



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 : March 2, 2009

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

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The March 2009 update to the PEI Drug Programs Interchangeable / Maximum Allowable Cost (MAC) List has been published. Changes in interchangeability will come into effect on 16 March 2009. Changes in pricing will come into effect on 30 March 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.

CITALOPRAM	02270609	PMS-CITALOPRAM	PMS	N/A
10MG TABLET	02312336	NOVO-CITALOPRAM	NOP	

PRODUCTS ADDED TO THE INTERCHANGEABLE / MAC LIST

The following products have been added to existing interchangeable categories.

NO ADDITIONS AT THIS TIME.

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.

NO CHANGES AT THIS TIME.

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.

NO DELETIONS AT THIS TIME.

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.

APO-IPRAVENT 0.03% NASAL SPRAY	02246083
APO-LOXAPINE 5MG TABLET	02237651
APO-LOXAPINE 10MG TABLET	02237652
APO-LOXAPINE 25MG TABLET	02237653
APO-LOXAPINE 50MG TABLET	02237654
PMS-DIGOXIN 0.0625MG TABLET	02245426
PMS-DIGOXIN 0.125MG TABLET	02245427
PMS-DIGOXIN 0.25MG TABLET	02245428

CHANGE IN MANUFACTURER

The manufacturer of the following products has changed.

NO CHANGES AT THIS TIME.

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.

ATACAND 32MG TABLET	02311658
DIOVAN HCT 320MG/12.5MG TABLET	02308908
DIOVAN HCT 320MG/25MG TABLET	02308916
GEN-CLOZAPINE 50MG TABLET	02305003
GEN-CLOZAPINE 200MG TABLET	02305011
PMS-AMIODARONE 100MG TABLET	02292173
PMS-PAROXETINE 40MG TABLET	02293749
PMS-TOPIRAMATE 50MG TABLET	02312085
TAPAZOLE 10MG TABLET	02296039
TRAVATAN Z 40MCG/ML OPHTHALMIC SOLUTION	02318008