



Social Services
and Seniors

Services sociaux
et des Aînés



PO Box 2000, Charlottetown
Prince Edward Island
Canada C1A 7N8

C.P. 2000, Charlottetown
Île-du-Prince-Édouard
Canada C1A 7N8

Memorandum / Note de service

To / Destinataire : All Retail Pharmacists and Staff

From / Expéditeur : Patrick Crawford

Pharmacy Consultant, PEI Drug Programs

Date : August 10, 2009

Tel / Tél : (902) 368-6711 Fax / Téléc : (902) 368-4905

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

E-mail / Courriel : pjcrawford@gov.pe.ca

The August 2009 update to the PEI Drug Programs Interchangeable / Maximum Allowable Cost (MAC) List has been published. Changes in interchangeability will come into effect on 17 August 2009. Changes in pricing related to the addition of new interchangeable/MAC categories will come into effect on 31 August 2009.

Adobe Acrobat (pdf) and Excel versions of the complete list can be downloaded from the Government website at: www.gov.pe.ca/sss/.

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.

AMLODIPINE	00878928	NORVASC	PFI	0.6989
5MG TABLET	02250497	NOVO-AMLODIPINE	NOP	
	02259605	RATIO-AMLODIPINE	RPH	
	02272113	GEN-AMLODIPINE	GPM	
	02273373	APO-AMLODIPINE	APX	
	02284065	PMS-AMLODIPINE	PMS	
	02284383	SANDOZ AMLODIPINE	SDZ	
	02297485	CO AMLODIPINE	COB	
	02321858	RAN-AMLODIPINE	RAN	

AMLODIPINE 10MG TABLET	00878936 02250500 02259613 02272121 02273381 02284073 02284391 02297493 02321866	NORVASC NOVO-AMLODIPINE RATIO-AMLODIPINE GEN-AMLODIPINE APO-AMLODIPINE PMS-AMLODIPINE SANDOZ AMLODIPINE CO AMLODIPINE RAN-AMLODIPINE	PFI NOP RPH GPM APX PMS SDZ COB RAN	1.0374
HYDROCHLOROTHIAZIDE 12.5MG TABLET	02274086 02327856	PMS-HYDROCHLOROTHIAZIDE APO-HYDRO	PMS APX	N/A
HYDROCODONE BITARTRATE 1MG/ML SYRUP	01916580 02324253	HYCODAN PMS-HYDROCODONE	BMS PMS	0.0940
LEVODOPA & CARBIDOPA 100MG & 25MG CR TABLET	02028786 02272873	SINEMET CR APO-LEVOCARB CR	BMS APX	0.5382
PENICILLIN V POTASSIUM 60MG/ML ORAL SOLUTION	00391603 00642231	NOVO-PEN-VK APO-PEN VK	NOP APX	N/A
ROPINIROLE HCL 0.25MG TABLETS	02232565 02314037 02316846 02326590	REQUIP RAN-ROPINIROLE CO ROPINIROLE PMS-ROPINIROLE	GSK RAN COB PMS	0.1490
ROPINIROLE HCL 1MG TABLETS	02232567 02314053 02316854 02326612	REQUIP RAN-ROPINIROLE CO ROPINIROLE PMS-ROPINIROLE	GSK RAN COB PMS	0.5960
ROPINIROLE HCL 2MG TABLETS	02232568 02314061 02316862 02326620	REQUIP RAN-ROPINIROLE CO ROPINIROLE PMS-ROPINIROLE	GSK RAN COB PMS	0.6556
ROPINIROLE HCL 5MG TABLETS	02232569 02314066 02316870 02326639	REQUIP RAN-ROPINIROLE CO ROPINIROLE PMS-ROPINIROLE	GSK RAN COB PMS	1.8052

PRODUCTS ADDED TO THE INTERCHANGEABLE / MAC LIST

The following products have been added to existing interchangeable categories.

ACCEL PIOGLITAZONE 15MG TABLET	02303442
ACCEL PIOGLITAZONE 30MG TABLET	02303450
ACCEL PIOGLITAZONE 45MG TABLET	02303469
APO-OXYCODONE/ACET 5&325MG TABLET	02324628
CO FLUCONAZOLE 150MG CAPSULE	02323419
GEN-ONDANSETRON 4MG TABLET	02297868
GEN-ONDANSETRON 8MG TABLET	02297876
IBUPROFEN 400MG TABLET	02317338

MINT-CIPROFLOXACIN 250MG TABLET	02317427
MINT-CIPROFLOXACIN 500MG TABLET	02317435
MINT-CIPROFLOXACIN 750MG TABLET	02317443
MINT-PIOGLITAZONE 15MG TABLET	02326477
MINT-PIOGLITAZONE 30MG TABLET	02326485
MINT-PIOGLITAZONE 45MG TABLET	02326493
MINT-PRAVASTATIN 10MG TABLET	02317451
MINT-PRAVASTATIN 20MG TABLET	02317478
MINT-PRAVASTATIN 40MG TABLET	02317486
PMS-TERBINAFINE 250MG TABLET	02294273
RAN-SIMVASTATIN 5MG TABLET	02329131
RAN-SIMVASTATIN 10MG TABLET	02329158
RAN-SIMVASTATIN 20MG TABLET	02329166
RAN-SIMVASTATIN 40MG TABLET	02329174
RAN-SIMVASTATIN 80MG TABLET	02329182
SANDOZ FENTANYL MTX 12UG/HR TRANSDERMAL PATCH	02327112
SANDOZ FENTANYL MTX 25UG/HR TRANSDERMAL PATCH	02327120
SANDOZ FENTANYL MTX 50UG/HR TRANSDERMAL PATCH	02327147
SANDOZ FENTANYL MTX 75UG/HR TRANSDERMAL PATCH	02327155
SANDOZ FENTANYL MTX 100UG/HR TRANSDERMAL PATCH	02327163

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.

CIPROFLOXACIN	02155958	CIPRO	BAY	<u>0.9636</u>
250MG TABLET	02161737	NOVO-CIPROFLOXACIN	NOP	
	02229521	APO-CIPROFLOX	APX	
	02245647	GEN-CIPROFLOXACIN	GPM	
	02246825	RATIO-CIPROFLOXACIN	RPH	
	02247339	CO CIPROFLOXACIN	COB	
	02248437	PMS-CIPROFLOXACIN	PMS	
	02248756	SANDOZ CIPROFLOXACIN	SDZ	
	02266962	TARO-CIPROFLOXACIN	TAR	
	02303728	RAN-CIPROFLOX	RAN	
	02317427	MINT-CIPROFLOXACIN	MNT	

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.

DIGOXIN	02242321	LANOXIN	PMS
0.0625MG TABLET	02245426	PMS-DIGOXIN	PMS (DISC - 03/09)
	02281236	APO-DIGOXIN	APX (DISC - 08/09)

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.

BETALOC 50MG TABLET	00402605
BETALOC 100MG TABLET	00402540
RATIO-BECLOMETHASONE AQ. 50MCG/DOSE NASAL SPRAY	00872318

CHANGE IN MANUFACTURER

ACTOS 15MG TABLET	02242572	TAK (TAKEDA PHARMACEUTICALS NORTH AMERICA INC)
ACTOS 30MG TABLET	02242573	TAK (TAKEDA PHARMACEUTICALS NORTH AMERICA INC)
ACTOS 45MG TABLET	02242574	TAK (TAKEDA PHARMACEUTICALS NORTH AMERICA INC)

IMPORTANT NOTICES

Methadone

Pharmacies are reminded that when submitting claims for methadone to the drug programs the following rules must be followed:

- Claims are only to be made for the volume of methadone dispensed, not the entire volume of methadone plus diluent (e.g. Tang). For example, a prescription for 70 mg of methadone should be submitted as 7 mL of Metadol 10 mg/mL oral liquid, not as 100 mL (i.e. 7 mL of Metadol plus 93 mL of Tang).
- Only one claim (i.e. drug cost plus one professional fee) is to be submitted when dispensing methadone prescriptions that include 'carries' (e.g. one witnessed dose plus six carries). Daily billing of 'carries' is not allowed.

Pharmacy Services staff will be monitoring methadone claims and corrective action will be taken as needed to deal with any deviation from these rules.