

FEBRUARY BULLETIN

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NOVA SCOTIA PHARMACARE PROGRAMS

Nova Scotia Pharmacare Programs run from April 1st to March 31st each year. Eligibility for each program varies but participants must be a permanent resident of Nova Scotia and have a valid Nova Scotia Health Card. Below is a brief outline of the programs available and the associated cost. The decision to choose one program over the other is a personal one based on the family income along with drug-related expenses. Participants have the option to switch between programs for the upcoming program year, but only at the time of renewal (prior to April 1, 2010). For more information on specific programs, please refer to www.nspharmacare.ca.

Seniors' Pharmacare Program

There are no premium or copayment increases in the Seniors' Pharmacare Program this year. The premium remains at \$424 and the copayment remains at 30% per prescription to a maximum of \$382 per year.

Renewal packages have been sent to all seniors currently enrolled in the Seniors' Pharmacare Program. For specific information on the Seniors' Pharmacare Program, please call either 496-7002 or toll free 1-800-544-6191. Information may also be accessed from the website at www.nspharmacare.ca

Family Pharmacare Program

Nova Scotia Family Pharmacare Program is available to all Nova Scotia residents who are not currently enrolled in another Pharmacare Program (except the Drug Assistance for Cancer Patients). Residents may also enroll in Family Pharmacare as secondary insurance if they already have private insurance. There are no upfront costs or premiums when registering with the Nova Scotia Family Pharmacare Program. Annual deductible and copayment maximums are determined by family size and income. For specific information on the Family Pharmacare Program, please call either 496-5667 or toll-free 1-877-330-0323. Information may also be accessed from the website at www.nspharmacare.ca

Diabetes Assistance Program

Effective April 1, 2010, the Nova Scotia Diabetes Assistance Program will no longer be accepting new participants. However current participants are able to renew for the next program year. Newly diagnosed members of families who are enrolled in the Program will also be accepted. Participants of the Nova Scotia Diabetes Assistance Program are required to re-register by April 1, 2010. A renewal package has been sent to each individual/family currently enrolled in the program.

For specific information, please call either 496-7001 or toll free 1-800-305-5026. Information may also be accessed from the website at www.nspharmacare.ca

NOVA SCOTIA FORMULARY UPDATES

CORRECTION TO BULLETIN VOL 10-01

The January Bulletin Vol 10-01 inadvertently stated Prograf rather than Advagraf. The following indicates the correction:

PRODUCT	DIN/PIN	STRENGTH	PRESCRIBER	MFR	STATUS
Advagraf[®] (tacrolimus)	02296462 02296470 02296489	0.5mg ER Tab 1mg ER Tab 5mg ER Tab		AST	Not Insured
Decision Highlights	<ul style="list-style-type: none"> Not insured under the Pharmacare Programs, however Advagraf[®] will be reimbursed through the provincial Exception Drug Fund as per other anti-rejection drugs for transplants. Advagraf[®] is a once daily formula of tacrolimus which is indicated for use in kidney transplantation only. 				

PHARMACARE REIMBURSEMENT

NEW INTERCHANGEABLE PRODUCTS ADDED TO THE NOVA SCOTIA FORMULARY

NEW CATEGORY

Previously published in the January 10-01 Bulletin, new interchangeable category with Ebixa 10mg Tab.

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS	MAC	PHARMACARE ALLOWANCE
memantine 10mg tab						
ratio-Memantine 10mg Tab	02320908	RPH		Not Insured		
Ebixa 10mg Tab	02260638	VLH		Not Insured		

EXISTING CATEGORIES

A MAC has been established for the following products. Benefit status is effective as of **January 15, 2010**.

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 ALLOWANCE
				JAN 15, 2010	JAN 15, 2010	
paroxetine 20mg tab						
phl-Paroxetine 20mg Tab	02248451	PHL	DR NP	SFC	1.0017	- 15%
Paroxetine 30mg tab						
phl-Paroxetine 30mg Tab	02248452	PHL	DR NP	SFC	1.0647	

MAC CATEGORY REMOVED FROM THE PHARMACARE REIMBURSEMENT LIST

The following MAC category has been removed from the Pharmacare Reimbursement List. In categories which have become single source, effective immediately, AAC will be paid for the product.

methotrimeprazine 25mg tab

Apo-Methotrimeprazine 25mg tab	02238405	APX	AAC
pms-Methotrimeprazine 25mg tab	02232904	PMS	discontinued

methotrimeprazine 50mg tab

Apo-Methotrimeprazine 50mg tab	02238406	APX	AAC
pms-Methotrimeprazine 50mg tab	02232905	PMS	discontinued

CORRECTION TO MAC CATEGORY DIPYRIDAMOLE 75MG TAB

The MAC Category printed in the Pharmacist Bulletin Vol 09-11, for the following product has been reinstated on the Pharmacare Reimbursement List as indicated:

CATEGORY & PRODUCT	DIN/PIN	MFR	MAC
dipyridamole 75mg tab			
Apo-Dipyridamole-FC 75mg Tab	00895660	APX	0.4397
Persantine 75mg Tab	00452092	BOE	0.4397

CORRECTION TO MAC PRICING

The MAC price printed in the Pharmacist Bulletin Vol 10-01, for the following product has been corrected as indicated:

Sandoz Azithromycin POS 200mg/5mL Susp	02332396	SDZ	DR NP M	E(SFC)	1.0348
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CHANGE TO MAC PRICING

The MAC price has been changed as indicated effective February 13, 2010.

Olanzapine ODT	10mg Tab	3.5713
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AUDITOR'S CORNER

REMINDERS:

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 may be required. You may contact our office at (902) 496-7128 or toll free at 1-800-563-8880 ext. 7128.

Pharmacies Servicing Nursing Homes

Pharmacies servicing nursing homes are reminded that, like all prescriptions for Pharmacare beneficiaries, if a prescription is written for a 90 day supply, a verbal confirmation from the prescriber must be documented on the prescription before the quantity and number of refills can be changed (i.e. quantity reduced to a 28 or 30 days supply for compliance packing).

New Prescription - Refills for one Year

If a prescriber writes "Refill Rx 9999999 for 1 year", the pharmacist must confirm with the prescriber and document on the prescription the drug name, dosage, directions, duration and number of refills.