



Social Services  
and Seniors

Services sociaux  
et des Aînés



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## Memorandum / Note de service

**To / Destinataire : All Retail Pharmacists and Staff**

**From / Expéditeur : Patrick Crawford**

**Pharmacy Consultant, PEI Drug Programs**

Date : April 6, 2009

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**Subject / Objet : April 2009 Update to the  
Interchangeable / Maximum Allowable Cost List**

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The April 2009 update to the PEI Drug Programs Interchangeable / Maximum Allowable Cost (MAC) List has been published. Changes in interchangeability will come into effect on 20 April 2009. Changes in pricing related to the addition of new interchangeable/MAC categories will come into effect on 04 May 2009.

Copies of the complete update list are available online via the Government website at: [www.gov.pe.ca/ssss/pads-info](http://www.gov.pe.ca/ssss/pads-info).

All product availability and pricing has been confirmed with manufacturers prior to publication of this update.

Please contact the Pharmacy Services Office at 368-4947 (Charlottetown) or 1-877-577-3737 (toll-free in PEI) if you are unable to access a copy of the list online.

Please note that the Maximum Allowable Cost List also contains products that although not listed in the Drug Programs Formulary but may be available through the Special Authorization (Exceptional Drug Request) Process. Refer to the Formulary to determine coverage of products under specific drug programs.

In addition, some of the Interchangeable / MAC Categories are only available through the Palliative Home Care Drug Pilot Project.

### NEW INTERCHANGEABLE / MAC CATEGORIES

The following new categories have been added to the Maximum Allowable Cost List.

ETHINYL ESTRADIOL & DESOGESTREL	02042487 02317192	MARVELON 21 APRI 21	SCH APX	0.4594
ETHINYL ESTRADIOL & DESOGESTREL	02042479 02317206	MARVELON 28 APRI 28	SCH APX	0.3445
MEDROXYPROGESTERONE ACETATE 150MG/ML INJECTION	00585092 02322250	DEPO-PROVERA MEDROXYPROGESTERONE ACETATE	PFI SDZ	23.1000

**PRODUCTS ADDED TO THE INTERCHANGEABLE / MAC LIST**

The following products have been added to existing interchangeable categories.

NOVO-CLIZAPRIL/HCTZ 5 MG & 12.5MG TABLET	02313731
NOVO-MORPHINE SR 15MG SUSTAINED RELEASE TABLET	02302764
NOVO-MORPHINE SR 30MG SUSTAINED RELEASE TABLET	02302772

**CHANGES TO MAC PRICES**

The following reimbursement prices have changed.

The "N/A" notation appearing in some categories stands for "not applicable" and means that there is no MAC price set because the prices of the various brands in the category are the same or similar. Each brand within that category will be reimbursed as defined within the present pharmacy services agreement.

CILAZAPRIL & HYDROCHLOROTHIAZIDE 5MG & 12.5MG TABLET	02181479 02284987 <b><u>02313731</u></b>	INHIBACE PLUS APO-CILAZAPRIL/HCTZ <b><u>NOVO-CLIZAPRIL/HCTZ</u></b>	HLR APX <b><u>NOP</u></b>	<b><u>0.6567</u></b>
DESMOPRESSIN 10MCG/DOSE NASAL SPRAY-25 OR 50 DOSES	00836362 02242465	DDAVP APO-DESMOPRESSIN	FEI APX	<b><u>1.4868</u></b> <b><u>PER DOSE</u></b>
DIPYRIDAMOLE 50MG TABLET	00067393 00895652	PERSANTINE APO-DIPYRIDAMOLE-FC	BOE APX	<b><u>0.3079</u></b>
DIPYRIDAMOLE 75MG TABLET	00452092 00895660	PERSANTINE APO-DIPYRIDAMOLE-FC	BOE APX	<b><u>0.4617</u></b>
DOXEPIN HCL 10MG CAPSULE	00024325 02049996	SINEQUAN APO-DOXEPIN	ERF APX	<b><u>0.1983</u></b>
ERYTHROMYCIN BASE 250MG ENT PEL CAPSULE	00607142 00726672	ERYC APO-ERYTHRO-EC	PFI APX	<b><u>0.4095</u></b>
ERYTHROMYCIN BASE 333MG CAPSULE	00873454 01925938	ERYC APO-ERYTHRO-EC	PFI APX	<b><u>0.4549</u></b>
FLECAINIDE 50MG TABLET	01966197 02275538	TAMBOCOR APO-FLECAINIDE	GCC APX	<b><u>0.4154</u></b>
FLECAINIDE 100MG TABLET	01966200 02275546	TAMBOCOR APO-FLECAINIDE	GCC APX	<b><u>0.8308</u></b>
FLUNISOLIDE 0.025% NASAL SPRAY	02162687 02239288	RHINALAR APO-FLUNISOLIDE	HLR APX	<b><u>0.6237</u></b>
IMIPRAMINE HCL 50MG TABLET	00010480 00326852	TOFRANIL APO-IMIPRAMINE	NVR APX	<b><u>0.3998</u></b>
LABETALOL 100MG TABLET	02106272 02243538	TRANDATE APO-LABETALOL	SHR APX	<b><u>0.2125</u></b>
LABETALOL 200MG TABLET	02106280 02243539	TRANDATE APO-LABETALOL	SHR APX	<b><u>0.3609</u></b>

LEVODOPA & CARBIDOPA 200MG & 50MG CR TABLET	00870935 02245211	SINEMET CR APO-LEVOCARB CR	BMS APX	<b><u>0.9930</u></b>
MEDROXYPROGESTERONE ACETATE 100MG TABLET	00030945 02267640	PROVERA APO-MEDROXY	PFI APX	<b><u>0.9611</u></b>
MEGESTROL ACETATE 160MG TABLET	00731323 02185423 02195925	MEGACE NU-MEGESTROL APO-MEGESTROL	BMS NXP APX	<b><u>4.4762</u></b>
MIDODRINE HCL 2.5MG TABLET	01934392 02278677	AMATINE APO-MIDODRINE	SHR APX	<b><u>0.3547</u></b>
MIDODRINE HCL 5MG TABLET	01934406 02278685	AMATINE APO-MIDODRINE	SHR APX	<b><u>0.5912</u></b>
NAPROXEN 750MG SUSTAINED RELEASE TABLET	02162466 02177072	NAPROSYN SR APO-NAPROXEN SR	HLR APX	<b><u>1.0550</u></b>
TRIMEBUTINE 200MG TABLET	00803499 02245664	MODULON APO-TRIMEBUTINE	AXC APX	<b><u>0.5497</u></b>
VALPROIC ACID 500MG ENT COATED CAPSULE	00507989 02218321 02229628	DEPAKENE NOVO-VALPROIC PMS-VALPROIC ACID	ABB (DISC) NOP PMS	<b><u>N/A</u></b>

#### **DELETED INTERCHANGEABLE / MAC CATEGORIES**

The following categories have been removed from the Maximum Allowable Cost List due to the discontinuation of one of the brands by the manufacturer. The discontinued products will not appear in the next publication of the Drug Programs Formulary, but will remain as benefits for the next twelve months.

The remaining product within that category will be reimbursed as defined within the current Pharmacy Services Agreement.

LOXAPINE 5MG TABLET	02230837 02237534 02237651	PMS-LOXAPINE NU-LOXAPINE APO-LOXAPINE	PMS NXP (DISC) APX (DISC)
LOXAPINE 10MG TABLET	02230838 02237535 02237652	PMS-LOXAPINE NU-LOXAPINE APO-LOXAPINE	PMS NXP (DISC) APX (DISC)
LOXAPINE 25MG TABLET	02230839 02237536 02237653	PMS-LOXAPINE NU-LOXAPINE APO-LOXAPINE	PMS NXP (DISC) APX (DISC)
LOXAPINE 50MG TABLET	02230840 02237537 02237654	PMS-LOXAPINE NU-LOXAPINE APO-LOXAPINE	PMS NXP (DISC) APX (DISC)
MISOPROSTOL 100MCG TABLET	02240754 02244022	NOVO-MISOPROSTOL APO-MISOPROSTOL	NOP (DISC) APX
MISOPROSTOL 200MCG TABLET	02240755 02244023 02244125	NOVO-MISOPROSTOL APO-MISOPROSTOL PMS-MISOPROSTOL	NOP (DISC) APX PMS (DISC)

POLYMYXIN B&NEOMYCIN&  
GRAMICIDIN  
10000U&0.25MG&0.25MG/ML  
OPH/OTIC SOLUTION

00694371  
00807435

NEOSPORIN  
OPTIMYXIN PLUS

GSK (DISC)  
SDZ

#### **DISCONTINUED PRODUCTS**

The following products have been removed from the Maximum Allowable Cost List. These products will not appear in the next publication of the Drug Programs Formulary, but will remain as benefits for the next twelve months.

LIN-MEGESTROL 160MG TABLET	02176106
RATIO-FLUNISOLIDE 0.025% NASAL SPRAY	00878790
RHINARIS-F 0.025% NASAL SPRAY	01927167

#### **CHANGE IN MANUFACTURER**

The manufacturer of the following products has changed.

RHINALAR 0.025% NASAL SPRAY	02162687	IVX
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#### **IMPORTANT NOTICES**

The following line extensions have been added to the Drug Programs Formulary. Coverage of these products is the same as for other strengths of the same product.

NO NOTICES AT THIS TIME.