

PHARMACISTS' BULLETIN

NOVA SCOTIA SENIORS' PHARMACARE PROGRAM

PHARMACARE

NOVA SCOTIA DEPARTMENT OF COMMUNITY SERVICES

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JULY BULLETIN

ADDITION TO EXCEPTION CRITERIA FOR ETANERCEPT (Enbrel®)

The criteria for etanercept (Enbrel®) has been expanded to include the treatment of severe debilitating plaque psoriasis. The new criteria is:

- for patients with severe, debilitating chronic plaque psoriasis (PsO) who meet all of the following criteria:
 - 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 only
- initial approval for a maximum of 3 months
- continued coverage is dependent on evidence of improvement, specifically:
 - $\geq 75\%$ in the Psoriasis Area and Severity Index (PASI) score, or
 - $\geq 50\%$ reduction in PASI with a ≥ 5 point improvement in DLQI (Dermatology Life Quality Index), or
 - quantitative reduction in BSA affected qualitative considerations of specific regions such as the face, hands, feet or genital region
- concurrent use of biologicals not approved

*Maximum dosage approved:
50mg biweekly x initial 12 weeks then 50mg weekly thereafter

ADDITIONS TO NURSE PRACTITIONERS' PRESCRIBED BENEFITS

Effective July 1, 2008, the following additional drugs will be reimbursable under the Pharmacare programs when prescribed by a Nurse Practitioner.

Amitriptyline	Labetalol (oral)
Clopidogrel	Medroxyprogesterone
Conjugated Estrogens	Mometasone
Estradiol	Oxybutynin
Irbesartan	Terbutaline
Irbesartan/Hydrochlorothiazide	Trazadone

RAPID-ACTING INSULINS FULL BENEFITS FOR CHILDREN

The following rapid-acting insulin products are now insured as full benefits for children 18 years of age and younger, no longer requiring special authorization for coverage under the Nova Scotia Pharmacare Programs.

For those beneficiaries 19 years of age and older, rapid-acting insulins remain exception status. Please refer to the Nova Scotia Formulary, Appendix III for criteria.

<u>DIN</u>	<u>PRODUCT</u>	<u>MFR</u>
02229705	Humalog Cartridges	LIL
02229704	Humalog Insulin	LIL
02244353	NovoRapid 100iu/mL Penfill Ins	NNO
02245397	NovoRapid 100iu/mL Vial Ins	NNO

INCLUDED WITH THIS BULLETIN:

- ▶ New Products, effective August 1, 2008
- ▶ Discontinued Products
- ▶ Nova Scotia Formulary - July 2008
- ▶ Prescribers Numbers List

NEW PRODUCTS

The following products are "New Listings to the Nova Scotia Formulary" *effective August 1, 2008*. The benefit status of each product within the Nova Scotia Pharmacare Programs is indicated. For those products "not insured", it was determined that there was no evidence of a clinical advantage over existing therapies and, in some instances, an increased cost to the Programs would be experienced.

<u>DIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>PRESCRIBER</u>	<u>BENEFIT STATUS</u>
02300699	Atripa Tab	GIL		not insured
02293269	Campral 333mg Tab	PRE	DR	E (SF)
02296152	CTP30 (30mg) Tab	ORX	DR NP	SFC
02290308	Cyestra-35 Tab	PMS		not insured
02297558	Mezavant 1.2g Tab	SHB	DR	SF
02279592	Resultz 50% Top Sol	NYC		not insured

CRITERIA FOR COVERAGE OF NEW BENEFIT

Acamprosate (Campral®)

- for treatment in patients who have been abstinent from alcohol for at least four days and who have contraindications to naltrexone (i.e., acute hepatitis, liver failure or currently receiving opioids)

CHANGE IN BENEFIT STATUS

Effective August 1, 2008, the following gabapentin products **will be insured as full benefits**, no longer requiring special authorization for coverage under the Nova Scotia Pharmacare Programs. The benefit status will change as indicated below:

<u>DIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>BENEFIT STATUS</u>
02244304	Apo-Gabapentin 100mg Cap	APX	E to SF
02256142	CO Gabapentin 100mg Cap	COB	E to SF
02248259	Gen-Gabapentin 100mg Cap	GPM	E to SF
02084260	Neurontin 100mg Cap	PFI	E to SF
02244513	Novo-Gabapentin 100mg Cap	NOP	E to SF
02243446	pms-Gabapentin 100mg Cap	PMS	E to SF
02260883	ratio-Gabapentin 100mg Cap	RPH	E to SF
02244305	Apo-Gabapentin 300mg Cap	APX	E to SF
02256150	CO Gabapentin 300mg Cap	COB	E to SF
02248260	Gen-Gabapentin 300mg Cap	GPM	E to SF
02084279	Neurontin 300mg Cap	PFI	E to SF
02244514	Novo-Gabapentin 300mg Cap	NOP	E to SF
02243447	pms-Gabapentin 300mg Cap	PMS	E to SF
02260891	ratio-Gabapentin 300mg Cap	RPH	E to SF
02244306	Apo-Gabapentin 400mg Cap	APX	E to SF
02256169	CO Gabapentin 400mg Cap	COB	E to SF
02248261	Gen-Gabapentin 400mg Cap	GPM	E to SF
02084287	Neurontin 400mg Cap	PFI	E to SF
02244515	Novo-Gabapentin 400mg Cap	NOP	E to SF
02243448	pms-Gabapentin 400mg Cap	PMS	E to SF
02260905	ratio-Gabapentin 400mg Cap	RPH	E to SF
02239717	Neurontin 600mg Tab	PFI	E to SF
02248457	Novo-Gabapentin 600mg Tab	NOP	E to SF
02255898	pms-Gabapentin 600mg Tab	PMS	E to SF
02260913	ratio-Gabapentin 600mg Tab	RPH	E to SF
02239718	Neurontin 800mg Tab	PFI	E to SF
02247346	Novo-Gabapentin 800mg Tab	NOP	E to SF
02255901	pms-Gabapentin 800mg Tab	PMS	E to SF
02260921	ratio-Gabapentin 800mg Tab	RPH	E to SF

NEW BENEFITS IN THE DRUG ASSISTANCE FOR CANCER PATIENTS PROGRAM

The following loperamide products have been added as benefits to the Drug Assistance for Cancer Patients program. The benefit status within the Nova Scotia Pharmacare Programs is indicated below.

<u>DIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>PRESCRIBER</u>	<u>BENEFIT STATUS</u>
02212005	Apo-Loperamide 2mg Caplet	APX	DR NP	SFC
02229552	Diarr-eze 2mg Caplet	PDP	DR NP	SFC
02183862	Imodium 2mg Caplet	JNJ	DR NP	SFC
02132591	Novo-Loperamide 2mg Caplet	NOP	DR NP	SFC
02228351	pms-Loperamide 2mg Caplet	PMS	DR NP	SFC
02257564	Sandoz Loperamide 2mg Caplet	SDZ	DR NP	SFC
02192667	Diarr-eze 0.2mg/mL O/L	PDP	DR NP	SFC
02016095	pms-Loperamide 0.2mg/mL O/L	PMS	DR NP	SFC

DISCONTINUED PRODUCTS

The respective manufacturers have given notification of the discontinuation of the products listed below. These products will continue to be insured until existing stock is depleted.

<u>PRODUCT DESCRIPTION</u>	<u>DIN</u>	<u>MFR</u>	<u>PRODUCT DESCRIPTION</u>	<u>DIN</u>	<u>MFR</u>
Apo-Amiodarone 200mg Tab	02246194	APX	Novo-Cyproterone 50mg Tab	02232872	NOP
Apo-Cromolyn 1% Sterules	02231431	APX	Novo-Misoprostol 100mcg Tab	02240754	NOP
Apo-Methazide 15mg Tab	00441708	APX	Novo-Ramipril 1.25mg Cap	02283891	NOP
Apo-Oxtriphylline 100mg Tab	00441724	APX	Pancrease Cap	02242374	JAN
Apo-Oxtriphylline 200mg Tab	00441732	APX	Pediazole Susp	00583405	ABB
Apo-Salvent 0.5mg/mL Sterules	02243828	APX	pms-Alendronate 70mg Tab	02273179	PMS
Apo-Salvent 1mg/mL Sterules	02231488	APX	Pondocillin 500mg Tab	00582247	LEO
Apo-Salvent 2mg/mL Sterules	02231678	APX	Prinzide 20/25mg Tab	00884421	FRS
Candistatin 100,000iu/g Pdr	02195704	WSQ	ratio-Nortriptyline 10mg Cap	02240789	RPH
Capoten 100mg Tab	00546305	BRI	ratio-Nortriptyline 25mg Cap	02240790	RPH
CO Buspirone 10mg Tab	02262916	COB	ratio-Valproic 500mg Cap	02140055	RPH
Desquam-X 10% Gel	01908871	WSQ	Sandoz Risperidone 0.25mg Tab	02279509	SDZ
Estalis-Sequi Patch 140/50	02243529	NVR	Sandoz Gliclazide 80mg Tab	02254719	SDZ
Froben SR 200mg Cap	02223082	ABB	Sufenta 50mcg/mL Inj	01951319	JAN
Gen-Clomipramine 10mg Tab	02139340	GPM	Synalar 0.025% Reg Oint	02162512	MDS
Gen-Clomipramine 25mg Tab	02139359	GPM	Synalar 0.01% Sol	02162504	MDS
Gen-Diltiazem 30mg Tab	02146916	GPM	Tarka 2/180mg Tab	02238096	ABB
Gen-Diltiazem 60mg Tab	02146924	GPM	Tarka 1/240mg Tab	02240945	ABB
Halog 0.1% Cr	02011921	BRI	Tears Encore Oph Sol	01950010	INN
Herplex-D 0.1% Sol	00001317	ALL	Trasacor 40mg	00402575	NVR
Lidex 0.05% Cr	02161923	MDS	Vitamin A Acid 0.01% Cr	01926497	SAV
Lidex 0.05% Oint	02161966	MDS	Vitamin A Acid 0.025% Cr	01926500	SAV
Marinol 10mg Cap	00611212	SPH	Vitamin A Acid 0.1% Cr	01926527	SAV
Novo-Cimetidine 200mg Tab	00582409	NOP			
Novo-Cimetidine 300mg Tab	00582417	NOP			
Novo-Cimetidine 400mg Tab	00603678	NOP			
Novo-Cimetidine 600mg Tab	00603686	NOP			
Novo-Cimetidine 800mg Tab	00663727	NOP			
Novo-Clopatate 3.75mg Cap	00628190	NOP			
Novo-Clopatate 7.5mg Cap	00628204	NOP			
Novo-Clopatate 15mg Cap	00628212	NOP			
			Diabetic Products		
			One-Touch SureStep Test Strips	97799980	LFS
			One-Touch SureStep Test Strips	97799979	LFS