

**NOVA SCOTIA PHARMACARE PROGRAMS**  
**REIMBURSEMENT LIST - January 1, 2012**

Generic Name and Strength	DIN	Brand	MFR	1	2
				MRP	PRP
adalimumab 50mg/mL inj	02258595	Humira 40mg/0.8mL inj	ABB		969.8815
bosentan 62.5mg tab	02244981	Tracleer 62.5mg tab	ACT		69.6338
bosentan 125mg tab	02244982	Tracleer 125mg tab	ACT		69.6338
dasatinib 50mg cap	02293137	Sprycel 50mg cap	BRI		78.0658
dasatinib 100mg cap	02320193	Sprycel 100mg cap	BRI		154.4823
erythropoietin 2,000iu/mL inj (exception status)	02231583	Eprex 1,000iu/0.5mL syringe inj	JAN		30.9225
erythropoietin 4,000iu/mL inj (exception status)	02231584	Eprex 2,000iu/0.5mL syringe inj	JAN		61.8450
erythropoietin 10,000iu/mL inj (exception status)	02231585	Eprex 3,000iu/0.3mL syringe inj	JAN		154.6125
erythropoietin 10,000iu/mL inj (exception status)	02231586	Eprex 4,000iu/0.4mL syringe inj	JAN		154.6125
erythropoietin 10,000iu/mL inj (exception status)	02243400	Eprex 5,000iu/0.5mL syringe inj	JAN		154.6125
erythropoietin 10,000iu/mL inj (exception status)	02243401	Eprex 6,000iu/0.6mL syringe inj	JAN		154.6125
erythropoietin 10,000iu/mL inj (exception status)	02243403	Eprex 8,000iu/0.8mL syringe inj	JAN		154.6125
erythropoietin 10,000iu/mL inj (exception status)	02231587	Eprex 10,000iu/mL syringe inj	JAN		154.6125
erythropoietin 40,000iu/mL inj (exception status)	02243239	Eprex 20,000iu/0.5mL syringe inj	JAN		600.5258
erythropoietin 40,000iu/mL inj (exception status)	02288680	Eprex 30,000iu/0.75mL syringe inj	JAN		600.5258
erythropoietin 40,000iu/mL inj (exception status)	02240722	Eprex 40,000iu/mL syringe inj	JAN		450.3944
everolimus 2.5mg tab	02369257	Afinitor 2.5mg tab	NVR		201.8100
everolimus 5mg tab	02339501	Afinitor 5mg tab	NVR		201.8100
everolimus 10mg tab	02339528	Afinitor 10mg tab	NVR		201.8100
imatinib 100mg tab (exception status)	02253275	Gleevec 100mg tab	NVR		29.5926
imatinib 100mg tab (exception status)	02253283	Gleevec 400mg tab	NVR		118.3702
infliximab 100mg IV inj	02244016	Remicade 100mg pdr for inj	SCH		1,019.9000
nilotinib 150mg cap	02368250	Tasigna 150mg cap	NVR		29.5926
nilotinib 200mg cap	02315874	Tasigna 200mg cap	NVR		42.0054
rituximab 10mg/mL inj	02241927	Rituxan 10mg/mL inj	HLR		55.6063
sorafenib 200mg tab	02284227	Nexavar 200mg tab	BAY		48.8928
sunitinib 25mg cap	02280809	Sutent 25mg cap	PFI		137.0402
sunitinib 50mg cap	02280817	Sutent 50mg cap	PFI		274.0807
ustekinumab 90mg/mL inj	02320673	Stelara 45mg/0.5mL syringe inj	JAN		9,414.7620

Key: 1. MRP = Maximum reimbursable price. The beneficiary is not to be charged any cost difference between the actual acquisition cost of the drug and the MRP.

2. PRP = Pharmacare reimbursement price. The beneficiary is always to be charged the cost difference between the actual acquisition cost of the drug and the PRP unless a PRP exception has been approved.