



Social Services
and Seniors

Services sociaux
et des Aînés



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Memorandum / Note de service

To / Destinataire : All Retail Pharmacists and Staff

Date : September 10, 2007

Subject / Objet : **New Maximum Allowable Cost List**

From / Expéditeur : Patrick Crawford

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An update to the Maximum Allowable Cost (MAC) List will come into effect on 24 September 2007. Copies of the complete update list are available online via the Government website at: www.gov.pe.ca/sss/pads-info.

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 Exceptional Drug Request Process. Refer to the Formulary to determine coverage of products under specific drug programs.

NEW INTERCHANGEABLE / MAC CATEGORIES

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

ETHINYL ESTRADIOL & L-NORGESTREL 0.03MG & 0.15MG TABLET (21 DAY)	02042320 02295946	MIN-OVRAL PORTIA 21	WAY APX	0.4868
ETHINYL ESTRADIOL & L-NORGESTREL 0.03MG & 0.15MG TABLET (28 DAY)	02042339 02295954	MIN-OVRAL PORTIA 28	WAY APX	0.3651

PRODUCTS ADDED TO THE INTERCHANGEABLE / MAC LIST

The following products have been added to existing interchangeable categories.

CO TOPIRAMATE 25MG TABLET	02287765
CO TOPIRAMATE 100MG TABLET	02287773
CO TOPIRAMATE 200MG TABLET	02287881
PMS-CLARITHROMYCIN 250MG TABLET	02247573
PMS-CLARITHROMYCIN 500MG TABLET	02247574
RATIO-VENLAFAZINE XR 37.5MG EXTENDED RELEASE CAPSULE	02273969
RATIO-VENLAFAZINE XR 75MG EXTENDED RELEASE CAPSULE	02273977
RATIO-VENLAFAZINE XR 150MG EXTENDED RELEASE CAPSULE	02273985

CHANGES TO MAC PRICES

The following reimbursement prices have changed.

NO PRICE 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 remaining product within that category will be reimbursed as defined within the current Pharmacy Services Agreement

NO DELETED CATEGORIES 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.

SANDOZ-VALPROIC 500MG ENT CAPSULE 02239713

CHANGE IN MANUFACTURER

The manufacturer of the following products has changed.

METHOTREXATE 2.5MG TABLET 02182963 Changed from APX to HOS

PAMIDRONATE DISODIUM 30MG INJECTION 02244550 Changed from DBU to HOS

PAMIDRONATE DISODIUM 90MG INJECTION 02244552 Changed from DBU to HOS

IMPORTANT NOTICES

NO NOTICES AT THIS TIME.