



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

Date : January 5, 2009

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

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The January 2009 update to the Maximum Allowable Cost (MAC) List has been published. Changes in interchangeability will come into effect on 19 January 2009. Changes in pricing will come into effect on 02 February 2009.

Copies of the complete update list are available online via the Government website at: www.gov.pe.ca/sss/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.

CALCITONIN	02240775	MIACALCIN	NVR	12.6814
SALMON	02247585	APO-CALCITONIN	APX	
200IU/DOSE	02261766	SANDOZ CALCITONIN NS	SDZ	
NASAL SPRAY				
NIFEDIPINE	02155990	ADALAT XL	BAY	1.3138
60MG EXTENDED	02321149	GEN-NIFEDIPINE XL	GPM	
RELEASE TABLET				
OXYCODONE	00789739	SUPEUDOL	SDZ	0.1865
5MG TABLET	02231934	OXY-IR	PFR	
	02319977	PMS-OXYCODONE	PMS	
OXYCODONE	00443948	SUPEUDOL	SDZ	0.2898
10MG TABLET	02240131	OXY-IR	PFR	
	02319985	PMS-OXYCODONE	PMS	

OXYCODONE	02240132	OXY-IR	PFR	0.4576
20MG TABLET	02262983	SUPEUDOL	SDZ	
	02319993	PMS-OXYCODONE	PMS	

PRODUCTS ADDED TO THE INTERCHANGEABLE / MAC LIST

The following products have been added to existing interchangeable categories.

GEN-LEFLUNOMIDE 10MG TABLET	02319225
GEN-LEFLUNOMIDE 20MG TABLET	02319233
JAMP-CITALOPRAM 20MG TABLET	02313405
JAMP-CITALOPRAM 40MG TABLET	02313413
JAMP-ONDANSETRON 4MG TABLET	02313685
JAMP-ONDANSETRON 8MG TABLET	02313693
NOVO-AZITHROMYCIN 20MG/ML ORAL SUSPENSION	02315157
NOVO-AZITHROMYCIN 40MG/ML ORAL SUSPENSION	02315165

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.

BENZYDAMINE HCL	02226820	SUN-BENZ	SUN	<u>N/A</u>
0.15% ORAL RINSE	02229777	PMS-BENZYDAMINE	PMS	
	02229799	NOVO-BENZYDAMINE	NOP	
	02230170	RATIO-BENZYDAMINE	RPH	
	02239044	APO-BENZYDAMINE	APX	
BUPROPION HCL	02275074	SANDOZ BUPROPION SR	SDZ	<u>N/A</u>
100MG SUSTAINED	02285657	RATIO-BUPROPION SR	RPH	
RELEASE TABLET				
CAPTOPRIL	00893625	APO-CAPTO	APX	<u>N/A</u>
100MG TABLET	01913859	NU-CAPTO	NXP	
	01942999	NOVO-CAPTORIL	NOP	
	02163594	GEN-CAPTOPRIL	GPM	
	02230206	PMS-CAPTOPRIL	PMS	
CHLORHEXIDINE	02237452	PERIDEX	ZIA	<u>0.0169</u>
0.12% ORAL RINSE	02240433	PERICHLOR	PMS	
CYCLOSPORINE	02150689	NEORAL	NVR	<u>1.2274</u>
25MG CAPSULE	02247073	SANDOZ CYCLOSPORINE	SDZ	
CYCLOSPORINE	02150662	NEORAL	NVR	<u>2.3933</u>
50MG CAPSULE	02247074	SANDOZ CYCLOSPORINE	SDZ	
DESONIDE	02115522	DESOCORT	GAC	<u>0.2795</u>
0.05% TOPICAL	02229323	PMS-DESONIDE	PMS	
OINTMENT				

DILTIAZEM HCL 30MG TABLET	00771376 00862924 00886068	APO-DILTIAZ NOVO-DILTIAZEM NU-DILTIAZ	APX NOP NXP	<u>N/A</u>
FLUOROMETHOLONE 0.1% OPH SOLUTION	00247855 02238568	FML LIQUIFILM PMS-FLUOROMETHOLONE	ALL PMS	<u>1.7329</u>
HYDROMORPHONE HCL 1MG/ML ORAL SOLUTION	00786535 01916386	DILAUDID PMS-HYDROMORPHONE	ABB PMS	<u>0.0698</u>
HYDROXYZINE HCL 2MG/ML ORAL SYRUP	00024694 00741817	ATARAX PMS-HYDROXYZINE	ERF PMS	<u>0.0428</u>
PREDNISOLONE 1MG/ML ORAL LIQUID	02230619 02245532	PEDIAPRED PMS-PREDNISOLONE	AVN PMS	<u>0.0718</u>
SALBUTAMOL 0.4MG/ML LIQUID	02091186 02212390	PMS-SALBUTAMOL VENTOLIN	PMS GSK	<u>0.0510</u>
SULFASALAZINE 500MG ENT TABLET	00598488 02064472	PMS-SULFASALAZINE SALAZOPYRIN EN-TABS	PMS PFI	<u>0.3394</u>
SULFASALAZINE 500MG TABLET	00598461 02064480	PMS-SULFASALAZINE SALAZOPYRIN	PMS PFI	<u>0.2228</u>
TAMSULOSIN 0.4MG SUSTAINED RELEASE CAPSULE	02281392 02294265 02294885 02295121 02298570	NOVO-TAMSULOSIN RATIO-TAMSULOSIN RAN-TAMSULOSIN SANDOZ TAMSULOSIN GEN-TAMSULOSIN	NOP RPH RAN SDZ GPM	<u>N/A</u>
URSODIOL 250MG TABLET	02238984 02273497	URSO PMS-URSODIOL C	AXC PMS	<u>0.9248</u>
URSODIOL 500MG TABLET	02245894 02273500	URSO DS PMS-URSODIOL C	AXC PMS	<u>1.7543</u>
VALPROIC ACID 500MG ENT COATED CAPSULE	02218321 02229628	NOVO-VALPROIC PMS-VALPROIC ACID	NOP PMS	<u>0.5197</u>

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.

AMANTADINE HCL 10MG/ML SYRUP	01913999 02022826	SYMMETREL PMS-AMANTADINE	BMS (DISC) PMS
CYCLOPHOSPHAMIDE 50MG TABLET	00344885 02241796	CYTOXAN PROCYTOX	BMS (DISC) ASM
DESONIDE 0.05% TOPICAL CREAM	02048639 02229315	DESOCORT PMS-DESONIDE	GAC (DISC) PMS

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.

RATIO-FOSINOPRIL 10MG TABLET	02275252
RATIO-FOSINOPRIL 20MG TABLET	02275260
SANDOZ RAMIPRIL 1.25MG TABLET	02291398
SANDOZ RAMIPRIL 2.5MG TABLET	02291401
SANDOZ RAMIPRIL 5MG TABLET	02291428
SANDOZ RAMIPRIL 10MG TABLET	02291436
VALISONE 0.1% SCALP LOTION	00027944

CHANGE IN MANUFACTURER

The manufacturer of the following products has changed.

NO CHANGES AT THIS TIME.

IMPORTANT NOTICES

Both the Drug Information System (DIS) and the pharmacy adjudication system need to be shut down from time to time for scheduled maintenance and/or upgrades. Although government attempts to schedule this work for times when all pharmacies are closed, this is not always possible.

Having accurate information on the hours of operation of all PEI pharmacies will help government to schedule maintenance and upgrade work to times that will have the least possible impact on pharmacies.

Pharmacies can help with this scheduling by notifying the Drug Programs office (phone: 368-4947, fax: 368-4905) of any changes to their hours of operation.