



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

Date : July 8, 2009

Pharmacy Consultant, PEI Drug Programs

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

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

E-mail / Courriel : [pjcrowford@gov.pe.ca](mailto:pjcrawford@gov.pe.ca)

The July 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 July 2009. Changes in pricing related to the addition of new interchangeable/MAC categories will come into effect on 03 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/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.

LANSOPRAZOLE 15MG DELAYED RELEASE CAPSULE	02165503 02293811	PREVACID APO-LANSOPRAZOLE	ABB APX	1.5750
LANSOPRAZOLE 30MG DELAYED RELEASE CAPSULE	02165511 02293838	PREVACID APO-LANSOPRAZOLE	ABB APX	1.5750
LEVOFLOXACIN 250MG TABLET	02236841 02248262 02284677 02284707 02298635 02313979 02315424	LEVAQUIN NOVO-LEVOFLOXACIN PMS-LEVOFLOXACIN APO-LEVOFLOX SANDOZ LEVOFLOXACIN GEN-LEVOFLOXACIN CO LEVOFLOXACIN	JAN NOP PMS APX SDZ GPM COB	3.2634

LEVOFLOXACIN 500MG TABLET	02236842 02248263 02284685 02284715 02298643 02313987 02315432	LEVAQUIN NOVO-LEVOFLOXACIN PMS-LEVOFLOXACIN APO-LEVOFLOX SANDOZ LEVOFLOXACIN GEN-LEVOFLOXACIN CO LEVOFLOXACIN	JAN NOP PMS APX SDZ GPM COB	3.6824
LEVOFLOXACIN 750MG TABLET	02246804 02285649 02298651 02305585 02315440 02325942	LEVAQUIN NOVO-LEVOFLOXACIN SANDOZ LEVOFLOXACIN PMS-LEVOFLOXACIN CO LEVOFLOXACIN APO-LEVOFLOXACIN	JAN NOP SDZ PMS COB APX	6.8758

PRODUCTS ADDED TO THE INTERCHANGEABLE / MAC LIST

The following products have been added to existing interchangeable categories.

APO-METHYLPHENIDATE SR 20MG SUSTAINED RELEASE TABLET	02266687
CO ONDANSETRON 4MG TABLET	02296349
CO ONDANSETRON 8MG TABLET	02296357
NOVO-BENZYDAMINE 0.15% ORAL RINSE	02310422
NOVO-ETIDRONATECAL 400MG/500MG TABLET	02324199
RATIO-RAMIPRIL 15MG CAPSULE	02311194

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.

RAMIPRIL 15MG CAPSULE	02281112 02325381 02311194	ALTACE APO-RAMIPRIL RATIO-RAMIPRIL	AVN APX RPH	<u>0.8539</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.

KETOCONAZOLE 2% TOPICAL CREAM	00703974 02245662	NIZORAL KETODERM	JJM (DISC) OPT
----------------------------------	----------------------	---------------------	-------------------

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.

NOVO-BENZYDAMINE 0.15% ORAL RINSE	02229799
SANDOZ MIRTAZAPINE FC 30MG TABLET	02267292

CHANGE IN MANUFACTURER

LANOXIN 0.0625MG TABLET	02242321	PMS
LANOXIN 0.125 MG TABLET	02242322	PMS
LANOXIN 0.25 MG TABLET	02242323	PMS

IMPORTANT NOTICES

The name of the following products has changed:

ZYM-METFORMIN 500MG TABLETS	02242794
ZYM-METFORMIN 850MG TABLETS	02242793

The DINs of the following products have been corrected:

ACET-325 SUPPOSITORY	02230436
APO-MIRTAZAPINE 15MG TABLET	02286610
CO TERBINAFINE 250MG TABLET	02254727
PMS-DEXAMETHASONE 0.1% OPH/OTIC SOLUTION	00785261
RATIO-ECTOSONE 0.1% TOPICAL CREAM	00535435