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EXCHANGE RATE – PROSTHETIC AND ORTHOTIC PROGRAM

New U.S. Exchange rate – Prosthetics and Orthotics Program:
1.0842
 Based on the [Bank of Canada rate](#) at the close of business on July 30, 2009.

As communicated in a letter to suppliers on November 22, 2008, the price list for prosthetic components is reviewed regularly and adjusted, as needed, based on the posted close of business U.S. Exchange rate published by the Bank of Canada.

In times of significant fluctuation, rates are reviewed and adjusted whenever the rate changes by more than five cents and remains at a variance of five cents or more for at least five working days.

REIMBURSEMENT OF OSTOMY SUPPLIES

Please note that PharmaCare does not cover dispensing fees for ostomy supplies. Ostomy supplies are reimbursed at the usual retail price, no dispensing fee.

SERVICES TO RESIDENTIAL CARE FACILITIES — INVOICING REMINDER

Please remember that invoices for services to residential care (Plan B) patients must be submitted on a regular monthly basis.

PharmaCare can accept invoices only for the current fiscal year.

To ensure payment, please submit your invoices as soon as possible after the close of each month.

The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.

COVERAGE OF OSELTAMIVIR COMPOUNDED ORAL SUSPENSIONS

	Volume at 15 mg/mL	PharmaCare maximum price per mL*
22123055	30 mL using 6 capsules	\$ 1.2697 includes \$13.00 compounding fee
22123056	40 mL using 8 capsules	\$ 1.1609 includes \$13.00 compounding fee
22123057	50 mL using 10 capsules	\$ 1.0956 includes \$13.00 compounding fee

PharmaCare is covering compounded 15 mg/mL oral suspensions of oseltamivir when the commercial suspension is unavailable.



To submit a claim for the compounded suspension, use the Product Identification Number indicated.

*Maximum price is based on the number of capsules used in compounding.

For more information on compounding and on administering oseltamivir to children one year of age and older, see the product monograph available through Health Canada at <http://webprod.hc-sc.gc.ca/dpd-bdpp/index-eng.jsp> or the eCPS at www.pharmacists.ca/content/products/ecps_english.cfm.

For children less than one year old, please see the Public Health Agency of Canada's "Interim guidance for emergency use of oseltamivir (Tamiflu®) in children under one year of age" at www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-07-20-eng.php.

SPECIAL SERVICES FEES

The number of Special Services fees that PharmaCare paid each month over the past year:

Jul 2009.....	2,619	Mar 2009.....	2,252	Nov 2008.....	3,079
Jun 2009.....	2,554	Feb 2009.....	2,100	Oct 2008.....	3,309
May 2009.....	2,357	Jan 2009.....	2,131	Sep 2008.....	2,972
Apr 2009.....	2,347	Dec 2008.....	3,526	Aug 2008.....	2,373

NON-BENEFITS

The following products have been reviewed and will not be added as benefits under PharmaCare.

DIN	DRUG NAME
2302063	RASILEZ® (ALISKIREN) 150 mg tablet
2302071	RASILEZ® (ALISKIREN) 300 mg tablet

BENEFITS

The following new products are now eligible PharmaCare benefits for Fair PharmaCare and Plans B, C, F, and, if indicated below, Plan G and/or Plan P.

DIN	DRUG NAME	PLAN G	PLAN P
2263238	CIPRALEX® (ESCITALOPRAM) 10 mg tablet	Y	Y
2263254	CIPRALEX® (ESCITALOPRAM) 20 mg tablet	Y	Y
2300273	INVEGA® (PALIPERIDONE) 3 mg extended release tablet	Y	Y
2300281	INVEGA® (PALIPERIDONE) 6 mg extended release tablet	Y	Y
2300303	INVEGA® (PALIPERIDONE) 9 mg extended release tablet	Y	Y

LIMITED COVERAGE BENEFITS – ROPINIROLE HYDROCHLORIDE

The generic **ropinirole hydrochloride** products will:

- become Limited Coverage Benefits and be subject to the [Multiple-Source Generics Pricing Policy](#) with the effective date noted in the table below; and,
- be included as new LCA Categories effective **September 30, 2009**.

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	LCA PRICE	Cost Reduction Factor	Cost Reduction Factor Effective Date
ROPINIROLE HYDROCHLORIDE 0.25 mg tablet	2316846	CO-ROPINIROLE	F*		1.41%	Aug 28, 2009
	2326590	PMS-ROPINIROLE	F*		1.41%	Aug 27, 2009
	2314037	RAN-ROPINIROLE	F*		1.41%	Aug 20, 2009
	2232565	REQUIP®	P*	0.1473		
ROPINIROLE HYDROCHLORIDE 1 mg tablet	2316854	CO-ROPINIROLE	F*		1.39%	Aug 28, 2009
	2326612	PMS-ROPINIROLE	F*		1.39%	Aug 27, 2009
	2314053	RAN-ROPINIROLE	F*		1.40%	Aug 20, 2009
	2232567	REQUIP®	P*	0.5891		
ROPINIROLE HYDROCHLORIDE 2 mg tablet	2316862	CO-ROPINIROLE	F*		1.41%	Aug 28, 2009
	2326620	PMS-ROPINIROLE	F*		1.41%	Aug 27, 2009
	2314061	RAN-ROPINIROLE	F*		1.42%	Aug 20, 2009
	2232568	REQUIP®	P*	0.6481		
ROPINIROLE HYDROCHLORIDE 5 mg tablet	2316870	CO-ROPINIROLE	F*		0.00%	Aug 28, 2009
	2326639	PMS-ROPINIROLE	F*		0.00%	Aug 27, 2009
	2314088	RAN-ROPINIROLE	F*		0.00%	Aug 20, 2009
	2232569	REQUIP®	P*	1.7844		

F* – Drug is a full benefit if Special Authority is in place when the prescription is filled.

P* – Drug is a partial benefit if Special Authority is in place when the prescription is filled.