



Social Services
and Seniors

Services sociaux
et des Aînés



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Memorandum / Note de service

To / Destinataire : All Retail Pharmacists and Staff

Date : July 9, 2007

Subject / Objet : **New Maximum Allowable Cost List**

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An update to the Maximum Allowable Cost (MAC) List will come into effect on 23 July 2007. Copies of the complete update list are available online via the Government website at: www.gov.pe.ca/sss/pads-info.

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 Exceptional Drug Request Process. Refer to the Formulary to determine coverage of products under specific drug programs.

NEW INTERCHANGEABLE / MAC CATEGORIES

The following new categories have been added to the Maximum Allowable Cost List.

OLANZAPINE 2.5MG TABLET	02229250 02276712	ZYPREXA NOVO-OLANZAPINE	LIL NOP	1.3289
OLANZAPINE 5MG TABLET	02229269 02276720	ZYPREXA NOVO-OLANZAPINE	LIL NOP	2.6579
OLANZAPINE 7.5MG TABLET	02229277 02276739	ZYPREXA NOVO-OLANZAPINE	LIL NOP	3.9867
OLANZAPINE 10MG TABLET	02229285 02276747	ZYPREXA NOVO-OLANZAPINE	LIL NOP	5.3156
OLANZAPINE 15MG TABLET	02238850 02276755	ZYPREXA NOVO-OLANZAPINE	LIL NOP	7.9735
PERGOLIDE 0.05MG TABLET	02123320 02266210	PERMAX APO-PERGOLIDE	DRX APX	0.1953
PERGOLIDE 0.25MG TABLET	02123339 02266229	PERMAX APO-PERGOLIDE	DRX APX	0.7173
PERGOLIDE 1MG TABLET	02123347 02266237	PERMAX APO-PERGOLIDE	DRX APX	2.4452

PRODUCTS ADDED TO THE INTERCHANGEABLE / MAC LIST

The following products have been added to existing interchangeable categories.

NOVO-FENOFIBRATE-S 100MG TABLET	02289083
NOVO-FENOFIBRATE-S 160MG TABLET	02289091
PMS-ASA EC 325MG EC TABLET	02284529
PMS-LEVETIRACETAM 250MG TABLET	02296101
PMS-LEVETIRACETAM 500MG TABLET	02296128
PMS-LEVETIRACETAM 750MG TABLET	02296136
RATIO-FLUTICASONE 50MCG/DOSE NASAL SPRAY	02296071

CHANGES TO MAC PRICES

The following reimbursement prices have changed.

ACETYLSALICYLIC ACID 325MG ENT COATED TABLET	00010332 00216666 02046253 02284529 02285371	ENTROPHEN NOVASEN ASADOL PMS-ASA EC PMS-ASA EC	PMS 0.0294 NOP PGH (DISC) PMS PMS (DISC)
CLOZAPINE 25MG TABLET	00894737 02247243 02248034	CLOZARIL GEN-CLOZAPINE APO-CLOZAPINE	NVR 0.6924 GPM APX
CLOZAPINE 100MG TABLET	00894745 02247244 02248035	CLOZARIL GEN-CLOZAPINE APO-CLOZAPINE	NVR 2.7768 GPM APX
FLUOCINONIDE 0.05% TOPICAL CREAM	00716863 02161923	LYDERM LIDEX	TAR 0.3605 MDC
FLUOCINONIDE 0.05% TOPICAL GEL	02161974 02236997	TOPSYN LYDERM	MDC 0.3591 TAR

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 remaining product within that category will be reimbursed as defined within the current Pharmacy Services Agreement

LEVOFLOXACIN 250MG TABLET	02236841 02248262	LEVAQUIN NOVO-LEVOFLOXACIN	JAN NOP (DISC)
LEVOFLOXACIN 500MG TABLET	02236842 02248263	LEVAQUIN NOVO-LEVOFLOXACIN	JAN NOP (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.

PMS-ASA EC 325MG EC TABLET	02285371
PARLODEL 2.5MG TABLET	00371033

IMPORTANT NOTICES

Coverage of Tamsulosin 0.4mg Sustained Release Capsules

The Exceptional Drug Status (EDS) criteria have been removed from Flomax and all interchangeable tamsulosin 0.4 mg sustained release capsule products. These are now covered without requiring physicians to submit an Exceptional Drug Request (EDR) form.

Please note that Flomax CR 0.4 mg controlled release tablets are not covered by any of the PEI Drug Programs.

Coverage of Zyprexa Zydix Orally Disintegrating Tablets

Due to the significant difference in cost between generic regular olanzapine tablets and the Zyprexa Zydis orally disintegrating tablets, coverage of Zyprexa Zydis under all eligible programs will require submission of an Exceptional Drug Request. Coverage will be limited to patients unable to use regular olanzapine tablets.

Changes to the Reimbursement for Insulin Products

Effective 24 September 2007, all insulin products will be reimbursed on a per mL basis, rather than the current per 'unit' basis. As of this date, pharmacies will be required to submit all claims for insulin using the actual quantity provided to the patient (i.e. 10 mL for a vial and 15 mL for a box of cartridges).

Please ensure that the required changes are made to your computer system. Your computer system vendor may contact Andy Muise, the Pharmacy and Dental Application Administration, if they have any questions regarding what changes may be required. Andy can be contacted by email at ajmuise@ihis.org or by phone at 902-368-6179.