

PharmacareNEWS

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Nova Scotia Formulary Updates

New Products

The following product was reviewed by the Canadian Drug Expert Committee (CDEC), and will be listed as a benefit, effective February 2, 2012.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Twynsta® (telmisartan/ amlodipine)	40/5mg Tab	02371022	DNP	SF	BOE
	40/10mg Tab	02371030	DNP	SF	BOE
	80/5mg Tab	02371049	DNP	SF	BOE
	80/10mg Tab	02371057	DNP	SF	BOE
Decision Highlights	<ul style="list-style-type: none"> Telmisartan is an angiotensin II receptor blocker and amlodipine is a calcium channel blocker. Telmisartan/amlodipine fixed dose combination (FDC), at both the lowest and highest recommended doses, was demonstrated to be bioequivalent to the same doses of its individual components given separately. 				

The following products are new listings to the Nova Scotia Formulary, effective February 2, 2012. The benefit status within the Nova Scotia Pharmacare Programs is indicated.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
AC Girlz Chamber (replacing AeroChamber AC-Girlz)		96899963	DNP	FC	TMI
AC Boyz Chamber (replacing AeroChamber AC-Boyz)		96899962	DNP	FC	TMI
ASATAB	325mg EC Tab	02352427	DNP	SFC	ODN

New Products continued...

PRODUCT	STRENGTH	DIN/PIN	PRESCRIBER	BENEFIT STATUS	MFR
Bisacodyl-ODAN	5mg Tab	02273411	DNP	C	ODN
Chloral hydrate -ODAN	100mg/mL Syr	02247621	DNP	SFC	ODN
Citrodan (magnesium citrate)	50mg/mL O/L	80001809	DNP	C	ODN
Diamicon® MR	60mg Tab	02356422	DNP	SFD	SEV
Erythromycin Ophthalmic Ointment	0.5%	02326663	DNPMO	SF	SGQ
JAMP-K8 (potassium chloride)	600mg (8mEq) SR Tab	80013005	DNP	SFC	JPC
JAMP-K20 (potassium chloride)	1500mg (20mgEq) SR Tab	80013007	DNP	SFC	JPC
ODAN K-20 (potassium chloride)	1500mg (20mgEq) SR Tab	80004415	DNP	SFC	ODN

The following products are new listings to the Nova Scotia Formulary, effective February 2, 2012. The benefit status within the Nova Scotia Pharmacare Programs is indicated.

PRODUCT	DIN	PRESCRIBER	BENEFIT STATUS	MFR
valsartan 40mg tab				
CO Valsartan 40mg Tab	02337487	DNP	SF	COB
Sandoz Valsartan 40mg Tab	02356740	DNP	SF	SDZ
Teva-Valsartan 40mg Tab	02356643	DNP	SF	TEV
Diovan® 40mg Tab	02270528	DNP	SF	NVR

New Diabetic Products

The following products are new listings to the Nova Scotia Formulary, effective February 2, 2012. The benefit status within the Nova Scotia Pharmacare Programs is indicated.

PRODUCT	DIN/PIN	PRESCRIBER	BENEFIT STATUS	MFR
BGStar® Test Strips (50)	97799464	DNP	SFD	SAV
BGStar® Test Strips (100)	97799465	DNP	SFD	SAV
BGStar® Lancets (100)	97799466	DNP	SFD	SAV

New Exception Status Benefits

The following products were reviewed by the Atlantic Expert Advisory Committee (AEAC) and will be listed as exception status benefits, with the following criteria, effective February 2, 2012.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
CO Etidronate	200mg Tab	02248686	DNP	E (SFC)	COB
MYLAN-Etidronate	200mg Tab	02245330	DNP	E (SFC)	MYL
CO Etidrocal Kit	400mg/500mg Tab	02263866	DNP	E (SFC)	COB
Etidrocal Kit	400mg/500mg Tab	02353210	DNP	E (SFC)	SAS
MYLAN-Eti-Cal Carepac	400mg/500mg Tab	02247323	DNP	E (SFC)	MYL
Novo-Etidronatecal Kit	400mg/500mg Tab	02324199	DNP	E (SFC)	TEV
Didrocal® Kit	400mg/500mg Tab	02176017	DNP	E (SFC)	WNC
Criteria	<ul style="list-style-type: none"> for the treatment of osteoporosis associated with documented fragility fracture when alendronate, risedronate and raloxifene are not tolerated or are contraindicated for the treatment of osteoporosis without documented fragility fracture when the patient is at high 10 year fracture risk (>20% major osteoporotic fracture over 10 years) as indicated by the radiologist on a BMD report, and alendronate, risedronate and raloxifene are not tolerated or are contraindicated other requests reviewed on a case by case basis 				
Decision Highlights	<ul style="list-style-type: none"> The committee recommended that etidronate be listed with the same criteria as calcitonin as there is very little evidence of benefit and it is not a first line agent. 				

New Exception Status Benefits continued...

PRODUCT	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Novo-Methylphenidate ER-C 18mg Tab	02315068	D	E (F)	TEV
Novo-Methylphenidate ER-C 27mg Tab	02315076	D	E (F)	TEV
Novo-Methylphenidate ER-C 36mg Tab	02315084	D	E (F)	TEV
Novo-Methylphenidate ER-C 54mg tab	02315092	D	E (F)	TEV
Criteria	<ul style="list-style-type: none"> for patients 6-25 years of age diagnosed with attention deficit hyperactivity disorder (ADHD) who require 12-hour continuous coverage due to academic and/or psychosocial needs, and who meet the following: <ul style="list-style-type: none"> patients who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning <i>AND</i> prescribed by or in consultation with a specialist in pediatric psychiatry, pediatrics, general practitioners or other prescribers with expertise in ADHD <i>AND</i> have been tried on immediate release or slow release methylphenidate with unsatisfactory results 			
Decision Highlights	<ul style="list-style-type: none"> The Committee recommended that generic methylphenidate extended release be added to the formulary with the same restrictive criteria as Biphentin®. Both products are once daily methylphenidate alternatives and generic methylphenidate ER is not more expensive than Biphentin®. It was recommended to increase the upper age limit to 25 years to allow for psychosocial needs as patients transition into adulthood. 			

New Exception Status Benefits continued...

The following products were reviewed by the Atlantic Expert Advisory Committee (AEAC), and will be listed with the following new criteria, effective February 2, 2012.

PRODUCT	STRENGTH	DIN/PIN	PRESCRIBER	BENEFIT STATUS	MFR
Biphentin® (methylphenidate)	10mg Cap	02277166	D	E (F)	PFR
	15mg Cap	02277131	D	E (F)	PFR
	20mg Cap	02277158	D	E (F)	PFR
	30mg Cap	02277174	D	E (F)	PFR
	40mg Cap	02277182	D	E (F)	PFR
	50mg Cap	02277190	D	E (F)	PFR
	60mg Cap	02277204	D	E (F)	PFR
	80mg Cap	02277212	D	E (F)	PFR
Criteria	<ul style="list-style-type: none"> for patients 6-25 years of age diagnosed with attention deficit hyperactivity disorder (ADHD) who require 12-hour continuous coverage due to academic and/or psychosocial needs, and who meet the following: <ul style="list-style-type: none"> patients who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning <i>AND</i> prescribed by or in consultation with a specialist in pediatric psychiatry, pediatrics, general practitioners or other prescribers with expertise in ADHD <i>AND</i> have been tried on immediate release or slow release methylphenidate with unsatisfactory results 				
Decision Highlights	<ul style="list-style-type: none"> It was recommended to increase the upper age limit to 25 years to allow for psychosocial needs as patients transition into adulthood. 				

New Exception Status Benefits continued...

The following product was reviewed by the Canadian Drug Expert Committee (CDEC), and will be listed with the following new criteria, effective February 2, 2012.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Aclasta® (zoledronic acid)	5mg/100mL Inj	02269198	DNP	E (SFC)	NVR
Criteria	<ul style="list-style-type: none"> for the treatment of Paget's disease for women with postmenopausal osteoporosis for whom bisphosphonates are contraindicated due to hypersensitivity or abnormalities of the esophagus (e.g., esophageal stricture or achalasia) and have at least two of the following: <ul style="list-style-type: none"> age > 75 years a prior fragility fracture a bone mineral density (BMD) T-score \leq-2.5 				
Decision Highlights	<ul style="list-style-type: none"> Aclasta® (zoledronic acid) is an injectable bisphosphonate agent. There is insufficient evidence that zoledronic acid offers a therapeutic advantage over oral bisphosphonates, including alendronate. The cost of zoledronic acid is approximately five times that of generic alendronate. There may be a small proportion of women who are otherwise eligible for funding of oral bisphosphonates but who are unable to take oral bisphosphonates and who may benefit from annual intravenous bisphosphonate therapy. 				

The following products were reviewed by the Atlantic Pharmacare Review Committee (APRC) and will be listed as exception status benefits, with the following criteria, effective February 2, 2012.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Saizen® (somatropin)	6mg/cartridge	02350122	DNP	E (SF)	EMD
	12mg/cartridge	02350130	DNP	E (SF)	EMD
	20mg/cartridge	02350149	DNP	E (SF)	EMD
Criteria	<ul style="list-style-type: none"> For the treatment of growth hormone deficiency in patients with Turner Syndrome, upon the request of an endocrinologist or prescriber with a speciality in endocrinology 				

Calcitonin Intranasal Criteria Code

Please note that effective immediately, Criteria Code 90 is available for use for calcitonin intranasal, for the following criteria only:

- for the treatment of pain associated with osteoporotic fragility fractures, bone metastases or pathological fractures (short term up to 3 months)

The code will be limited for use to a maximum of 3 months, once per year. The prescriber may submit a request to the Pharmacare office for consideration for beneficiaries who require therapy beyond 3 months.

Non-Insured Products

The following products were reviewed by the Atlantic Pharmacare Review Committee (APRC), and were not recommended to be listed as insured benefits under the Nova Scotia Pharmacare Programs.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
ASATAB	80mg Chewable Tab	02280167	N/A	Not Insured	ODN
Ferodan (ferrous sulphate)	150mg/5mL Syrup	00758469	N/A	Not Insured	ODN
Ferodan Infant Drops (ferrous sulphate)	75mg/mL	02237385	N/A	Not Insured	ODN
PEG 3350 (polyethylene glycol 3350)	100% powder for solution	02358034	N/A	Not Insured	MSC
Ni-ODAN (nicotinic acid)	500mg ER Tab	00779806	N/A	Not Insured	ODN
Lidodan Endotracheal (lidocaine)	10mg/ACT liquid	02231147	N/A	Not Insured	ODN

The following products were reviewed by the Atlantic Expert Advisory Committee (AEAC) and were not recommended to be listed as benefits under the Nova Scotia Pharmacare Programs.

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Niaspan FCT® (nicotinic acid)	500mg ER Tab	02309254	N/A	Not Insured	SNV
	750mg ER Tab	02309262	N/A	Not Insured	SNV
	1000mg ER Tab	02309289	N/A	Not Insured	SNV
Decision Highlights	<ul style="list-style-type: none"> • Niaspan FCT® (nicotinic acid) is more expensive than other alternatives without demonstrated superiority. 				

Non-Insured Products continued...

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

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Revolade® (eltrombopag olamine)	25mg Tab	02361825	N/A	Not Insured	GSK
	50mg Tab	02361833	N/A	Not Insured	GSK
Decision Highlights	<ul style="list-style-type: none"> Eltrombopag olamine is a thrombopoietin receptor agonist. In the three double-blind, randomized placebo-controlled trials of patients with chronic immune thrombocytopenic purpura (ITP), the primary outcome was platelet response, which the Committee considered less clinically relevant than bleeding events. There are no head-to-head randomized controlled trials comparing eltrombopag with individual comparator treatments for ITP. 				

PRODUCT	STRENGTH	DIN	PRESCRIBER	BENEFIT STATUS	MFR
Abstral® (fentanyl citrate)	100mcg SL Tab	02364174	N/A	Not Insured	PAL
	200mcg SL Tab	02364182	N/A	Not Insured	PAL
	300mcg SL Tab	02364190	N/A	Not Insured	PAL
	400mcg SL Tab	02364204	N/A	Not Insured	PAL
	600mcg SL Tab	02364212	N/A	Not Insured	PAL
Decision Highlights	<ul style="list-style-type: none"> Fentanyl is a μ-opioid receptor antagonist. There are no randomized controlled trials directly comparing fentanyl citrate sublingual tablets with other less costly opioids available for the management of breakthrough cancer pain. The cost of fentanyl citrate sublingual tablets greatly exceeds the costs of other available oral opioids. 				

Legend

PRESCRIBER CODES	BENEFIT STATUS	MANUFACTURER CODES
D - Physician / Dentist N - Nurse Practitioner P - Pharmacist M - Midwife O - Prescribing Optometrist	S - Seniors' Pharmacare F - Community Services Pharmacare - Under 65-Long Term Care Pharmacare - Family Pharmacare C - Drug Assistance for Cancer Patients D - Diabetes Assistance Program E - Exception status applies	BOE - Boehringer Ingelheim (Canada) Ltd. COB - Cobalt Pharmaceuticals Company EMD - EMD Serono Canada Inc. GSK - GlaxoSmithKline Inc. JPC - Jamp Pharma Corporation MSC - Medisca Pharmaceutique Inc. MYL - Mylan Pharmaceuticals Inc. NVR - Novartis Pharmaceuticals Canada Inc. ODN - ODAN Laboratories Ltd. PAL - Paladian Labs Inc. PFR - Purdue Pharma SAS - Sanis Health Inc. SAV - Sanofi-Aventis Canada Inc. SEV - Servier Canada Inc. SDZ - Sandoz Canada Incorporated SGQ - Sterigen Inc. SNV - Sunovion Pharmaceuticals Canada Inc. TEV - Teva Canada Ltd. TMI - Trudell Medical International WNC - Warner Chilcott Canada Co.

Changes to the Nova Scotia Formulary on the Pharmacare Website

Beginning February 2, 2012, the Nova Scotia Formulary will be available on the Nova Scotia Pharmacare website (www.nspharmacare.ca) only in PDF file format. It will continue to be updated monthly.

To view PDF files, you need to have Adobe Acrobat Reader installed on your computer. This software is free from the Adobe Web Site. Instructions to download the software, as well as how to search for text in PDF documents, will be provided on the Formulary link.