

Formulary Update

Issue 04-01

January 2004

Vacation Supplies

The Senior's Drug Plan has recently had inquiries from pharmacies regarding the proper billing procedure for seniors requesting vacation supplies.

Vacation supplies must be submitted electronically, one refill at a time, and at the appropriate interval (i.e. every 90 days for maintenance medications, every 30 days for all other medications). In the event that a senior's eligibility is terminated (i.e. patient dies) before all prescriptions have been submitted, please contact the Drug Programs Office to arrange for payment.

Corrections to Benefit Status

The following errors in the April 2003 Drug Programs Formulary have been corrected:

- Bactroban 2% topical cream and ointment are not insured benefits under the Family Health Benefit and Seniors Programs.
- Polymyxin B & Bacitracin Ophthalmic Ointment and Polymyxin B & Gramicidin Ophthalmic/Otic Solution are not insured benefits under the Family Health Benefit and Seniors Programs.
- Suprax 400mg tablets are not an insured benefit under the STD Program.

Drug Program Information

For information regarding the Drug Programs, client eligibility, prescriber eligibility, medication eligibility, pharmacy eligibility, claims, or Exceptional Drug Status, please contact the Drug Programs Office at:

1-902-368-4947 Charlottetown
1-877-577-3737 toll-free in PEI
1-902-368-4905 fax

Pharmaceutical Information Program (PhIP) Help Desk

The contact information for the PhIP Help Desk has changed.

For technical problems with the PhIP network, please contact the PhIP Help Desk at:

1-902-628-3772 Charlottetown
1-877-201-6771 toll-free in PEI
7 am to 12 midnight, including weekends and holidays

Additions to the Formulary

Financial Assistance, Family Health Benefit, Nursing Home, Seniors Programs

ATENOLOL

25MG TABLET		
02246581	PMS-ATENOLOL	PMS

QUINAPRIL HCL & HYDROCHLOROTHIAZIDE

20MG & 25MG TABLET		
02237369	ACCURETIC	PFI

VALSARTAN & HYDROCHLOROTHIAZIDE

160MG & 25 MG TABLET		
02246955	DIOVAN-HCT	NVR

Hepatitis Program

PEGINTERFERON ALFA-2B & RIBAVIRIN

50UG/0.5 ML POWDER FOR SOLUTION & 200MG CAPSULE		
02246026	PEGETRON	SCH

80UG/0.5 ML POWDER FOR SOLUTION & 200MG CAPSULE		
02246027	PEGETRON	SCH

100UG/0.5 ML POWDER FOR SOLUTION & 200MG CAPSULE		
02246028	PEGETRON	SCH

120UG/0.5 ML POWDER FOR SOLUTION & 200MG CAPSULE		
02246029	PEGETRON	SCH

150UG/0.5 ML POWDER FOR SOLUTION & 200 MG CAPSULE		
02246030	PEGETRON	SCH

MS Program

GLATIRAMER ACETATE

20MG PRE-FILLED SYRINGE		
02245619	COPAXONE	TVM

Transplant Drug Program

SIROLIMUS

1MG TABLET		
02247111	RAPAMUNE	WAY

New Interchangeable Products

Existing Categories

TIMOLOL MALEATE

5MG TABLET		
01947796	NOVO-TIMOL	NOP
10MG TABLET		
01947818	NOVO-TIMOL	NOP
20MG TABLET		
01947826	NOVO-TIMOL	NOP

New Categories

The following new generic products have been approved as interchangeable with the brand name products. They are now eligible benefits and will be included in the next publication of the Maximum Allowable Cost List. Until a MAC price is established, reimbursement for these products is as defined within the present Agreements. To determine coverage under a specific drug program, please refer to the Drug Programs Formulary.

CARVEDILOL

SEE APPENDIX A FOR EDS CRITERIA

3.125MG TABLET		
02229650	COREG (EDS)	GSK
02245914	PMS-CARVEDILOL (EDS)	PMS
02246529	NOVO-CARVEDILOL (EDS)	NOP
02247933	APO-CARVEDILOL (EDS)	APX
6.25MG TABLET		
02229651	COREG (EDS)	GSK
02245915	PMS-CARVEDILOL (EDS)	PMS
02246530	NOVO-CARVEDILOL (EDS)	NOP
02247934	APO-CARVEDILOL (EDS)	APX
12.5MG TABLET		
02229652	COREG (EDS)	GSK
02245916	PMS-CARVEDILOL (EDS)	PMS
02246531	NOVO-CARVEDILOL (EDS)	NOP
02247935	APO-CARVEDILOL (EDS)	APX
25MG TABLET		
02229653	COREG (EDS)	GSK
02245917	PMS-CARVEDILOL (EDS)	PMS
02246532	NOVO-CARVEDILOL (EDS)	NOP
02247936	APO-CARVEDILOL (EDS)	APX

PAROXETINE

20MG TABLET

01940481	PAXIL	GSK
02240908	APO-PAROXETINE	APX
02247751	PMS-PAROXETINE	PMS
02247811	RATIO-PAROXETINE	RPH
02248013	GEN-PAROXETINE	GPM

30MG TABLET

01940473	PAXIL	GSK
02240909	APO-PAROXETINE	APX
02247752	PMS-PAROXETINE	PMS
02247812	RATIO-PAROXETINE	RPH
02248014	GEN-PAROXETINE	GPM

Changes to the Maximum Allowable Cost List Prices

Effective January 19, 2004, the Maximum Allowable Cost List (MAC) prices for the following categories will be changed as indicated:

SIMVASTATIN

5MG TABLET

00884324	ZOCOR	MSD	0.5954
02246582	GEN-SIMVASTATIN	GPM	
02247011	APO-SIMVASTATIN	APX	
02248103	CO-SIMVASTATIN	COB	

10MG TABLET

00884332	ZOCOR	MSD	1.1775
02246583	GEN-SIMVASTATIN	GPM	
02247012	APO-SIMVASTATIN	APX	
02248104	CO-SIMVASTATIN	COB	

20MG TABLET

00884340	ZOCOR	MSD	1.4553
02246737	GEN-SIMVASTATIN	GPM	
02247013	APO-SIMVASTATIN	APX	
02248105	CO-SIMVASTATIN	COB	

40MG TABLET

00884359	ZOCOR	MSD	1.4553
02246584	GEN-SIMVASTATIN	GPM	
02247014	APO-SIMVASTATIN	APX	
02248106	CO-SIMVASTATIN	COB	

80MG TABLET

02240332	ZOCOR	MSD	1.4553
02246585	GEN-SIMVASTATIN	GPM	
02247015	APO-SIMVASTATIN	APX	
02248107	CO-SIMVASTATIN	COB	

Discontinued Products

Due to reports of hepatic toxicity, all brands of Nefazodone have been withdrawn from the marketplace. The following products have been discontinued as benefits from the Drug Programs Formulary:

NEFAZODONE

100MG TABLET

02087375	SERZONE	BMS
02237398	LIN-NEFAZODONE	LIN
02242823	APO-NEFAZODONE	APX
02245102	PMS-NEFAZONE	PMS
02245203	GEN-NEFAZODONE	GPM
02245435	NOVO-NEFAZODONE	NOP

150MG TABLET

02087383	SERZONE	BMS
02237399	LIN-NEFAZODONE	LIN
02242824	APO-NEFAZODONE	APX
02245103	PMS-NEFAZONE	PMS
02245204	GEN-NEFAZODONE	GPM
02245436	NOVO-NEFAZODONE	NOP

200MG TABLET

02087391	SERZONE	BMS
02237400	LIN-NEFAZODONE	LIN
02242825	APO-NEFAZODONE	APX
02245111	PMS-NEFAZONE	PMS
02245205	GEN-NEFAZODONE	GPM
02245437	NOVO-NEFAZODONE	NOP