mouth than oxybutynin, more constipation than tolterodine the Committee had concerns regarding the risk/benefit of treatments for overactive bladder, particularly in the elderly; consider nonpharmacologic approaches funding of anticholinergic agents concomitantly with cholinesterase inhibitors is not recommended 				

PRODUCT	DIN/PIN	STRENGTH	PRESCRIBER	MFR	STATUS
Orencia[®] (abatacept)	02282097	250mg/vial inj	DR NP	BRI	E (SF)
Criteria	<ul style="list-style-type: none"> for the treatment of children with juvenile idiopathic arthritis (JIA) who are intolerant to or have not had an adequate response to etanercept. initial treatment limited to a maximum of 16 weeks only retreatment in children who had an adequate initial response and subsequently experience a disease flare 				
Decision Highlights	<ul style="list-style-type: none"> daily drug cost similar to etanercept, higher administration cost (IV versus IM) committee noted that risk of harm with long term use in children with JIA is largely unknown 				

NON-INSURED PRODUCT

The following product was reviewed by the Atlantic Expert Advisory Committee (AEAC).

PRODUCT	DIN/PIN	STRENGTH	PRESCRIBER	MFR	STATUS
Kaletra[®] (lopinavir, ritonavir)	02312301	100mg/25 mg Pediatric Tabs		ABB	Not Insured
Decision Highlights	<ul style="list-style-type: none"> not insured under the Pharmacare Programs, however will be reimbursed for the treatment of HIV through the provincial Exception Drug Fund 				

CHANGE IN BENEFIT STATUS FOR BUPROPION

Effective *November 19, 2009* the following bupropion products ***will be insured as full benefits*** for the treatment of depression, and will no longer requiring special authorization (Criteria Code) for coverage under the Nova Scotia Pharmacare Programs.

CATEGORY & PRODUCT	DIN/PIN	MFR	STATUS
ratio-Bupropion SR 100mg Tab	02285657	RPH	E to SF
Sandoz Bupropion SR 100mg Tab	02275074	SDZ	E to SF
pms-Bupropion SR 150mg Tab	02313421	PMS	E to SF
ratio-Bupropion SR 150mg Tab	02285665	RPH	E to SF
Sandoz Bupropion SR 150mg Tab	02275082	SDZ	E to SF
Wellbutrin SR 150mg Tab	02237825	BVL	E to SF

PHARMACARE REIMBURSEMENT

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
				Nov 19, 2009	Nov19, 2009	ALLOWANCE

etidronic disodium 400mg & calcium carbonate 500mg tab, sequential kit

Novo-Etidronatecal Kit	02324199	NOP	DR NP	SFC	29.9900	
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CORRECTION TO MAC PRICING FOR RAMIPRIL 15MG CAPSULE

The MAC price printed in the Pharmacist Bulletin Vol 09-06, for the following category has been corrected as indicated:

ramipril 15mg cap

Apo-Ramipril 15mg Cap	02325381	APX	DR NP	SF	0.8132
Ratio-Ramipril 15mg Cap	02311194	RPH	DR NP	SF	0.8132
Altace 15mg Cap	02281112	SAV	DR NP	SF	0.8132

CHANGE IN MAC PRICING

The MAC price for the following category had been changed. The new MAC price is indicated below:

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS	MAC	PHARMACARE
				Nov 19, 2009	Nov19, 2009	ALLOWANCE
Salbutamol 100mg inhaler						
Airomir 100mcg/dose oral inh	02232570	GWP	DR NP	SF	0.0325	-15%
Apo-Salvent CFC Free 100mcg/dose oral inh	02245669	APX	DR NP	SF	0.0325	-15%
ratio-Salbutamol HFA 100mcg/dose oral inh	02244914	RPH	DR NP	SF	0.0325	-15%
Ventolin HFA 100mcg/dose oral inh	02241497	GSK	DR NP	SF	0.0325	-15%

DATE CHANGE FOR SPECIAL MAC PRICING FOR FAMOTIDINE/NIZATIDINE

The August Pharmacists' Bulletin, 09-07, announced that the Special MAC pricing for the higher cost H₂RAs, as indicated, would be effective October 1, 2009. This date has been revised. The new effective date for this change is November 12, 2009.

famotidine	20mg tab	0.1800
famotidine	40mg tab	0.3600

nizatidine	150mg tab	0.1800
nizatidine	300mg tab	0.3600

AUDITOR'S CORNER

REMINDER: USING CRITERIA CODE 30 FOR PLAVIX[®]

The Criteria Code 30 may only be used for the initial 30 days coverage period for Plavix[®] for all types of intracoronary stent implantation. The coverage period of clopidogrel (Plavix[®]) in patients following insertion of intracoronary stent implantation is:

Bare Metal Stents (BMS) - 30 days
Drug Eluting Stents (DES) - 12 months

For coverage beyond the initial 30 days for patients with a DES, approval of a written request from the attending physician is required.

NOTE: Be careful that Criteria Code 30 is not reassigned to refills for Plavix[®]. If the Criteria Code is not used appropriately, monies will be recovered upon audit.