Updates to the Alberta Human Services Drug Benefit Supplement

Effective July 1, 2015

Alberta Human Services

Inquiries should be directed to:

Pharmacy Services
Alberta Blue Cross
10009 108 Street NW
Edmonton AB T5J 3C5

Telephone Number: (780) 498-8370 (Edmonton)
(403) 294-4041 (Calgary)
1-800-361-9632 (Toll Free)

FAX Number: (780) 498-8406
1-877-305-9911 (Toll Free)

Website: http://www.health.alberta.ca/services/drug-benefit-list.html

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.

New Drug Product(s) Available by Special Authorization

Trade Name / Strength / Form	Generic Description	DIN	MFR
CUBICIN 500 MG / VIAL INJECTION	DAPTOMYCIN	00002299909	CUB

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
APO-LINEZOLID 600 MG TABLET	LINEZOLID	00002426552	APX
MINT-EZETIMIBE 10 MG TABLET	EZETIMIBE	00002423243	MPI

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
JAMP-PIOGLITAZONE 15 MG TABLET	PIOGLITAZONE HCL	00002397307	JPC
JAMP-PIOGLITAZONE 30 MG TABLET	PIOGLITAZONE HCL	00002365529	JPC
JAMP-PIOGLITAZONE 45 MG TABLET	PIOGLITAZONE HCL	00002365537	JPC

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
TEVA-RIZATRIPTAN ODT 5 MG DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002396661	TEV
TEVA-RIZATRIPTAN ODT 10 MG DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002396688	TEV

Drug Product(s) with Changes to Criteria for Coverage

Trade Name / Strength / Form	Generic Description	DIN	MFR
JAMP-VANCOMYCIN 125 MG CAPSULE	VANCOMYCIN HCL	00002407744	JPC
JAMP-VANCOMYCIN 250 MG CAPSULE	VANCOMYCIN HCL	00002407752	JPC
VANCOCIN 125 MG CAPSULE	VANCOMYCIN HCL	00000800430	MLI

Drug Product(s) with Changes to Criteria for Coverage, continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
VANCOCIN 250 MG CAPSULE	VANCOMYCIN HCL	00000788716	MLI
VANCOMYCIN HYDROCHLORIDE 125 MG CAPSULE	VANCOMYCIN HCL	00002377470	PPC
VANCOMYCIN HYDROCHLORIDE 250 MG CAPSULE	VANCOMYCIN HCL	00002377489	PPC

Discontinued Listing(s)

Notification of discontinuation has been received from the manufacturers. The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective July 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 July 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 June 30, 2015, claims will no longer pay for these product(s).

Trade Name / Strength / Form	Generic Description	DIN	MFR
LEVAQUIN 500 MG TABLET	LEVOFLOXACIN	00002236842	JAI
MINT-CIPROFLOXACIN 250 MG TABLET	CIPROFLOXACIN	00002317427	MPI
MINT-CIPROFLOXACIN 500 MG TABLET	CIPROFLOXACIN	00002317435	MPI

PART 3

Special Authorization

DAPTOMYCIN

For the treatment of:
- Culture confirmed gram-positive infections from sterile sites, specifically Methicillin-resistant Staphylococcus aureus (MRSA), AND
- In patients who do not respond to, or exhibit multidrug intolerance to, or allergy to vancomycin, AND
- to facilitate patient discharge from hospital where it otherwise would not be possible.

This product must be prescribed in consultation with a specialist in Infectious Diseases in all instances.

Special Authorization may be granted for 12 months.

500 MG / VIAL	INJECTION			
00002299909	CUBICIN	CUB	$	179.0000

EZETIMIBE

"For the treatment of hypercholesterolemia in patients who are intolerant to statins or in whom a statin is contraindicated and who are at high cardiovascular risk*; or

For the treatment of hypercholesterolemia when used in combination with a statin in patients failing to achieve target LDL with a statin at maximum tolerable dose or maximum recommended dose as per respective product monograph and who are at high cardiovascular risk*:

* High cardiovascular risk is defined as possessing one of the following:
1) Pre-existing cardiovascular disease and/or cerebrovascular disease, or
2) Diabetes, or
3) Familial hypercholesterolemia, or
4) Greater than or equal to 20% risk as defined by the Framingham Risk Assessment Tool, or
5) Three or more of the following risk factors:
- Family history of premature cardiovascular disease
- Smoking
- Hypertension
- Obesity
- Glucose intolerance
- Renal disease.

Special authorization for these criteria may be granted for 6 months."

All requests for ezetimibe must be completed using the Ezetimibe Special Authorization Request Form (ABC 30925).

The following product(s) are eligible for auto-renewal.

10 MG ORAL TABLET

00002425610	**ACH-EZETIMIBE**	**AHI**	$	**0.4549**
00002423243	**MINT-EZETIMIBE**	**MPI**	$	**0.4549**
00002414716	ACT EZETIMIBE	APH	$	0.4612
00002427826	APO-EZETIMIBE	APX	$	0.4612
00002429659	EZETIMIBE	SIV	$	0.4612
00002431300	EZETIMIBE	SNS	$	0.4612
00002423235	JAMP-EZETIMIBE	JPC	$	0.4612
00002422662	MAR-EZETIMIBE	MAR	$	0.4612
00002378035	MYLAN-EZETIMIBE	MYP	$	0.4612
00002416409	PMS-EZETIMIBE	PMS	$	0.4612
00002419548	RAN-EZETIMIBE	RAN	$	0.4612
00002416778	SANDOZ EZETIMIBE	SDZ	$	0.4612
00002354101	TEVA-EZETIMIBE	TEV	$	0.4612
00002247521	EZETROL	MFC	$	1.8360

LINEZOLID

"For the treatment of:

1) Vancomycin-resistant enterococcus infections or

2) Methicillin-resistant Staphylococcus aureus (MRSA)/methicillin-resistant coagulase-negative Staphylococcus infections in patients who are unresponsive to or intolerant of vancomycin or

3) Susceptible organisms in patients severely intolerant or allergic to all other appropriate alternatives (e.g. beta-lactam antibiotics, clindamycin, trimethoprim/sulfamethoxazole and vancomycin) or to facilitate patient discharge from hospital where it otherwise would not be possible.

This product must be prescribed in consultation with a specialist in Infectious Diseases in all instances."

In order to comply with the above criteria, information is required regarding the type of infection and organisms involved. Information is also required regarding previous antibiotic therapy that has been utilized and the patient's response to therapy and the first line agents the organism is resistant to or why other first-line therapies cannot be used in this patient. The specialist in Infectious Diseases that recommended this drug is also required.

600 MG ORAL TABLET

00002426552	**APO-LINEZOLID**	**APX**	$	**38.6083**
00002422689	**SANDOZ LINEZOLID**	**SDZ**	$	**38.6083**
00002243684	ZYVOXAM	PFI	$	74.2180

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**
00002397307	JAMP-PIOGLITAZONE	JPC	$	0.6225
00002242572	ACTOS	TAK	$	2.3518

30 MG (BASE) ORAL TABLET

00002303450	**ACCEL-PIOGLITAZONE**	**ACP**	$	**0.5090**
00002365529	JAMP-PIOGLITAZONE	JPC	$	0.8721
00002242573	ACTOS	TAK	$	3.2949

PIOGLITAZONE HCL

45 MG (BASE) ORAL TABLET

00002303469	**ACCEL-PIOGLITAZONE**	**ACP**	$	**0.7670**
00002365537	JAMP-PIOGLITAZONE	JPC	$	1.3113
00002242574	ACTOS	TAK	$	4.9542

RIZATRIPTAN BENZOATE

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

The following product(s) are eligible for auto-renewal.

5 MG (BASE) ORAL DISINTEGRATING TABLET

00002374730	**ACT RIZATRIPTAN ODT**	**APH**	$	**4.1300**
00002393484	**APO-RIZATRIPTAN RPD**	**APX**	$	**4.1300**
00002379198	**MYLAN-RIZATRIPTAN ODT**	**MYP**	$	**4.1300**
00002393360	**PMS-RIZATRIPTAN RDT**	**PMS**	$	**4.1300**
00002351870	**SANDOZ RIZATRIPTAN ODT**	**SDZ**	$	**4.1300**
00002396661	**TEVA-RIZATRIPTAN ODT**	**TEV**	$	**4.1300**
00002240518	MAXALT RPD	MFC	$	15.8056

10 MG (BASE) ORAL DISINTEGRATING TABLET

00002374749	**ACT RIZATRIPTAN ODT**	**APH**	$	**4.1300**
00002393492	**APO-RIZATRIPTAN RPD**	**APX**	$	**4.1300**
00002379201	**MYLAN-RIZATRIPTAN ODT**	**MYP**	$	**4.1300**
00002393379	**PMS-RIZATRIPTAN RDT**	**PMS**	$	**4.1300**
00002351889	**SANDOZ RIZATRIPTAN ODT**	**SDZ**	$	**4.1300**
00002396688	**TEVA-RIZATRIPTAN ODT**	**TEV**	$	**4.1300**
00002240519	MAXALT RPD	MFC	$	15.8056

VANCOMYCIN HCL

"For the treatment of:

1) Clostridium difficile enteritis if there is clinical deterioration or documented failure on metronidazole therapy. Documented failure is defined as no clinical improvement after 5 days of therapy or

2) Laboratory confirmed relapse of Clostridium difficile enteritis with symptoms after 2 courses of metronidazole therapy or

3) Clostridium difficile enteritis if there is documented or impending toxic megacolon or

4) Clostridium difficile enteritis if there is intolerance or side effects to metronidazole therapy.

Special authorization for all criteria may be granted for 3 months."

125 MG (BASE) ORAL CAPSULE				
00002407744	**JAMP-VANCOMYCIN**	**JPC**	$	**5.1800**
00000800430	**VANCOCIN**	**MLI**	$	**5.1800**
00002377470	**VANCOMYCIN HYDROCHLORIDE**	**PPC**	$	**5.1800**
250 MG (BASE) ORAL CAPSULE				
00002407752	**JAMP-VANCOMYCIN**	**JPC**	$	**10.3600**
00000788716	**VANCOCIN**	**MLI**	$	**10.3600**
00002377489	**VANCOMYCIN HYDROCHLORIDE**	**PPC**	$	**10.3600**