



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 : June 1, 2009

Pharmacy Consultant, PEI Drug Programs

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

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The June 2009 update to the PEI Drug Programs Interchangeable / Maximum Allowable Cost (MAC) List has been published. Changes in interchangeability will come into effect on 15 June 2009. Changes in pricing related to the addition of new interchangeable/MAC categories will come into effect on 29 June 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.

RAMIPRIL	02281112	ALTACE	AVN	1.0247
15MG CAPSULE	02325381	APO-RAMIPRIL	APX	

PRODUCTS ADDED TO THE INTERCHANGEABLE / MAC LIST

The following products have been added to existing interchangeable categories.

DURAGESIC MAT 25UG/HR TRANSDERMAL PATCH	02275813
DURAGESIC MAT 50UG/HR TRANSDERMAL PATCH	02275821
DURAGESIC MAT 75UG/HR TRANSDERMAL PATCH	02275848
DURAGESIC MAT 100UG/HR TRANSDERMAL PATCH	02275856

NOVO-FENTANYL 25UG/HR TRANSDERMAL PATCH	02314630
NOVO-FENTANYL 50UG/HR TRANSDERMAL PATCH	02314649
NOVO-FENTANYL 75UG/HR TRANSDERMAL PATCH	02314657
NOVO-FENTANYL 100UG/HR TRANSDERMAL PATCH	02314665

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.

ALLOPURINOL 300MG TABLET	00294322 00363693 00402796	ZYLOPRIM NOVO-PUROL APO-ALLOPURINOL	GSK (DISC) <u>N/A</u> NOP APX
BROMOCRIPTINE 5MG CAPSULE	00568643 02230454 02236949	PARLODEL APO-BROMOCRIPTINE PMS-BROMOCRIPTINE	NVR (DISC) <u>N/A</u> APX PMS
NADOLOL 40MG TABLET	00782505 02126753	APO-NADOL NOVO-NADOLOL	APX <u>N/A</u> NOP
NADOLOL 80MG TABLET	00782467 02126761	APO-NADOL NOVO-NADOLOL	APX <u>N/A</u> NOP

The following reimbursement prices will change on 01 July 2009

DIMENHYDRINATE 10MG/ML I/V INJ SOL (5ML)	00013560 00392731	GRAVOL DIMENHYDRINATE	CDC <u>0.3129</u> SDZ
DIMENHYDRINATE 50MG/ML I/M INJ SOL (5ML)	00013579 00392537	GRAVOL DIMENHYDRINATE	CDC <u>0.8715</u> SDZ
DIMENHYDRINATE 50MG SUPPOSITORY	00013595 00392553	GRAVOL SANDOZ DIMENHYDRINATE	CDC <u>0.4462</u> SDZ
DIMENHYDRINATE 100MG SUPPOSITORY	00013609 00392545	GRAVOL SANDOZ DIMENHYDRINATE	CDC <u>0.4788</u> SDZ
POLYMYXIN B&BACITRACIN 10000U&500U/G OPHTHALMIC OINTMENT	02160889 02239157	OPTIMYXIN POLYSPORIN	SDZ <u>1.5120</u> WLA
POLYMYXIN B&BACITRACIN 10000U&0.025MG/ML OPHTHALMIC/OTIC SOLUTION	00701785 02239156	OPTIMYXIN POLYSPORIN	SDZ <u>0.6573</u> WLA
SENNOSIDES A&B 8.6MG TABLET	00026158 00896411 02089653	SENOKOT PMS-SENNOSIDES SANDOZ SENNOSIDES	PF <u>0.0514</u> PMS SDZ

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.

SODIUM CROMOGLYCATE 1% INH NEB SOLUTION - 2 ML	02046113 02231671	PMS-SODIUM CROMOGLYCATE NU-CROMOLYN	PMS NXP (DISC)
SULFAMETHOXAZOLE & TRIMETHOPRIM 40MG & 8MG/ML ORAL SUSPENSION	00726540 00865753	NOVO-TRIMEL NU-COTRIMOX	NOP NXP (DISC)
TRIAMCINOLONE & NYSTATIN NEOMYCIN & GRAMICIDIN TOPICAL CREAM	00717002 01999850	VIADERM-KC KENACOMB	TAR WSD (DISC)
TRIAMCINOLONE & NYSTATIN NEOMYCIN & GRAMICIDIN TOPICAL OINTMENT	00717029 01999826	VIADERM-KC KENACOMB	TAR WSD (DISC)

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.

DURAGESIC 25UG/HR TRANSDERMAL PATCH	01937383
DURAGESIC 50UG/HR TRANSDERMAL PATCH	01937391
DURAGESIC 75UG/HR TRANSDERMAL PATCH	01937405
DURAGESIC 100UG/HR TRANSDERMAL PATCH	01937413
NU-CROMOLYN 1% IHN NEB SOLUTION (2ML)	02231671
PARODEL 5 MG CAPSULE	00568643

CHANGE IN MANUFACTURER

The manufacturer of the following products has changed.

FERROUS GLUCONATE 300MG TABLET	00031097	JPC
FERROUS SULFATE 300MG TABLET	00031100	JPC

IMPORTANT NOTICES

RE-LAUNCH OF APO-PROCHLORAZINE

Apotex has announced the re-launch of the following products:

APO-PROCHLORAZINE 5MG TABLETS	00886440
APO-PROCHLORAZINE 10MG TABLETS	00886432