

July 2010

Volume 10-09

JULY BULLETIN

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Request for Injectable Medication Credit

NOVA SCOTIA FORMULARY UPDATES

NEW PRODUCT ADDED TO THE NOVA SCOTIA FORMULARY

The following product is a new listing to the Nova Scotia Formulary *effective July 28, 2010*. The benefit status of this product within the Nova Scotia Pharmacare Programs is indicated.

PRODUCT	DIN/PIN	STRENGTH	PRESCRIBER	MFR	STATUS
Tecta [®] (pantoprazole magnesium)	02267233	40mg Tab	DR NP	NYC	SFC ¹
Criteria	<ul style="list-style-type: none"> • Full benefit at the usual daily dose of 40mg (maximum of 400 tablets per year) • Doses > 40mg/day will require special authorization with the following criteria: <ul style="list-style-type: none"> • the patient remains symptomatic despite an adequate trial of 40mg daily 				
Decision Highlights	<ul style="list-style-type: none"> • Pantoprazole magnesium (Tecta[®]) is similar in price to omeprazole and rabeprazole. 				

¹ Pantoprazole magnesium is exception status when the daily dose exceeds 40mg.

NEW EXCEPTION STATUS BENEFIT

The following product was reviewed by the Canadian Expert Drug Advisory Committee (CEDAC), and will be listed with the following criteria, *effective July 28, 2010*.

PRODUCT	DIN/PIN	STRENGTH	PRESCRIBER	MFR	STATUS
Simponi [®] (golimumab)	02324784 02324776	50mg/0.5ml autoinjector 50mg/0.5ml pre-filled syringe	DR NP	SCH	E(SF)
Criteria	<p>Ankylosing Spondylitis:</p> <ul style="list-style-type: none"> • as per adalimumab, etanercept criteria¹ for ankylosing spondylitis • dosage restricted to a maximum of 50mg monthly • initial approval for maximum of 16 weeks <p>Psoriatic Arthritis:</p> <ul style="list-style-type: none"> • as per adalimumab criteria¹ for psoriatic arthritis • dosage restricted to a maximum of 50mg monthly • coverage will be approved initially for 3 months. Can be reassessed for yearly coverage dependent on patient achieving an improvement in symptoms of at least 20% <p>Rheumatoid Arthritis</p> <ul style="list-style-type: none"> • as per adalimumab, etanercept, infliximab criteria¹ for rheumatoid arthritis • dosage restricted to a maximum of 50mg monthly • coverage will be approved initially for 16 weeks. Can be reassessed for yearly coverage dependent on patient achieving an improvement in symptoms of at least 20% <p>¹ For full criteria please refer to Appendix III of the Nova Scotia Formulary, or access online at: www.nspharmacare.ca</p>				

PRODUCT	DIN/PIN	STRENGTH	PRESCRIBER	MFR	STATUS
Simponi [®] (golimumab)	02324784 02324776	50mg/0.5ml autoinjector 50mg/0.5ml pre-filled syringe	DR NP	SCH	E(SF)
Decision Highlights	<ul style="list-style-type: none"> Golimumab is an anti-tumor necrosis factor inhibitor approved for the use in rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis. The annual cost of golimumab is less than the cost of other tumor necrosis factor inhibitors. Dosage maximum is 50mg per month. 				

NEW DIABETIC PRODUCTS

The following diabetic products are New Listings to the Nova Scotia Formulary, *effective July 28, 2010*. The benefit status within the Nova Scotia Pharmacare Programs is indicated.

PRODUCT	DIN/PIN	MFR	PRODUCT NUMBER	PRESCRIBER	STATUS
BD Ultra-Fine Nano Pen Needles 32 x 4mm	97799527	BDT	320144	DR NP P	SFD
Ulticare Pen Needles 29 x 12mm	97799543	DRX	09512	DR NP P	SFD
Ulticare Pen Needles 31 x 6mm	97799545	DRX	09563	DR NP P	SFD
Ulticare Pen Needles 31 x 8mm	97799544	DRX	09583	DR NP P	SFD

NON INSURED PRODUCTS

The following products were recently reviewed by the Canadian Expert Drug Advisory Committee (CEDAC) and were not recommended to be listed as insured benefits under the Nova Scotia Pharmacare Programs.

PRODUCT	DIN/PIN	STRENGTH	PRESCRIBER	MFR	STATUS
Vyvanse [®] (lisdexamfetamine)	02322951 02322978	30mg Cap 50mg Cap		SHI	Not Insured
Decision Highlights	<ul style="list-style-type: none"> Lisdexamfetamine is a pro-drug of dextroamphetamine. It has not been compared to other therapies in the treatment of ADHD including dextroamphetamine. There is insufficient evidence to determine a therapeutic advantage of lisdexamphetamine compared to less expensive agents. 				

PRODUCT	DIN/PIN	STRENGTH	PRESCRIBER	MFR	STATUS
Inspira [®] (eplerenone)	02323052 02323060	25mg Tab 50mg Tab		PFI	Not Insured
Decision Highlights	<ul style="list-style-type: none"> Eplerenone is an aldosterone antagonist approved to reduce the risk of mortality following myocardial infraction, as an adjunct to standard therapy in clinically stable patients who have evidence of heart failure and left ventricular systolic dysfunction (ejection fraction ≤ 40%). Compared to placebo, the EPHEBUS trial met the primary endpoints of time to death from any cause and the composite endpoint of time of death from cardiovascular causes or first hospitalization for a cardiovascular event. There are no double blind randomized controlled trials comparing eplerenone with spironolactone and therefore the cost-effectiveness of eplerenone with spironolactone is unknown. 				

PRODUCT	DIN/PIN	STRENGTH	PRESCRIBER	MFR	STATUS
Omnitrope [®] (somatropin)	02325063 02325071 02325055	5mg/1.5mL 10mg/1.5mL 5.8mg/vial		SDZ	Not Insured
Decision Highlights	<ul style="list-style-type: none"> Omnitrope[®] is a formulation of somatropin and the first subsequent entry biologic reviewed by Health Canada. It is indicated for the treatment of growth hormone deficiency in children and adults. Omnitrope[®] is less expensive than other somatropins. While not funded through the Pharmacare Programs, somatropin for growth hormone deficiency in children is provided through the endocrinology clinic at the IWK and this therapy will be available as a therapeutic option. 				

PHARMACARE REIMBURSEMENT

REIMBURSEMENT FOR UNRETURNABLE INJECTABLE MEDICATION

As a result of negotiations between the Pharmacy Association of Nova Scotia (PANS) and the Nova Scotia Department of Health, a new Pharmacare Tariff Agreement has been signed. The new tariffs are effective July 1, 2010 to June 30, 2011.

As part of this agreement, a process was developed to reimburse pharmacies for the cost of injectable medications that cannot be returned to the point of purchase. This process is intended to remove the financial risk for pharmacies who stock injectable medications for Pharmacare beneficiaries that are subsequently not needed, and cannot be returned to the point of purchase.

This process will apply when the injectable medication has been ordered for, and is an eligible benefit for a Pharmacare beneficiary. Pharmacies will be reimbursed for the AAC of the medication, provided it cannot be returned to the point of purchase for credit.

Each request must also be accompanied by a **fully completed** "Request for Reimbursement Form", which is included with this bulletin, with **all** required documentation, and will **only** be considered under the following conditions:

- The provider is an approved Pharmacare provider and has been assigned a provider ID number.
- The injectable was ordered for a claimant who was an eligible resident and enrolled in a Pharmacare Program at the time the injectable was ordered.
- The provider must provide the DIN, trade name, lot number, expiry date, and manufacturer of the injectable and the health card number of the Pharmacare beneficiary.
- The provider must submit a copy of the prescription.
- The provider must submit a copy of the invoice showing the AAC of the drug.
- The injectable was an eligible benefit in the Nova Scotia Formulary for the Pharmacare Program under which the resident was a beneficiary at the time the injectable was purchased. Note that exception status injectables are only eligible for reimbursement if the resident had been approved for them through the exception status approval process at the time the product was received.
- The product is not eligible for return according to the policies of the wholesaler or manufacturer from which it was purchased.
- The request for reimbursement is received within six (6) months of the date on the prescription.

If the request qualifies for reimbursement, an adjustment will be applied on the next pharmacy statement. Should there be a problem the request for adjustment will be returned to the pharmacy with an explanation.

This process is in place from **July 1, 2010 to June 30, 2011**, and will be effective for any injectable medications received after July 1, 2010. It will be monitored on an ongoing basis to ensure the needs of all stakeholders are met. Please do not hesitate to contact the Pharmacare Programs if you have any questions or concerns.

NEW INTERCHANGEABLE PRODUCTS

NEW CATEGORIES

A MAC has been established for the following products. Benefit status is effective July 28, 2010 and AAC will be paid until the specified MAC is *effective August 18, 2010*.

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS	MAC
				JULY 28, 2010	AUG 18, 2010

atorvastatin 10mg tab

Liptor 10mg Tab	02230711	PFI	DR NP	SF	0.8320
Apo-Atorvastatin 10mg Tab	02295261	APX	DR NP	SF	0.8320
Atorvastatin 10mg Tab	02348624	RPH	DR NP	SF	0.8320
Atorvastatin 10mg Tab	02348705	SAS	DR NP	SF	0.8320
CO Atorvastatin 10mg Tab	02310899	COB	DR NP	SF	0.8320
Novo-Atorvastatin 10mg Tab	02302675	NOP	DR NP	SF	0.8320
pms-Atorvastatin 10mg Tab	02313448	PMS	DR NP	SF	0.8320
RAN-Atorvastatin 10mg Tab	02313707	RAN	DR NP	SF	0.8320
ratio-Atorvastatin 10mg Tab	02350297	RPH	DR NP	SF	0.8320
Sandoz Atorvastatin 10mg Tab	02324946	SDZ	DR NP	SF	0.8320
GD-Atorvastatin 10mg Tab	02288346	GMD	DR NP	SF	0.8320

atorvastatin 20mg tab

Liptor 20mg Tab	02230713	PFI	DR NP	SF	1.0400
Apo-Atorvastatin 20mg Tab	02295288	APX	DR NP	SF	1.0400
Atorvastatin 20mg Tab	02348632	RPH	DR NP	SF	1.0400
Atorvastatin 20mg Tab	02348713	SAS	DR NP	SF	1.0400
CO Atorvastatin 20mg Tab	02310902	COB	DR NP	SF	1.0400
Novo-Atorvastatin 20mg Tab	02302683	NOP	DR NP	SF	1.0400
pms-Atorvastatin 20mg Tab	02313456	PMS	DR NP	SF	1.0400
RAN-Atorvastatin 20mg Tab	02313715	RAN	DR NP	SF	1.0400
ratio-Atorvastatin 20mg Tab	02350319	RPH	DR NP	SF	1.0400
Sandoz Atorvastatin 20mg Tab	02324954	SDZ	DR NP	SF	1.0400
GD-Atorvastatin 20mg Tab	02288354	GMD	DR NP	SF	1.0400

atorvastatin 40mg tab

Liptor 40mg Tab	02230714	PFI	DR NP	SF	1.1108
Apo-Atorvastatin 40mg Tab	02295296	APX	DR NP	SF	1.1108
Atorvastatin 40mg Tab	02348640	RPH	DR NP	SF	1.1108
Atorvastatin 40mg Tab	02348721	SAS	DR NP	SF	1.1108
CO Atorvastatin 40mg Tab	02310910	COB	DR NP	SF	1.1108
Novo-Atorvastatin 40mg Tab	02302691	NOP	DR NP	SF	1.1108
pms-Atorvastatin 40mg Tab	02313464	PMS	DR NP	SF	1.1108
RAN-Atorvastatin 40mg Tab	02313723	RAN	DR NP	SF	1.1108
ratio-Atorvastatin 40mg Tab	02350327	RPH	DR NP	SF	1.1108
Sandoz Atorvastatin 40mg Tab	02324962	SDZ	DR NP	SF	1.1108
GD-Atorvastatin 40mg Tab	02288362	GMD	DR NP	SF	1.1108

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS JULY 28, 2010	MAC AUG 18, 2010
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New Categories Continued...

atorvastatin 80mg tab

Liptor 80mg Tab	02243097	PFI	DR NP	SF	1.1108
Apo-Atorvastatin 80mg Tab	02295318	APX	DR NP	SF	1.1108
Atorvastatin 80mg Tab	02348659	RPH	DR NP	SF	1.1108
Atorvastatin 80mg Tab	02348748	SAS	DR NP	SF	1.1108
CO Atorvastatin 80mg Tab	02310929	COB	DR NP	SF	1.1108
Novo-Atorvastatin 80mg Tab	02302713	NOP	DR NP	SF	1.1108
pms-Atorvastatin 80mg Tab	02313472	PMS	DR NP	SF	1.1108
RAN-Atorvastatin 80mg Tab	02313758	RAN	DR NP	SF	1.1108
ratio-Atorvastatin 80mg Tab	02350335	RPH	DR NP	SF	1.1108
Sandoz Atorvastatin 80mg Tab	02324970	SDZ	DR NP	SF	1.1108
GD-Atorvastatin 80mg Tab	02288370	GMD	DR NP	SF	1.1108

desloratadine 5mg tab

Aerius 5mg Tab	02243919	SCH		Not Insured	
Desloratadine Allergy Control 5mg Tab	02298155	PDP		Not Insured	

finasteride 1mg tab

Propecia 1mg Tab	02238213	FRS		Not Insured	
pms-Finasteride 1mg Tab	02320169	PMS		Not Insured	

finasteride 5mg tab

Proscar 5mg Tab	02010909	FRS	DR NP	E(SF)	0.9263
Novo-Finasteride 5mg Tab	02348500	TEV	DR NP	E(SF)	0.9263
pms-Finasteride 5mg Tab	02310112	PMS	DR NP	E(SF)	0.9263
ratio-Finasteride 5mg Tab	02306905	RPH	DR NP	E(SF)	0.9263
Sandoz Finasteride 5mg Tab	02322579	SDZ	DR NP	E(SF)	0.9263

letrozole 2.5mg tab

Femara 2.5mg Tab	02231384	NVR	DR NP	SFC	2.7560
Letrozole 2.5mg Tab	02338459	AHC	DR NP	SFC	2.7560
Letrozole 2.5mg Tab	02348969	COB	DR NP	SFC	2.7560
Letrozole 2.5mg Tab	02347997	TEV	DR NP	SFC	2.7560
MED-Letrozole 2.5mg Tab	02322315	GMP	DR NP	SFC	2.7560
pms-Letrozole 2.5mg Tab	02309114	PMS	DR NP	SFC	2.7560
Sandoz Letrozole 2.5mg Tab	02344815	SDZ	DR NP	SFC	2.7560

sildenafil 20mg tab

Revatio 20mg Tab	02279401	PFI	DR NP	E(SF)	7.4290
ratio-Sildenafil-R 20mg Tab	02319500	RPH	DR NP	E(SF)	7.4290

warfarin 7.5mg tab

MYLAN-Warfarin 7.5mg Tab	02287528	MYL	DR NP	SFC	0.3014
Warfarin 7.5mg Tab	02344106	SAS	DR NP	SFC	0.3014

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 JULY 28, 2010	MAC JULY 28, 2010	PHARMACARE ALLOWANCE
acebutolol HCl 100mg tab						
Acebutolol 100mg Tab	02286246	SAS	DR NP	SF	0.1630	
acebutolol HCl 200mg tab						
Acebutolol 200mg Tab	02286254	SAS	DR NP	SF	0.2440	
acebutolol HCl 400mg tab						
Acebutolol 400mg Tab	02286262	SAS	DR NP	SF	0.4848	
acyclovir 200mg tab						
Acyclovir 200mg Tab	02286556	SAS	DR NP	SFC	0.8783	
acyclovir 400mg tab						
Acyclovir 400mg Tab	02286564	SAS	DR NP	SFC	1.7288	
acyclovir 800mg tab						
Acyclovir 800mg Tab	02286572	SAS	DR NP	SFC	2.8557	
amiodarone 200mg tab						
phl-Amiodarone 200mg Tab	02245781	PHL	DR NP	SF	1.2971	
ratio-Amiodarone 200mg Tab	02240071	RPH	DR NP	SF	1.2971	
amlodipine 5mg tab						
Jamp-Amlodipine 5mg Tab	02331071	JPC	DR NP	SF	0.6576	12.41%
amlodipine 10mg tab						
Jamp-Amlodipine 10mg Tab	02331098	JPC	DR NP	SF	0.9880	13.46%
azathioprine 50mg tab						
Azathioprine 50mg Tab	02343002	SAS	DR NP	SFC	0.5418	
azithromycin 250mg tab						
Azithromycin 250mg Tab	02330881	SAS	DR NP M	(E)SFC	3.1080	
azithromycin 600mg tab						
Azithromycin 600mg Tab	02330911	SAS	DR NP M	(E)SFC	7.6250	
baclofen 10mg tab						
Baclofen 10mg Tab	02287021	SAS	DR NP	SF	0.2911	

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS JULY 28, 2010	MAC JULY 28, 2010	PHARMACARE ALLOWANCE
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Existing Categories Continued...

baclofen 20mg tab

Baclofen 20mg Tab	02287048	SAS	DR NP	SF	0.5667	
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bicalutamide 50mg tab

Bicalutamide 50mg Tab	02325985	AHC	DR	SFC	4.0572	
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bupropion 100mg SR tab

pms-Bupropion 100mg SR Tab	02325373	PMS	DR NP	SFC	0.3733	
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carvedilol 3.125mg tab

MYLAN-Carvedilol 3.125mg Tab	02347512	MYL	DR NP	(E)SF	0.8001	
Zym-Carvedilol 3.125mg Tab	02338068	ZYM	DR NP	(E)SF	0.8001	

carvedilol 6.25mg tab

MYLAN-Carvedilol 6.25mg Tab	02347520	MYL	DR NP	(E)SF	0.8001	
Zym-Carvedilol 6.25mg Tab	02338092	ZYM	DR NP	(E)SF	0.8001	

carvedilol 12.5mg tab

MYLAN-Carvedilol 12.5mg Tab	02347555	MYL	DR NP	(E)SF	0.8001	
Zym-Carvedilol 12.5mg Tab	02338106	ZYM	DR NP	(E)SF	0.8001	

carvedilol 25mg tab

MYLAN-Carvedilol 25mg Tab	02347571	MYL	DR NP	(E)SF	0.8001	
Zym-Carvedilol 25mg Tab	02338114	ZYM	DR NP	(E)SF	0.8001	

cefprozil 125mg/5mL o/l

RAN-Cefprozil 125mg/5mL O/L	02329204	RAN	DR NP	SFC	0.1107	
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cetirizine 10mg tab

Extra Strength Allergy Relief 10mg Tab	02315955	PDP	DR NP	(E)SF	0.2500	
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ciprofloxacin 750mg tab

MINT-Ciprofloxacin 750mg Tab	02317443	MNT	DR NP M	(E)SFC	2.9774	
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clonazepam 0.5mg tab

Zym-Clonazepam 0.5mg Tab	02345676	ZYM	DR	SF	0.1166	
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clonazepam 2mg tab

Zym-Clonazepam 2mg Tab	02303337	ZYM	DR	SF	0.2010	
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cyclobenzaprine HCl 10mg tab

Cyclobenzaprine 10mg Tab	02287064	SAS	DR NP	SF	0.3765	
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CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS JULY 28, 2010	MAC JULY 28, 2010	PHARMACARE ALLOWANCE
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Existing Categories Continued...

fenofibrate 200mg cap

Fenofibrate Micro 200mg Cap	02286092	SAS	DR NP	SF	1.0890	
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fluoxetine 10mg cap

Zym-Fluoxetine 10mg Cap	02302659	ZYM	DR NP	SFC	1.1763	
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fluoxetine 20mg cap

Zym-Fluoxetine 20mg Cap	02302667	ZYM	DR NP	SFC	1.0112	
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fosinopril 10mg tab

Jamp-Fosinopril 10mg Tab	02331004	JPC	DR NP	SF	0.4977	
RAN-Fosinopril 10mg Tab	02294524	RAN	DR NP	SF	0.4977	

fosinopril 20mg tab

Jamp-Fosinopril 20mg Tab	02331012	JPC	DR NP	SF	0.5985	
RAN-Fosinopril 20mg Tab	02294532	RAN	DR NP	SF	0.5985	

gliclazide 80mg tab

Gliclazide 80mg Tab	02287072	SAS	DR NP	SFD	0.1405	
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hydroxyurea 500mg cap

Hydroxyurea 500mg Cap	02343096	SAS	DR NP	SFC	1.0203	
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lamotrigine 25mg tab

Lamotrigine 25mg Tab	02343010	SAS	DR NP	SF	0.2088	
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lamotrigine 100mg tab

Lamotrigine 100mg Tab	02343029	SAS	DR NP	SF	0.8354	
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lamotrigine 150mg tab

Lamotrigine 150mg Tab	02343037	SAS	DR NP	SF	1.2530	
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lansoprazole 15mg cap

MYLAN-Lansoprazole DR 15mg Cap	02353830	MYL	DR NP	(E)SFC	1.5000	
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lansoprazole 30mg cap

MYLAN-Lansoprazole DR 30mg Cap	02353849	MYL	DR NP	(E)SFC	1.5000	
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meloxicam 7.5mg tab

phi-Meloxicam 7.5mg Tab	02248607	PHL	DR NP	SF	0.3500 *	
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meloxicam 15mg tab

phi-Meloxicam 15mg Tab	02248608	PHL	DR NP	SF	0.5670	
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*Special MAC

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS JULY 28, 2010	MAC JULY 28, 2010	PHARMACARE ALLOWANCE
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Existing Categories Continued...

minocycline HCl 50mg cap

Minocycline 50mg Cap	02287226	SAS	DR NP	SFC	0.5350	
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minocycline HCl 100mg cap

Minocycline 100mg Cap	02287234	SAS	DR NP	SFC	1.0332	
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mirtazapine 30mg tab

Zym-Mirtazapine 30mg Tab	02325187	ZYM	DR NP	SFC	0.7800	
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nabumetone 500mg tab

Nabumetone 500mg Tab	02343282	SAS	DR NP	SF	0.1750*	
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naratriptan 2.5mg tab

Sandoz Naratriptan 2.5mg Tab	02322323	SDZ	DR NP	(E)SF	8.2125	
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omeprazole 20mg cap/tab

pms-Omeprazole DR 20mg Tab	02310260	PMS	DR NP	SFC ¹	1.1000	10.00%
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paroxetine 10mg tab

Paroxetine 10mg Tab	02282844	SAS		Not Insured		
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paroxetine 20mg tab

Paroxetine 20mg Tab	02282852	SAS	DR NP	SFC	1.0017	15.00%
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paroxetine 30mg tab

Paroxetine 30mg Tab	02282860	SAS	DR NP	SFC	1.0647	
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pioglitazone 15mg tab

Zym-Pioglitazone 15mg Tab	02320754	ZYM	DR NP	E(SFD)	1.5716	
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pioglitazone 30mg tab

Pioglitazone 30mg Tab	02339587	AHC	DR NP	E(SFD)	2.2017	
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Zym-Pioglitazone 30mg Tab	02320762	ZYM	DR NP	E(SFD)	2.2017	
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pioglitazone 45mg tab

Pioglitazone 45mg Tab	02339595	AHC	DR NP	E(SFD)	3.3105	
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Zym-Pioglitazone 45mg Tab	02320770	ZYM	DR NP	E(SFD)	3.3105	
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pravastatin 10mg tab

Jamp-Pravastatin 10mg Tab	02330954	JPC	DR NP	SF	0.9530	
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¹ Omeprazole and rabeprazole are exception status when a daily dose exceeds 20mg. Please refer to Appendix III of the NS Formulary for criteria

*Special MAC

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS JULY 28, 2010	MAC JULY 28, 2010	PHARMACARE ALLOWANCE
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Existing Categories Continued...

pravastatin 20mg tab

Jamp-Pravastatin 20mg Tab	02330962	JPC	DR NP	SF	1.1243	
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pravastatin 40mg tab

Jamp-Pravastatin 40mg Tab	02330970	JPC	DR NP	SF	1.3543	
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propafenone 300mg tab

Propafenone 300mg Tab	02343061	SAS	DR NP	SF	0.7537	
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quetiapine 25mg tab

phl-Quetiapine 25mg Tab	02299054	PHL	DR NP	SF	0.3457	
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quetiapine 100mg tab

phl-Quetiapine 100mg Tab	02299062	PHL	DR NP	SF	0.9226	
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quetiapine 200mg tab

phl-Quetiapine 200mg Tab	02299089	PHL	DR NP	SF	1.8526	
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quetiapine 300mg tab

phl-Quetiapine 300mg Tab	02299097	PHL	DR NP	SF	2.7037	
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rabeprazole 10mg EC tab

Apo-Rabeprazole 10mg EC Tab	02345579	APX	DR NP	SFC ¹	0.4550	
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rabeprazole 20mg EC tab

Apo-Rabeprazole 20mg EC Tab	02345587	APX	DR NP	SFC ¹	0.9100	15.00%
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ramipril 1.25mg cap

Jamp-Ramipril 1.25mg Cap	02331101	JPC	DR NP	SF	0.4550	
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ramipril 2.5mg cap

Jamp-Ramipril 2.5mg Cap	02331128	JPC	DR NP	SF	0.5250	
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ramipril 5mg cap

Jamp-Ramipril 5mg Cap	02331136	JPC	DR NP	SF	0.5250	15.00%
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ramipril 10mg cap

Jamp-Ramipril 10mg Cap	02331144	JPC	DR NP	SF	0.6650	15.00%
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simvastatin 5mg tab

Simvastatin 5mg Tab	02284723	SAS	DR NP	SF	0.5670	
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¹ Omeprazole and rabeprazole are exception status when a daily dose exceeds 20mg. Please refer to Appendix III of the NS Formulary for criteria

CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS JULY 28, 2010	MAC JULY 28, 2010	PHARMACARE ALLOWANCE
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Existing Categories Continued...

simvastatin 10mg tab

Simvastatin 10mg Tab	02284731	SAS	DR NP	SF	1.1213	
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simvastatin 20mg tab

Simvastatin 20mg Tab	02284758	SAS	DR NP	SF	1.3860	15.00%
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simvastatin 40mg tab

Simvastatin 40mg Tab	02284766	SAS	DR NP	SF	1.3860	15.00%
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simvastatin 80mg tab

Simvastatin 80mg Tab	02284774	SAS	DR NP	SF	1.3860	
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sumatriptan 25mg tab

Sumatriptan 25mg Tab	02286513	SAS			Not Insured	
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sumatriptan 50mg tab

Sumatriptan 50mg Tab	02286521	SAS	DR NP	(E)SF	9.0650	
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sumatriptan 100mg tab

Sumatriptan 100mg Tab	02286548	SAS	DR NP	(E)SF	9.9867	
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tamsulosin 0.4mg sustained release cap/tab

ratio-Tamsulosin 0.4mg Cap	02294265	RPH			Not Insured	
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ticlopidine 250mg tab

Ticlopidine 250mg Tab	02343045	SAS	DR NP	SF	0.6885	
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topiramate 25mg tab

Zym-Topiramate 25mg Tab	02325136	ZYM	DR NP	SF	0.6615	
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topiramate 100mg tab

Zym-Topiramate 100mg Tab	02325144	ZYM	DR NP	(E)SF	1.2537	
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topiramate 200mg tab

Zym-Topiramate 200mg Tab	02325152	ZYM	DR NP	(E)SF	1.9845	
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trazodone 50mg tab

phl-Trazodone 50mg Tab	02236941	PHL	DR NP	(E)SF	0.2214	
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trazodone 100mg tab

phl-Trazodone 100mg Tab	02236942	PHL	DR NP	SFC	0.3956	
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valacyclovir 500mg tab

MYLAN-Valacyclovir 500mg Tab	02351579	MYL	DR NP	SFC	2.5438	
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CATEGORY & PRODUCT	DIN/PIN	MFR	PRESCRIBER	STATUS JULY 28, 2010	MAC JULY 28, 2010	PHARMACARE ALLOWANCE
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Existing Categories Continued...

warfarin 1mg tab

Warfarin 1mg Tab	02344025	SAS	DR NP	SFC	0.1782	
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warfarin 2mg tab

Warfarin 2mg Tab	02344033	SAS	DR NP	SFC	0.1885	
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warfarin 2.5mg tab

Warfarin 2.5mg Tab	02344041	SAS	DR NP	SFC	0.1509	
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warfarin 3mg tab

Warfarin 3mg Tab	02344068	SAS	DR NP	SFC	0.2337	
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warfarin 4mg tab

Warfarin 4mg Tab	02344076	SAS	DR NP	SFC	0.2337	
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warfarin 5mg tab

Warfarin 5mg Tab	02344084	SAS	DR NP	SFC	0.1512	
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warfarin 6mg tab

Warfarin 6mg Tab	02344092	SAS	DR NP	SFC	0.2805	
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warfarin 10mg tab

Warfarin 10mg Tab	02344114	SAS	DR NP	SFC	0.2713	
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zopiclone 5mg tab

Zopiclone 5mg Tab	02344122	SAS	DR NP	SFC	0.2231	
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zopiclone 7.5mg tab

Zopiclone 7.5mg Tab	02282445	SAS		NOT INSURED		
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CORRECTION TO MAC PRICING

The Special Maximum Allowable Cost (MAC) for the following product will be effective immediately.

PRODUCT	DIN/PIN	MAC
TRUEtest Blood Glucose Test Strips (50)	97799531	0.5742

NEW PRESCRIBERS

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

Optometrists

Dr. Naomi D'Entremont Provider # 107660
Dr. Melanie Reid Provider # 107666
Dr. Nathan Reid Provider # 107665

Nurse Practitioners

Constance Day Provider # 107684

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

PHARMACARE REMINDERS

Reminder that you can access Nova Scotia Pharmacare online at: <http://www.nspharmacare.ca>

This website provides useful information on the various programs and funding available for eligible Nova Scotia residents, as well as the following links:

- Exception Status Drugs
- Pharmacists' Bulletins
- Pharmacists' Guide
- Benefits and Reimbursement
- Formulary

Useful phone numbers:

Nova Scotia Pharmacare claim and billing inquiries:

Phone: 496-7001 or 1-800-305-5026

Fax: 468-9402

Nova Scotia Pharmacare Audit inquiries:

Phone: 496-7030, 496-7511 or 1-800-563-8880

Nova Scotia Pharmacare Enrollment inquiries:

Phone: 429-6565 or 1-800-544-6191

Fax: 468-9402