

Updates to the Alberta Human Services Drug Benefit Supplement

Effective August 1, 2015

Alberta  Human Services

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Administered by Alberta Blue Cross
on behalf of Alberta Health.

The Drug Benefit List (DBL) is a list of drugs for which coverage may be provided to program participants. The DBL is not intended to be, and must not be used as a diagnostic or prescribing tool. Inclusion of a drug on the DBL does not mean or imply that the drug is fit or effective for any specific purpose. Prescribing professionals must always use their professional judgment and should refer to product monographs and any applicable practice guidelines when prescribing drugs. The product monograph contains information that may be required for the safe and effective use of the product.

Copies of the *Alberta Drug Benefit List* are available from Pharmacy Services, Alberta Blue Cross at the address shown above.

Binder and contents: **\$42.00** (\$40.00 + \$2.00 G.S.T.)
Contents only: **\$36.75** (\$35.00 + \$1.75 G.S.T.)

A cheque or money order must accompany the request for copies.

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Special Authorization

The following drug product(s) may be considered for coverage by special authorization for Alberta Human Services clients.

Additional Brand(s) and/or Strength(s) of Drug Product(s) Available by Special Authorization

Trade Name / Strength / Form	Generic Description	DIN	MFR
AG-DONEPEZIL 5 MG TABLET	DONEPEZIL HCL	00002432684	AGP
AG-DONEPEZIL 10 MG TABLET	DONEPEZIL HCL	00002432692	AGP
VAN-DONEPEZIL 5 MG TABLET	DONEPEZIL HCL	00002426943	VAN
VAN-DONEPEZIL 10 MG TABLET	DONEPEZIL HCL	00002426951	VAN

Additional Brand(s) and/or Strength(s) of Drug Products Available by Step Therapy / Special Authorization

Trade Name / Strength / Form	Generic Description	DIN	MFR
APO-PIOGLITAZONE 15 MG TABLET	PIOGLITAZONE HCL	00002302942	JPC
APO-PIOGLITAZONE 30 MG TABLET	PIOGLITAZONE HCL	00002302950	JPC
APO-PIOGLITAZONE 45 MG TABLET	PIOGLITAZONE HCL	00002365537	JPC

Optional Special Authorization

The following drug product(s) may be considered for coverage by optional special authorization for Alberta Human Services clients.

Please refer to Section 3A of the online Alberta Human Services Drug Benefit Supplement at <https://www.ab.bluecross.ca/dbl/pdfs/hsdbs.pdf> for further information regarding the Optional Special Authorization of Select Drug Products criteria and related forms.

Additional Brand(s) and/or Strength(s) of Drug Product(s) Available by Optional Special Authorization

Trade Name / Strength / Form	Generic Description	DIN	MFR
VAN-CIPROFLOXACIN 250 MG TABLET	CIPROFLOXACIN HCL	00002426978	VAN
VAN-CIPROFLOXACIN 500 MG TABLET	CIPROFLOXACIN HCL	00002427001	VAN
VAN-CIPROFLOXACIN 750 MG TABLET	CIPROFLOXACIN HCL	00002427028	VAN

Discontinued Listing(s)

Notification of discontinuation has been received from the manufacturers. The Alberta Human Services Drug Benefit Supplement previously covered the following drug product(s). Effective August 1, 2015, the listed product(s) will no longer be a benefit and will not be considered for coverage by special authorization. A transition period will be applied and, as of August 31, 2015 claims will no longer pay for these product(s). Please note, for product(s) that were covered by Special Authorization, no transition period will be applied, and as of July 31, 2015, claims will no longer pay for these product(s).

Trade Name / Strength / Form	Generic Description	DIN	MFR
LEVAQUIN 750 MG TABLET	LEVOFLOXACIN	00002246804	JAI
RATIO-FINASTERIDE 5 MG TABLET	FINASTERIDE	00002306905	RPH

PART 3

Special Authorization

**ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT UPDATE
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

DONEPEZIL HCL

"For the treatment of Alzheimer's disease in patients with an MMSE (Mini Mental State Exam) score between 10-26 and/or an InterRAI-Cognitive Performance Scale score between 1-4.

Coverage cannot be provided for two or more medications used in the treatment of Alzheimer's disease (donepezil, galantamine, rivastigmine) when these medications are intended for use in combination.

Special authorization coverage may be granted for a maximum of 24 months per request.

For each request, an updated MMSE score or InterRAI-Cognitive Performance Scale score and the date on which the exam was administered must be provided.

Renewal requests may be considered for patients where the updated MMSE score is 10 or higher or the InterRAI-Cognitive Performance Scale is 4 or lower while on this drug."

All requests (including renewal requests) for donepezil HCl must be completed using the Donepezil/Galantamine/Rivastigmine Special Authorization Request Form (ABC 30776).

5 MG ORAL TABLET

00002432684	AG-DONEPEZIL	AGP	\$	0.8752
00002428482	SEPTA DONEPEZIL	SEP	\$	0.8752
00002402645	DONEPEZIL HYDROCHLORIDE	AHI	\$	1.1806
00002426943	VAN-DONEPEZIL	VAN	\$	1.1806
00002397595	ACT DONEPEZIL	APH	\$	1.2587
00002362260	APO-DONEPEZIL	APX	\$	1.2587
00002400561	AURO-DONEPEZIL	AUR	\$	1.2587
00002420597	DONEPEZIL	SIV	\$	1.2587
00002404419	JAMP-DONEPEZIL	JPC	\$	1.2587
00002416948	JAMP-DONEPEZIL	JPC	\$	1.2587
00002402092	MAR-DONEPEZIL	MAR	\$	1.2587
00002359472	MYLAN-DONEPEZIL	MYP	\$	1.2587
00002322331	PMS-DONEPEZIL	PMS	\$	1.2587
00002381508	RAN-DONEPEZIL	RAN	\$	1.2587
00002328666	SANDOZ DONEPEZIL	SDZ	\$	1.2587
00002340607	TEVA-DONEPEZIL	TEV	\$	1.2587
00002232043	ARICEPT	PFI	\$	4.9300

10 MG ORAL TABLET

00002432692	AG-DONEPEZIL	AGP	\$	0.8752
00002428490	SEPTA DONEPEZIL	SEP	\$	0.8752
00002402653	DONEPEZIL HYDROCHLORIDE	AHI	\$	1.1806
00002426951	VAN-DONEPEZIL	VAN	\$	1.1806
00002397609	ACT DONEPEZIL	APH	\$	1.2587
00002362279	APO-DONEPEZIL	APX	\$	1.2587
00002400588	AURO-DONEPEZIL	AUR	\$	1.2587
00002420600	DONEPEZIL	SIV	\$	1.2587
00002404427	JAMP-DONEPEZIL	JPC	\$	1.2587
00002416956	JAMP-DONEPEZIL	JPC	\$	1.2587
00002402106	MAR-DONEPEZIL	MAR	\$	1.2587
00002359480	MYLAN-DONEPEZIL	MYP	\$	1.2587
00002322358	PMS-DONEPEZIL	PMS	\$	1.2587
00002381516	RAN-DONEPEZIL	RAN	\$	1.2587
00002328682	SANDOZ DONEPEZIL	SDZ	\$	1.2587
00002340615	TEVA-DONEPEZIL	TEV	\$	1.2587
00002232044	ARICEPT	PFI	\$	4.9300

**ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT UPDATE
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

PIOGLITAZONE HCL

The drug product(s) listed below are eligible for coverage via the step therapy/special authorization process.

FIRST-LINE DRUG PRODUCT(S): METFORMIN

"For the treatment of Type 2 diabetes in patients who have an inadequate response to a sufficient trial (i.e. a minimum of 6 months) of metformin or who are intolerant to metformin (e.g. dermatologic reactions) or for whom the product is contraindicated."

Special authorization may be granted for 24 months.

Note: If a claim for the Step therapy drug product is rejected, pharmacists can use their professional judgment to determine the appropriateness of using the intervention code(s) noted below to re-submit a claim. The pharmacist is responsible to document on the patient's record the rationale for using the second-line therapy drug.

UP - First-line therapy ineffective

UQ - First-line therapy not tolerated

15 MG (BASE) ORAL TABLET

00002303442	ACCEL-PIOGLITAZONE	ACP	\$	0.3610
00002302942	APO-PIOGLITAZONE	APX	\$	0.6225
00002397307	JAMP-PIOGLITAZONE	JPC	\$	0.6225
00002242572	ACTOS	TAK	\$	2.3518

30 MG (BASE) ORAL TABLET

00002303450	ACCEL-PIOGLITAZONE	ACP	\$	0.5090
00002302950	APO-PIOGLITAZONE	APX	\$	0.8721
00002365529	JAMP-PIOGLITAZONE	JPC	\$	0.8721
00002242573	ACTOS	TAK	\$	3.2949

45 MG (BASE) ORAL TABLET

00002303469	ACCEL-PIOGLITAZONE	ACP	\$	0.7670
00002302977	APO-PIOGLITAZONE	APX	\$	1.3113
00002365537	JAMP-PIOGLITAZONE	JPC	\$	1.3113
00002242574	ACTOS	TAK	\$	4.9542

PART 3A

Optional Special Authorization

Criteria For Optional Special Authorization Of Select Drug Products

Patient claims for select quinolone prescriptions written by a non-designated prescriber will be subject to a first forgiveness rule, meaning the first claim will be paid. Subsequent claims for the same product (irrespective of strength, route and form) within a 90-day period would require the prescriber to apply for special authorization for coverage on the patient's behalf.

CIPROFLOXACIN HCL

"For the treatment of

1) Respiratory Tract Infections:

- end stage COPD with or without bronchiectasis, where there has been documentation of previous *Pseudomonas aeruginosa* colonization/infection; or
- pneumonic illness in cystic fibrosis; or

2) Genitourinary Tract Infections:

- urinary tract infections; or
- prostatitis; or
- prophylaxis of urinary tract surgical procedures; or
- gonococcal infections; or

3) Skin and Soft Tissue/Bone and Joint Infections:

- malignant/invasive otitis externa; or
- bone/joint infections due to gram negative organisms; or
- therapy/step-down therapy of polymicrobial infections in combination with clindamycin or metronidazole e.g. diabetic foot infection, decubitus ulcers; or

4) Gastrointestinal Tract Infections:

- bacterial gastroenteritis where antimicrobial therapy is indicated; or
- typhoid fever (enteric fever); or
- therapy/step-down therapy of polymicrobial infections in combination with clindamycin or metronidazole e.g. intra-abdominal infections; or

5) Other:

- prophylaxis of adult contacts of cases of invasive meningococcal disease; or
- therapy/step-down therapy of hospital acquired gram negative infections; or
- empiric therapy of febrile neutropenia in combination with other appropriate agents; or
- exceptional case of allergy or intolerance to all other appropriate therapies as defined by relevant guidelines/references i.e. AMA CPGs or Bugs and Drugs; or
- for use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases."

All requests for Ciprofloxacin must be completed using the Select Quinolones Special Authorization Request Form (ABC 30966).

**ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT UPDATE
CRITERIA FOR OPTIONAL SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

CIPROFLOXACIN HCL

250 MG (BASE) ORAL TABLET

00002423553	MINT-CIPROFLOX	MPI	\$	0.6186
00002426978	VAN-CIPROFLOXACIN	VAN	\$	0.6186
00002247339	ACT CIPROFLOXACIN	APH	\$	0.6248
00002229521	APO-CIPROFLOX	APX	\$	0.6248
00002381907	AURO-CIPROFLOXACIN	AUR	\$	0.6248
00002332132	CIPROFLOXACIN	RAN	\$	0.6248
00002353318	CIPROFLOXACIN	SNS	\$	0.6248
00002386119	CIPROFLOXACIN	SIV	\$	0.6248
00002380358	JAMP-CIPROFLOXACIN	JPC	\$	0.6248
00002379686	MAR-CIPROFLOXACIN	MAR	\$	0.6248
00002245647	MYLAN-CIPROFLOXACIN	MYP	\$	0.6248
00002161737	NOVO-CIPROFLOXACIN	TEV	\$	0.6248
00002248437	PMS-CIPROFLOXACIN	PMS	\$	0.6248
00002303728	RAN-CIPROFLOX	RAN	\$	0.6248
00002246825	RATIO-CIPROFLOXACIN	RPH	\$	0.6248
00002248756	SANDOZ CIPROFLOXACIN	SDZ	\$	0.6248
00002379627	SEPTA-CIPROFLOXACIN	SEP	\$	0.6248
00002155958	CIPRO	BAI	\$	2.4964

500 MG (BASE) ORAL TABLET

00002423561	MINT-CIPROFLOX	MPI	\$	0.6979
00002427001	VAN-CIPROFLOXACIN	VAN	\$	0.6979
00002247340	ACT CIPROFLOXACIN	APH	\$	0.7049
00002229522	APO-CIPROFLOX	APX	\$	0.7049
00002381923	AURO-CIPROFLOXACIN	AUR	\$	0.7049
00002332140	CIPROFLOXACIN	RAN	\$	0.7049
00002353326	CIPROFLOXACIN	SNS	\$	0.7049
00002386127	CIPROFLOXACIN	SIV	\$	0.7049
00002380366	JAMP-CIPROFLOXACIN	JPC	\$	0.7049
00002379694	MAR-CIPROFLOXACIN	MAR	\$	0.7049
00002245648	MYLAN-CIPROFLOXACIN	MYP	\$	0.7049
00002161745	NOVO-CIPROFLOXACIN	TEV	\$	0.7049
00002248438	PMS-CIPROFLOXACIN	PMS	\$	0.7049
00002303736	RAN-CIPROFLOX	RAN	\$	0.7049
00002246826	RATIO-CIPROFLOXACIN	RPH	\$	0.7049
00002248757	SANDOZ CIPROFLOXACIN	SDZ	\$	0.7049
00002379635	SEPTA-CIPROFLOXACIN	SEP	\$	0.7049
00002155966	CIPRO	BAI	\$	2.8166

750 MG (BASE) ORAL TABLET

00002423588	MINT-CIPROFLOX	MPI	\$	1.2780
00002317443	MINT-CIPROFLOXACIN	MPI	\$	1.2780
00002427028	VAN-CIPROFLOXACIN	VAN	\$	1.2780
00002247341	ACT CIPROFLOXACIN	APH	\$	1.2908
00002229523	APO-CIPROFLOX	APX	\$	1.2908
00002381931	AURO-CIPROFLOXACIN	AUR	\$	1.2908
00002332159	CIPROFLOXACIN	RAN	\$	1.2908
00002353334	CIPROFLOXACIN	SNS	\$	1.2908
00002380374	JAMP-CIPROFLOXACIN	JPC	\$	1.2908
00002379708	MAR-CIPROFLOXACIN	MAR	\$	1.2908
00002245649	MYLAN-CIPROFLOXACIN	MYP	\$	1.2908
00002161753	NOVO-CIPROFLOXACIN	TEV	\$	1.2908
00002248439	PMS-CIPROFLOXACIN	PMS	\$	1.2908
00002303744	RAN-CIPROFLOX	RAN	\$	1.2908
00002246827	RATIO-CIPROFLOXACIN	RPH	\$	1.2908
00002248758	SANDOZ CIPROFLOXACIN	SDZ	\$	1.2908
00002379643	SEPTA-CIPROFLOXACIN	SEP	\$	1.2908
00002155974	CIPRO	BAI	\$	5.1578

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.