

# PHARMACISTS' BULLETIN

NOVA SCOTIA SENIORS' PHARMACARE PROGRAM

# PHARMACARE

NOVA SCOTIA DEPARTMENT OF COMMUNITY SERVICES

January 2008

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## JANUARY BULLETIN

### PHARMACARE REIMBURSEMENT LIST

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

ACETYLSALICYLIC ACID 325mg & OXYCODONE 5mg Tab	<b>01916483</b> <i>Endodan</i> 01916572 Percodan	<b>BRI</b> — <b>DISCONTINUED</b> BRI
AMOXICILLIN & ENZYME INHIBITOR 250mg Tab	02243350 Apo-Amoxi Clav <b>01916866</b> <i>Clavulin-250</i> <b>02243770</b> <i>ratio-Aclavulanate</i>	APX <b>GSK</b> — <b>DISCONTINUED</b> <b>RPH</b> — <b>DISCONTINUED</b>
CEFTRIAXONE 2g/vial Inj	02292289 Ceftriaxone <b>00657409</b> <i>Rocephin</i>	SDZ <b>HLR</b> — <b>DISCONTINUED</b>
DESONIDE 0.05% Cr	<b>02048639</b> <i>Desocort</i> 02229315 pms-Desonide	<b>GAC</b> — <b>DISCONTINUED</b> PMS
DIMENHYDRINATE 50mg/mL IM Inj	00392537 Dimenhydrinate 00013579 Gravol	SDZ CHU
HYDROCORTISONE VALERATE 0.2% Oint	02242985 Hydroval 01910132 Westcort 0.2% Oint	TPH WSQ
HYDROMORPHONE 10mg/mL Inj	00622133 Dilaudid HP 02145928 Hydromorphone HP	ABB SDZ
IMIPRAMINE 25mg Tab	00312797 Apo-Imipramine <b>00010472</b> <i>Tofranil</i>	APX <b>NVR</b> — <b>DISCONTINUED</b>
KETOCONAZOLE 2% Cr	02245662 Ketoderm <b>00703974</b> <i>Nizoral</i>	TPH <b>JNJ</b> — <b>DISCONTINUED</b>
LITHIUM 300mg SR Tab	02266695 Apo-Lithium Carbonate SR <b>00590665</b> <i>Duralith</i>	APX <b>JAN</b> — <b>DISCONTINUED</b>
OXYBUTYNIN 1mg/mL O/L	<b>01924753</b> <i>Ditropan</i> 02223376 pms-Oxybutynin	<b>JAN</b> — <b>DISCONTINUED</b> PMS

## **MANUFACTURER SHORTAGE OF LOWEST PRICED BRAND**

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

AZITHROMYCIN POS 100mg/5mL	02223724	Zithromax	PFI
CLONIDINE 0.025mg Tab	00519251	Dixarit	BOE
ENALAPRIL 10mg & HCTZ 25mg Tab	00657298	Vaseretic	FRS

## **New Special MAC Categories**

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A Special MAC has been established for the following new categories. AAC will be paid on these categories until the Special MAC comes into effect on February 14, 2008.

KETOPROFEN 50mg Cap	0.1662
KETOPROFEN 50mg EC Tab	0.1662
KETOPROFEN 100mg EC Tab	0.3078
KETOPROFEN 200mg SR Cap	0.6156
NAPROXEN 125mg Tab	0.0763

A Special MAC has been established for the following existing MAC categories. The established MAC will be paid until the new Special MAC comes into effect on February 14, 2008.

MELOXICAM 7.5mg Tab	0.3324
ONDANSETRON 4mg Tab	5.7583

## **INCREASE TO SELECTED MACS**

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Due to notification of price increases for selected antiinfectives, the MAC for the following categories were established effective January 1, 2008 and are reflected in the enclosed Pharmacare Reimbursement List.

AMOXICILLIN 250mg Cap	0.1750
AMOXICILLIN 500mg Cap	0.3417
AMOXICILLIN 25mg/mL O/L	0.0353
AMOXICILLIN 50mg/mL O/L	0.0540
CEFACLOR 500mg Tab	1.9300
CEPHALEXIN MONOHYDRATE 250mg Tab	0.2250
CEPHALEXIN MONOHYDRATE 500mg Tab	0.4500
CLOXACILLIN 250mg Cap	0.1850
CLOXACILLIN 500mg Cap	0.3675
CLOXACILLIN 25mg/mL O/L	0.0450
PENICILLIN V POTASSIUM 300mg Tab	0.0710
PENICILLIN V POTASSIUM 60mg/mL O/L	0.0618