



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 : Faye Campbell**

**Manager, PEI Drug Programs**

Date : October 13th, 2009

Tel / Tél : (902) 368-6338 Fax / Téléc : (902) 368-4905

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

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The October 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 October 2009. Changes in pricing related to the addition of new interchangeable/MAC categories will come into effect on 02 November 2009.

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

There are no new interchangeable categories at this time.

### PRODUCTS ADDED TO THE INTERCHANGEABLE / MAC LIST

The following products have been added to existing interchangeable categories.

GD-AMLODIPINE BESYLATE 5 MG TABLETS	02280132
GD-AMLODIPINE BESYLATE 10 MG TABLETS	02280140
NOVO-RIVASTIGMINE 1.5 MG CAPSULES	02305984
NOVO-RIVASTIGMINE 3 MG CAPSULES	02305992
NOVO-RIVASTIGMINE 4.5 MG CAPSULES	02306018
NOVO-RIVASTIGMINE 6 MG CAPSULES	02306026

RATIO-RIVASTIGMINE 1.5 MG CAPSULES	02311283
RATIO-RIVASTIGMINE 3 MG CAPSULES	02311291
RATIO-RIVASTIGMINE 4.5 MG CAPSULES	02311305
RATIO-RIVASTIGMINE 6 MG CAPSULES	02311313
SANDOZ-AZITHROMYCIN 100MG/5ML	02332388
SANDOZ-AZITHROMYCIN 200MG/5ML	02332396

**DRAFT**

**CHANGES TO MAC PRICES**

There are no changes to MAC prices at this time.

**DELETED INTERCHANGEABLE / MAC CATEGORIES**

There are 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.

BETALOC 100MG TABLETS	00402540
BETALOC 200MG DURULES	00497827
M.O.S. SYRUP 1MG/ML	00486582
M.O.S. 10MG/ML SOLUTION	00632503 (Correction from Sept 09 listing)
PMS-DESIPRAMINE 10 MG TABLETS	01946250
RATIO-CLINDAMYCIN CAPSULE 150MG	02130033
RATIO-CLINDAMYCIN CAPSULE 300MG	02192659
VIBRA -TABS	00578452

**CHANGE IN MANUFACTURER**

**IMPORTANT NOTICES**

Please note that the drug noted below was deleted in error in the September MAC list.

APO TEMAZEPAM 15MG	2225964
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