



PEI Pharmacare  
P.O. Box 2000  
Charlottetown, PE  
C1A 7N8  
www.princeedwardisland.ca

Programmes provinciaux de médicaments  
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C1A 7N8  
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<b>To / Destinataire: All Retail Pharmacists and Staff</b>	<b>From / Expéditeur: PEI Pharmacare</b>
Date: <b>November 19, 2024</b>	Tel / Tél: (902) 368-4947 Fax /Télec : (902) 368-4905
Subject / Objet: <b>Revised November 2024 Update to the Maximum Reimbursable Price List</b>	Email/Courriel: <a href="mailto:pharmservices@ihis.org">pharmservices@ihis.org</a>

The November 2024 update to the PEI Pharmacare Maximum Reimbursable Price (MRP) List has been published. Changes for products added to the MRP list will come into effect on December 3, 2024. Changes in pricing will come into effect on January 3, 2025.

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 MRP Categories are only available through the Palliative Home Care Drug Pilot Project.

**NEW MRP CATEGORIES**

			<u>MNF</u>	<u>MRP</u>	<u>MRP+8%</u>
AFATINIB	02415666	GIOTRIF	BOE	58.1088	62.7575
20MG TABLET	02512777	SANDOZ-AFATINIB	SDZ	58.1088	62.7575
AFATINIB	02415674	GIOTRIF	BOE	58.1088	62.7575
30MG TABLET	02512785	SANDOZ-AFATINIB	SDZ	58.1088	62.7575
AFATINIB	02415682	GIOTRIF	BOE	58.1088	62.7575
40MG TABLET	02512793	SANDOZ-AFATINIB	SDZ	58.1088	62.7575

**PRODUCTS ADDED TO THE MRP LIST**

JAMP-GLICLAZIDE MR 30MG TABLET	02429764
JAMP-GLICLAZIDE MR 60MG TABLET	02429772
JAMP-SUMATRIPTAN 50MG TABLET	02545357
JAMP-SUMATRIPTAN 100MG TABLET	02545365
MINT-VARENICLINE 0.5MG TABLET	02546949
MINT-VARENICLINE 1MG TABLET	02546957

**CHANGES TO MRP PRICES EFFECTIVE JANUARY 3, 2025**

			<u>MNF</u>	<u>MRP</u>	<u>MRP+8%</u>
BRIVARACETAM 10MG TABLET	02452936 02538679	BRIVLERA APO-BRIVARACETAM	UCB APX	2.3760 2.3760	2.5661 2.5661
BRIVARACETAM 25MG TABLET	02452944 02538687	BRIVLERA APO-BRIVARACETAM	UCB APX	2.3760 2.3760	2.5661 2.5661
BRIVARACETAM 75MG TABLET	02452960 02538709	BRIVLERA APO-BRIVARACETAM	UCB APX	2.3760 2.3760	2.5661 2.5661
DILTIAZEM 30MG TABLET	00771376	AA-DILTIAZ	AAA	0.2168	0.2341
FLUVOXAMINE 50MG TABLET	01919342 02231329 02255529	LUVOX APO-FLUVOXAMINE TEVA-FLUVOXAMINE	BGP APX TEV	0.5410 0.5410 0.5410	0.5843 0.5843 0.5843
FLUVOXAMINE 100MG TABLET	01919369 02231330 02255537	LUVOX APO-FLUVOXAMINE TEVA-FLUVOXAMINE	BGP APX TEV	0.9728 0.9728 0.9728	1.0506 1.0506 1.0506
HYDROXYZINE 10MG CAPSULE	00646059	HYDROXYZINE	AAA	0.1292	0.1395
HYDROXYZINE 50MG CAPSULE	00646016	HYDROXYZINE	AAA	0.2388	0.2579
PROPAFENONE 150MG TABLET	00603708 02243324 02457172	RYTHMOL APO-PROPAFENONE MYLAN-PROPAFENONE	BGP APX MYL	0.6306 0.6306 0.6306	0.6810 0.6810 0.6810
QUINAPRIL 20MG TABLET	02340577 02517469	PMS-QUINAPRIL JAMP-QUINAPRIL	PMS JPC	0.4642 0.4642	0.5013 0.5013
QUINAPRIL 40MG TABLET	02340585 02517477	PMS-QUINAPRIL JAMP-QUINAPRIL	PMS JPC	0.4642 0.4642	0.5013 0.5013

**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.

PROPAFENONE 150MG TABLET (DISC JUN/24)

02343053