

To / Destinataire : All Retail Pharmacists and Staff	From / Expéditeur : Amanda Clair
Date : March 13, 2018	Administrative Officer - PEI Pharmacare
Subject / Objet : Revised March 2018 Update to the Interchangeable/Maximum Reimbursable Price List	Tel / Tél : (902) 620-3288 Fax / Téléc : (902) 368-4905
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The March 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 March 26, 2018. Changes in pricing related to the addition of new interchangeable/MRP categories will come into effect on the 1st April, 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>
BUDESONIDE 0.5MG/ML	01978926	PULMICORT NEBUAMP	AZE	0.6839	0.7249
INHALATION SOL'N	02465957	TEVA-BUDESONIDE	TEV	0.6839	0.7249

PRODUCTS ADDED TO THE INTERCHANGEABLE / MRP LIST

PHARMA-SIMVASTATIN 20MG TABLET	02469995
PHARMA-SIMVASTATIN 40MG TABLET	02470004

CHANGES TO MRP PRICES

Please refer to the notice that was distributed on February 28, 2018 regarding the pCPA Initiative for Generic Drugs. Individual categories have been denoted with an asterisk * on the MRP list. These price changes will take effect April 1, 2018.

DELETED INTERCHANGEABLE / MRP CATEGORIES

POTASSIUM CHLORIDE	00602884	APO-K (DISC MAR/18)	APX
8MMOL LONG ACTING	00074225	SLOW-K (DISC)	NVR
TABLET			
RISEDRONATE	02239146	ACTONEL (DISC MAR/17)	WCC
30MG TABLETS	02298384	TEVA-RISEDRONATE	TEV

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.

APO-K 8mEq EXTENDED RELEASE TABLET	00602884
CYCLOCORT 0.1% LOTION	02192276
LECTOPAM 6MG TABLET	00518131
MYL-PROPAFENONE 150MG TABLET	02245372
MYL-PROPAFENONE 300MG TABLET	02245373
REQUIP 0.25MG TABLET	02232565
TEVA-PRAMIPEXOLE 0.25MG TABLET	02269309
TEVA-PRAMIPEXOLE 0.5MG TABLET	02269317
TEVA-PRAMIPEXOLE 1MG TABLET	02269325
TEVA-PRAMIPEXOLE 1.5MG TABLET	02269333
ZANTAC 150MG TABLET	02212331
ZANTAC 300MG TABLET	02212358

CHANGE IN MANUFACTURER

There are no changes to report.

IMPORTANT NOTICES

Please note there was an error on last month's memo. Mylan-Propafenone 150mg tablets (DIN 02457172) and Mylan-Propafenone 300mg tablets (DIN 02457164) have not been discontinued.

Please be advised that, at the request of the manufacturer, Odan-Benzylamine 0.15% mouthwash (DIN 02463105) will be removed from the Pharmacare Formulary effective March 26, 2018.

Pms-Benzylamine 0.15% mouthwash (DIN 02239537) will be added to the Pharmacare Formulary effective March 26, 2018.

Please note the following drugs have been de-listed:

GD-Azithromycin 250mg tablet	02274531
GD-Gabapentin 600mg tablet	02285843
GD-Venlafaxine XR 37.5mg extended release capsule	02360020
GD-Venlafaxine XR 75mg extended release capsule	02360039
GD-Venlafaxine XR 150mg extended release capsule	02360047