

<b>To / Destinataire : All Retail Pharmacists and Staff</b>	<b>From / Expéditeur : Amanda Clair</b>
Date : January 8, 2018	<b>Administrative Officer - PEI Pharmacare</b>
Subject / Objet : <b>Revised January 2018 Update to the Interchangeable/Maximum Reimbursable Price List</b>	Tel / Tél : (902) 620-3288 Fax / Téléc : (902) 368-4905
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The January 2018 update to the PEI Pharmacare Interchangeable/Maximum Reimbursable Price (MRP) List has been published. Changes in interchangeability for products listed in this memo will come into effect on January 22, 2018. Changes in pricing related to the addition of new interchangeable/MRP categories will come into effect on the 1<sup>st</sup> February, 2018.

Adobe Acrobat (pdf) and Excel versions of the complete list can be downloaded from the Government website at: <http://healthpei.ca/pharmacare> under "Resources for Pharmacists".

All product availability and pricing has been confirmed with manufacturers prior to publication of this update.

Please contact the PEI Pharmacare 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.

Refer to the Formulary to determine coverage of products under specific drug programs.

In addition, some of the Interchangeable / MRP Categories are only available through the Palliative Home Care Drug Pilot Project.

**NEW INTERCHANGEABLE / MRP CATEGORIES**

				<u>MRP</u>	<u>MRP+6%</u>
TESTOSTERONE 2.5MG/2.5GM	02245345	ANDROGEL	BGP	1.6726	1.7730
TRANSDERMAL GEL	02463792	TARO-TESTOSTERONE	TAR	1.6726	1.7730
TESTOSTERONE 5MG/5GM	02245346	ANDROGEL	BGP	2.9575	3.1350
TRANSDERMAL GEL	02463806	TARO-TESTOSTERONE	TAR	2.9575	3.1350

**PRODUCTS ADDED TO THE INTERCHANGEABLE / MRP LIST**

ACT-BUPRENORPHINE/NALOXONE 2MG & 0.5MG TABLET	02453908
ACT-BUPRENORPHINE/NALOXONE 8MG & 2MG TABLET	02453916
APO-HYDROXYUREA 500MG CAPSULE	02247937
NALTREXONE HCL 50MG TABLET	02451883

**CHANGES TO MRP PRICES**

				<u>MRP</u>	<u>MRP+6%</u>
BUPRENORPHINE & NALOXONE	02295695	SUBOXONE	ICL	0.6675	0.7076
2MG & 0.5MG TABLET	02408090	MYLAN-BUPRENORPHINE/NALOXON	MYL	0.6675	0.7076
	02424851	PMS-BUPRENORPHINE/NALOXONE	PMS	0.6675	0.7076
	02453908	ACT-BUPRENORPHINE/NALOXONE	ATV	0.6675	0.7076
BUPRENORPHINE & NALOXONE	02295709	SUBOXONE	ICL	1.1825	1.2535
8MG & 2MG TABLET	02408104	MYLAN-BUPRENORPHINE/NALOXON	MYL	1.1825	1.2535
	02424878	PMS-BUPRENORPHINE/NALOXONE	PMS	1.1825	1.2535
	02453916	ACT-BUPRENORPHINE/NALOXONE	ATV	1.1825	1.2535

NALTREXONE 50MG TABLET	02213826 02444275 02451883	REVIA APO-NALTREXONE NALTREXONE HCL	TEV APX JPC	2.8075 2.9760 2.8075 2.9760 2.8075 2.9760
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**DELETED INTERCHANGEABLE / MRP CATEGORIES**

ACETYLSALICYLIC ACID 325MG ENT COATED TABLET	00010332 00216666 02284529	ENTROPHEN (DISC) NOVASEN PMS-ASA EC (DISC)	PMS TEV PMS
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**DISCONTINUED PRODUCTS**

These products will not appear in the next publication of the Drug Programs Formulary, but will remain as benefits for the next twelve months.

CLONAZEPAM 0.5MG TABLET (SIVEM)	02442035
GD-GABAPENTIN 300MG CAPSULE	02285827
MINT-DORZOLAMIDE-TIMOLOL 2% & 0.5% OPH SOL'N	02443090
METHYLPREDNISONE 40MG/ML INJECTION (1ML)	02245400
METHYLPREDNISONE 40MG/ML INJECTION (2ML)	02245407
METHYLPREDNISONE 80MG/ML INJECTION (1ML)	02245406
MYLAN-ALPRAZOLAM 0.25MG TABLET	02137534
MYLAN-CARVEDILOL 3.125MG TABLET	02347512
MYLAN-CARVEDILOL 6.25MG TABLET	02347520
MYLAN-CARVEDILOL 12.5MG TABLET	02347555
MYLAN-CIPROFLOXACIN 750MG TABLET	02245649
MYLAN-CLONAZEPAM 0.5MG TABLET	02230950
MYLAN-GABAPENTIN 400MG CAPSULE	02248261
MYLAN-GLICLAZIDE 80MG TABLET	02229519
MYLAN-MONTELUKAST 10MG TABLET	02368226
MYLAN-RABEPRAZOLE 10MG TABLET	02408392
PMS-DORZOLAMIDE-TIMOLOL 2% & 0.5% OPH SOL'N	02442426
TEVA-DORZOTIMOL2% & 0.5% OPH SOL'N	02320525

**CHANGE IN MANUFACTURER**

APO-FLECAINIDE - DIN 02275538 (PREVIOUSLY LISTED AS FLECAINIDE-AAA)	APX
APO-FLECAINIDE - DIN 02275546 (PREVIOUSLY LISTED AS FLECAINIDE-AAA)	APX

**IMPORTANT NOTICE**

Please be advised that, at the request of the manufacturer, Pharixia 0.15% mouthwash will be removed from the Pharmacare Formulary effective January 22, 2018.

Odan-Benzylamine 0.15% mouthwash will be added to the Pharmacare Formulary effective January 22, 2018.