



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 : September 8, 2009

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

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

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

The September 2009 update to the PEI Drug Programs Interchangeable / Maximum Allowable Cost (MAC) List has been published. Changes in interchangeability will come into effect on 21 September 2009. Changes in pricing related to the addition of new interchangeable/MAC categories will come into effect on 05 October 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.

CLINDAMYCIN PHOSPHATE	00582301	DALACIN T	PFI	0.2373
	02266938	TARO-CLINDAMYCIN	TAR	
FELODIPINE	02057778	PLENDIL	AZE	N/A
2.5MG SUSTAINED RELEASE	02221985	RENEDIL	AVN	
MIRTAZAPINE	02248542	REMERON RD	SCH	0.2866
15MG ORALLY DISINTEGRATING	02279894	NOVO-MIRTAZAPINE OD	NOP	
TABLET				
MIRTAZAPINE	02248543	REMERON RD	SCH	0.5733
30MG ORALLY DISINTEGRATING	02279908	NOVO-MIRTAZAPINE OD	NOP	
TABLET				

MIRTAZAPINE 45MG ORALLY DISINTEGRATING TABLET	02248544 02279916	REMERON RD NOVO-MIRTAZAPINE OD	SCH NOP	0.8600
RIVASTIGMINE 1.5MG CAPSUEL	02242115 02306034 02324563	EXELON PMS-RIVASTIGMINE SANDOZ RIVASTIGMINE	NVR PMS SDZ	1.3680
RIVASTIGMINE 3MG CAPSUEL	02242116 02306042 02324571	EXELON PMS-RIVASTIGMINE SANDOZ RIVASTIGMINE	NVR PMS SDZ	1.3680
RIVASTIGMINE 4.5MG CAPSUEL	02242117 02306050 02324598	EXELON PMS-RIVASTIGMINE SANDOZ RIVASTIGMINE	NVR PMS SDZ	1.3680
RIVASTIGMINE 6MG CAPSUEL	02242118 02306069 02324601	EXELON PMS-RIVASTIGMINE SANDOZ RIVASTIGMINE	NVR PMS SDZ	1.3680

PRODUCTS ADDED TO THE INTERCHANGEABLE / MAC LIST

The following products have been added to existing interchangeable categories.

BETALOC DURULES 200MG SUSTAINED RELEASE TABLET	00497827
GEN-OMEPRAZPLE 20MG CAPSULE	02329433
NOVO-DOCUSATE 100MG CAPSULE	02020084
PMS-OXYCODONE-ACET 5MG & 325MG TABLET	02245758
RAN-CITALOPRAM 20MG TABLET	02268000
RAN-CITALOPRAM 40MG TABLET	02268019

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.

BROMAZEPAM 1.5MG TABLET	02177153 02192705	APO-BROMAZEPAM GEN-BROMAZEPAM	APX GPM	<u>N/A</u>
CAPTOPRIL 12.5 MG TABLET	00893595 01913824 01942964 02163551 02230203	APO-CAPTO NU-CAPTO NOVO-CAPTORIL GEN-CAPTOPRIL PMS-CAPTOPRIL	APX NXP NOP GPM PMS	<u>N/A</u>

CIPROFLOXACIN 250MG TABLET	02155958	CIPRO	BAY	<u>1.4692</u>
	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		
NABUMETONE 500MG TABLET	02238639	APO-NABUMETONE	APX	<u>N/A</u>
	02240867	NOVO-NABUMETONE	NOP	
	02244563	GEN-NABUMETONE	GPM	
PREDNISOLONE ACETATE 1% OPH SUSPENSION	00301175	PRED-FORTE	ALL	<u>2.0370</u>
	00700401	RATIO-PREDNISOLONE	RPH	
	01916203	SANDOZ PREDNISOLONE	SDZ	
	02023768	DIOPRED	SDZ	
TICLOPIDINE HCL 250MG TABLET	02236848	NOVO-TICLOPIDINE	NOP	<u>N/A</u>
	02237560	NU-TICLOPIDINE	NXP	
	02237701	APO-TICLOPIDINE	APX	
	02239744	GEN-TICLOPIDINE	GPM	
	02243327	PMS-TICLOPIDINE	PMS	
	02243587	SANDOZ TICLOPIDINE	SDZ	
TIMOLOL MALEATE 0.25% OPH SOLUTION	00755826	APO-TIMOP	APX	<u>N/A</u>
	00893773	GEN-TIMOLOL	GPM	
	02083353	PMS-TIMOLOL	PMS	
	02166712	SANDOZ TIMOLOL	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.

CHLORPROPAMIDE 250MG TABLET	00021350	NOVO-PROPAMIDE	NOP (DISC)
	00312711	APO-CHLORPROPAMIDE	APX
CIMETIDINE 800MG TABLET	00663727	NOVO-CIMETINE	NOP (DISC)
	00749494	APO-CIMETIDINE	APX
DEXAMETHASONE 0.75MG TABLET	00285471	DEXASONE	VAL (DISC)
	01964968	PMS-DEXAMETHASONE	PMS
	02240685	RATIO-DEXAMETHASONE	RPH (DISC)
DEXAMETHASONE 0.1% OPH/OTIC SOLUTION	00739839	SANDOZ DEXAMETHASONE	SDZ
	00785261	PMS-DEXAMETHASONE	PMS (DISC)
DIMENHYDRINATE 10MG/ML I/V INJ SOL (5ML)	00013560	GRAVOL	CDC (DISC)
	00392731	DIMENHYDRINATE	SDZ

FLUNISOLIDE 0.025% NASAL SPRAY	00878790 01927167 02162687 02239288	RATIO-FULNISOLIDE RHINARIS-F RHINALAR APO-FLUNISOLIDE	RPH (DISC) PMS (DISC) IVX (DISC) APX
HALOPERIDOL 2MG/ML ORAL SOLUTION	00587702 00759503	APO-HALOPERIDOL PMS-HALOPERIDOL	APX (DISC) PMS
LABETALOL 100MG TABLET	02106272 02243538	TRANDATE APO-LABETALOL	SQP APX (DISC)
LABETALOL 200MG TABLET	02106280 02243539	TRANDATE APO-LABETALOL	SQP APX (DISC)
NAPROXEN 125MG TABLET	00522678 00865621	APO-NAPROXEN NU-NAPROX	APX NXP (DISC)
NITROFURANTOIN 100MG CAPSULE (MACROCRYSTALS)	01997645 02231016	MACRODANTIN NOVO-FURANTOIN	ALZ (DISC) NOP
PERGOLIDE 0.05MG TABLET	02123320 02266210	PERMAX APO-PERGOLIDE	DRX (DISC) APX (DISC)
PERGOLIDE 0.25MG TABLET	02123339 02266229	PERMAX APO-PERGOLIDE	DRX (DISC) APX (DISC)
PERGOLIDE 1MG TABLET	02123347 02266237	PERMAX APO-PERGOLIDE	DRX (DISC) APX (DISC)
TRIAMCINOLONE ACETONIDE 0.1% ORAL TOP OINTMENT	01964054 01999788	ORACORT KENALOG-ORABASE	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.

APO-KETOTIFEN 0.2MG/ML SYRUP	0221330
APO-SALVENT IPRAVENT 1.0MG & 0.2MG PER ML NEBULE	02266393
ENDANTADINE 100MG CAPSULE	02034468
LECTOPAM 1.5MG TABLET	00682314
LIN-BUSPIRONE 10MG TABLET	02176122
LIN-FOSINOPRIL 10MG TABLET	02242733
LIN-FOSINOPRIL 20MG TABLET	02242734
M.O.S. 5MG/ML SOLUTION	0062503
NOVO-BUPROPION SR 150MG SUSTAINED RELEASE TABLET	02260239
NOVO-DIFLUNISAL 500MG TABLET	02048507
NU-ALPRAZOLAM 0.25MG TABLET	01913239
NU-ALPRAZOLAM 0.5MG TABLET	01913247

NU-BROMAZEPAM 1.5MG TABLET	02171856
NU-BROMAZEPAM 3MG TABLET	02171864
NU-BROMAZEPAM 6MG TABLET	02171872
NU-KETOTIFEN 0.2MG/ML SYRUP	02218305
NU-SALBUTAMOL 1MG/ML NEBULE	02231783
NU-SALBUTAMOL 2MG/ML NEBULE	02231784
NU-TEMAZEPAM 15MG CAPSULE	02223570
NU-TEMAZEPAM 30MG CAPSULE	02223589
PMS-CIMETIDINE 300MG TABLET	02229718
PMS-CIMETIDINE 400MG TABLET	02229719
PMS-CIMETIDINE 600MG TABLET	02229720
PMS-FLAVOXATE 200MG TABLET	02245480
PMS-GENTAMICIN 0.3% OPHTHALMIC SOLUTION	00776521
PMS-PIROXICAM 10MG CAPSULE	00836249
PMS-PIROXICAM 20MG CAPSULE	00836230
PMS-TIAPROFENIC ACID 200MG TABLET	02230827
RATIO-ALPRAZOLAM 0.25MG TABLET	00677485
RATIO-ALPRAZOLAM 0.5MG TABLET	00677477
RATIO-DESIPRAMINE 25MG TABLET	01948784
RATIO-DESIPRAMINE 50MG TABLET	01948792
RATIO-MPA 2.5MG TABLET	02148552
RATIO-MPA 5MG TABLET	02148560
RATIO-MPA 10MG TABLET	02148579
RELAFEN 500MG TABLET	02083531
SANDOZ NABUMETONE 500MG TABLET	02242912
TICLID 250MG TABLET	02162776
TIMOPTIC 0.25% OPHTHALMIC SOLUTION	00451193

CHANGE IN MANUFACTURER

DILAUDID 1MG/ML ORAL SOLUTION	00786535	PFR
DILAUDID 1MG TABLET	00705438	PFR
DILAUDID 2MG TABLET	00125083	PFR
DILAUDID 4MG TABLET	00125121	PFR
DILAUDID 8MG TABLET	00786543	PFR
DILAUDID 2MG/ML INJECTION	00627100	PFR
DILAUDID 10MG/ML INJECTION	02145928	PFR
DILAUDID 20MG/ML INJECTION	02146118	PFR
DILAUDID 50MG/ML INJECTION	02146126	PFR

IMPORTANT NOTICES

CHANGES TO PDINS (PSEUDO DRUG IDENTIFICATION NUMBERS)

In order to eliminate overlap with existing DINs, the PDINs for the following products have been changed:

ACETYLSALICYLIC ACID 325MG TABLET (UNCOATED)	<u>00999963</u>
ASCORBIC ACID 500MG TABLET	<u>00999970</u>
CALCIUM CARBONATE 250MG TABLETS	<u>00999910</u>

USE OF PDINS (PSEUDO DRUG IDENTIFICATION NUMBERS)

PDINs have been assigned to the following products since July 2006:

00999929	ACETAMINOPHEN 32MG/ML ELIXIR
00999719	ACETAMINOPHEN 80MG/ML DROPS
00999939	ACETAMINOPHEN 325MG TABLET
00999949	ACETAMINOPHEN 500MG TABLET
00999963	ACETYLSALICYLIC ACID 325MG TABLET (UNCOATED)
00999970	ASCORBIC ACID 500MG TABLET
00999829	CALAMINE LOTION
00999910	CALCIUM CARBONATE 250MG TABLET
00999919	CALCIUM CARBONATE 500MG TABLET
00999899	FOLIC ACID 1MG TABLET
00999879	NIACIN 100MG TABLET
00999889	NIACIN 500MG TABLET
00999849	VITAMIN E 200UNIT CAPSULE
00999859	VITAMIN E 400UNIT CAPSULE
00999869	VITAMIN D 1000UNIT TABLET

PDINs must be used when submitting claims for any of these products and the regular DINs for products such as Apo-Calcium and Apo-Acetaminophen will not be accepted by the adjudication system.