

# SPECIAL AUTHORIZATION GUIDELINES

## Special Authorization Policy

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### Drug Products Eligible for Consideration by Special Authorization

Drug products may be considered for coverage by special authorization under one or more of the following circumstances, unless a specific product falls under the criteria for drug products **not** eligible for consideration by special authorization. Please see the end of this section for information regarding drug products not eligible for consideration by special authorization.

1. The drug is covered by Alberta Health and Wellness under specified criteria (listed in the following sections). Drug Products and indications other than those specified are not eligible for consideration by special authorization.
2. The drug is normally covered by another government program or agency for a specific approved clinical condition, but is needed for the treatment of a clinical condition that is not covered by that government program or agency.
3. The drug is required because other drug products listed in the *Alberta Health and Wellness Drug Benefit List* are contraindicated or inappropriate because of the clinical condition of the patient.
4. The particular brand of drug is considered essential in the care of a patient, where the LCA price policy would otherwise apply. Coverage of a specific brand may be considered where a patient has experienced significant allergic reactions or documented untoward therapeutic effects with alternate brands in an interchangeable grouping. Coverage of a brand name product will **not** be considered in situations where the interchangeable grouping includes a pseudo-generic to the brand name drug.
5. A particular drug product or dosage form of a drug is essential in the care of a patient where the MAC price policy would otherwise apply. Exceptions may occur at the product level. Coverage may be considered only where a patient has experienced significant allergic reactions or documented untoward therapeutic effects with the drug product which establishes the MAC pricing.

Prior approval must be granted by Alberta Blue Cross to ensure coverage by special authorization. For those special authorization requests that are approved, the effective date for authorization is the beginning of the month in which the physician's request is received by Alberta Blue Cross.

Special authorization is granted for a defined period as indicated in each applicable special authorization drug product criteria (the "Approval Period"). If continued treatment is necessary beyond the Approval Period, it is the responsibility of the patient and physician to **re-apply for coverage prior to the expiration date of the Approved Period, unless the Auto-Renewal Process or Step Therapy Approval Process apply** (see below).

### Auto-Renewal Process

Selected drug products are eligible for the following auto-renewal process (for eligibility, see the Special Authorization criteria for each drug product).

1. For initial approval, a special authorization request must be submitted. If approval is granted, it will be effective for the Approval Period outlined in the drug product's Special Authorization criteria.

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

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2. As long as the patient has submitted a claim for the drug product within the preceding Approval Period (example: within the preceding 6 months), approval will be automatically renewed for a further Approval Period (example: a further 6 months). There is no need for the prescriber to submit a new request as the automated real-time claims adjudication system will read the patient's claims history to determine if a claim has been made within the preceding Approval Period.
3. If the patient does not make a claim for the drug product during the Approval Period, the approval will lapse and a new special authorization request must be submitted.

### Step Therapy Approval Process

Select drug products are eligible for coverage via the step therapy process, outlined below.

1. If the patient has made a claim for the First-Line\* drug product(s) within the preceding 12 months, the claim for the step therapy drug will be approved.
2. The automated real-time claims adjudication system will read the patient's claims history to determine if the required First-Line\* drug product(s) have been claimed within the preceding 12 months.
3. Subsequent claims for drug product(s) permitted by step therapy will continue to be approved as long as the drug product has been claimed within the preceding 12 months.
4. The regular special authorization approval process will continue to be available for step therapy approvals for those patients whose First-Line\* drug claims cannot be adjudicated through the automated real-time claims adjudication system.

\* A First-Line drug product includes any drug(s) or drug product(s) that, under the drug product's Special Authorization criteria, are required to be utilized before reimbursement for the drug product is permitted.

### Drug Products *Not Eligible* for Consideration by Special Authorization

The following categories of drug products are **not** eligible for special authorization:

1. Drug products **deleted** from the *List*.
2. Drug products **not yet reviewed** by the Alberta Health and Wellness Expert Committee on Drug Evaluation and Therapeutics. This applies to:
  - products where a complete submission has been received from the manufacturer and the product is under review,
  - products where an incomplete submission has been received from the manufacturer, and
  - products where the manufacturer has not made a submission for review.Drug products not yet reviewed may encompass new pharmaceutical products, new strengths of products already listed, reformulated products and new interchangeable (generic) products.
3. Drug products that have **completed the review** process and are **not included** on the *List*.
4. Most drugs available through Health Canada's Special Access Program.
5. Drug products when prescribed for cosmetic indications.
6. Nonprescription or over-the-counter drug products are generally not eligible.

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## Special Authorization Procedures

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**A prescriber's request for special authorization should be directed by mail or FAX to:**

Clinical Drug Services  
 Alberta Blue Cross  
 10009 108 Street NW  
 Edmonton, Alberta T5J 3C5

FAX: (780) 498-8384 in Edmonton and area  
 1-877-828-4106 toll-free fax for all other areas

1. For most drug products, written requests from a prescriber may be submitted on the general *Drug Special Authorization Request* (form number ABC 20061).

Select drug products such as Donepezil/Galantamine/Rivastigmine (form number ABC 30776), Clopidogrel (form number ABC 30786), Darbepoetin/Epoetin (form number ABC 30888), Abatacept/Adalimumab/Anakinra/Etanercept/Golimumab/Infliximab/Tocilizumab for Rheumatoid Arthritis (form number ABC 30902), Ezetimibe (form number ABC 30925), Peginterferon Alfa-2a+Ribavirin/Peginterferon Alfa-2b+Ribavirin (form number ABC 30932), Peginterferon Alfa-2a for Chronic Hepatitis C (form number ABC 30944), Etanercept for Juvenile Idiopathic Rheumatoid Arthritis (form number ABC 30948), Adalimumab/Etanercept/Golimumab/Infliximab for Psoriatic Arthritis (form number ABC 30964), Select Quinolones (form number 30966), Alendronate/Raloxifene/Risedronate/Synthetic Calcitonin Salmon Nasal Spray for Osteoporosis (form number ABC 31086), Celecoxib (form number ABC 31140), Filgrastim/Pegfilgrastim (form number ABC 31150) Fentanyl (form number ABC 31169), Adalimumab/Etanercept/Infliximab/Ustekinumab for Plaque Psoriasis (Form number ABC 31192), Adalimumab/Etanercept/Golimumab/Infliximab for Ankylosing Spondylitis (form number ABC 31195), Adalimumab for Crohn's/ Infliximab for Crohn's/Fistulizing Crohn's Disease (form number ABC 31200), Rituximab for Rheumatoid Arthritis (form number ABC 31205), Imiquimod (form number ABC 31222), Dutasteride/Finasteride (form number ABC 31257), Paliperidone/Risperidone Prolonged Release Injection (form number ABC 31258), Abatacept for Juvenile Idiopathic Arthritis (form number ABC 31291), Montelukast/Zafirlukast (form number ABC 31313), Febuxostat (form number 31376), Denosumab (form number 31377), Omalizumab (form number 31406) and Eculizumab (form number ABC 31386 and ABC 31408) have a unique special authorization request form. All requests for these drug products must be submitted using the applicable form.

Special authorization request forms can be found on the following pages.

2. A separate request is required for each patient.
3. For a request for special authorization to be considered, the prescriber (an individual authorized by law to prescribe) must contact Alberta Blue Cross and provide the following information:

### **Patient Identification**

- patient's name, address and card holder's name (if different than the patient's),
- Alberta Blue Cross identification number or coverage number/client number of any other applicable coverage (e.g. Alberta Human Services and Alberta Seniors (AISH) or Alberta Personal Health number, and
- date of birth.

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**Prescriber Identification**

- name of prescriber (e.g. physician, dentist, or optometrist),
- address,
- telephone number and FAX number (if applicable), and
- professional association registration number (e.g. College of Physicians and Surgeons, Alberta Dental Association, or Alberta College of Optometrists registration number).

**Drug Requested**

- name, strength and dosage form,
- dosage schedule, and
- proposed duration of therapy.

**Reason for the Request**

- diagnosis and/or indication for which the drug is being used,
- information regarding previous medications which have been used and the patient's response to therapy where appropriate,
- proposed results of therapy, and
- any additional information that may assist in making a decision on the request for special authorization.

## Special Authorization Forms

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Special Authorization forms can be found on the following pages:

- *Drug Special Authorization Request Form (ABC 20061)*
- *Donepezil/Galantamine/Rivastigmine Special Authorization Request Form (ABC 30776)* - All requests for donepezil HCl, galantamine hydrobromide or rivastigmine hydrogen tartrate and must be submitted using this form only.
- *Clopidogrel Special Authorization Request Form (ABC 30786)* - All requests for clopidogrel bisulfate must be submitted using this form only.
- *Darbepoetin/Epoetin Special Authorization Request Form (ABC 30888)* - All requests for darbepoetin or epoetin alfa must be submitted using this form only.
- *Abatacept/Adalimumab/Anakinra/Etanercept/Golimumab/Infliximab/Tocilizumab for Rheumatoid Arthritis Special Authorization Request Form (ABC 30902)* - All requests for abatacept, adalimumab, anakinra, etanercept, golimumab, infliximab or tocilizumab for Rheumatoid Arthritis must be submitted using this form only.
- *Ezetimibe Special Authorization Request Form (ABC 30925)* - All requests for ezetimibe must be submitted using this form only.
- *Peginterferon Alfa-2a+Ribavirin/Peginterferon Alfa-2b+Ribavirin Special Authorization Request Form (ABC 30932)* - All requests for peginterferon alfa-2a/ribavirin or peginterferon alfa-2b/ribavirin must be submitted using this form only.
- *Peginterferon Alfa-2a for Chronic Hepatitis C Special Authorization Request Form (ABC 30944)* - All requests for peginterferon alfa-2a for Chronic Hepatitis C must be submitted using this form only.
- *Etanercept for Juvenile Idiopathic Arthritis Special Authorization Request Form (ABC 30948)* - All requests for etanercept for Juvenile Idiopathic Arthritis must be submitted using this form only.
- *Adalimumab/Etanercept/Golimumab/Infliximab for Psoriatic Arthritis Special Authorization Request Form (ABC 30964)* - All requests for adalimumab, etanercept, golimumab or infliximab for Psoriatic Arthritis must be submitted using this form only.
- *Select Quinolones Special Authorization Request Form (ABC 30966)* - All requests for ciprofloxacin, levofloxacin, moxifloxacin or ofloxacin must be submitted using this form only.

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- *Alendronate/Raloxifene/Risedronate/Synthetic Calcitonin Salmon Nasal Spray for Osteoporosis Special Authorization Request Form (ABC 31086)* - All requests for alendronate, raloxifene, risedronate or synthetic calcitonin salmon for Osteoporosis must be submitted using this form only.
- *Celecoxib Special Authorization Request Form (ABC 31140)* – All requests for celecoxib must be submitted using this form only.
- *Filgrastim/Pegfilgrastim Special Authorization Request Form (form number ABC 31150)* – All request for filgrastim or pegfilgrastim must be submitted using this form only.
- *Fentanyl Special Authorization Request Form (form number ABC 31169)* - All requests for fentanyl or fentanyl citrate must be submitted using this form only.
- *Adalimumab/Etanercept/Infliximab/Ustekinumab for Plaque Psoriasis Special Authorization Request Form (ABC 31192)* - All requests for adalimumab, etanercept, infliximab or ustekinumab for Plaque Psoriasis must be submitted using this form only.
- *Adalimumab/Etanercept/Golimumab/Infliximab for Ankylosing Spondylitis Special Authorization Request Form (ABC 31195)* - All requests for adalimumab, etanercept, golimumab or infliximab for Ankylosing Spondylitis must be submitted using this form only.
- *Adalimumab for Crohn's/Infliximab for Crohn's/Fistulizing Crohn's Disease Special Authorization Request Form (ABC 31200)* - All requests for adalimumab for Moderately to Severely Active Crohn's Disease or infliximab for Moderately to Severely Active Crohn's/Fistulizing Crohn's Disease must be submitted using this form only.
- *Rituximab for Rheumatoid Arthritis Special Authorization Request Form (ABC 31205)* - All requests for abatacept or rituximab for Rheumatoid Arthritis must be submitted using this form only.
- *Imiquimod Special Authorization Request Form (ABC 31222)* – All requests for imiquimod must be submitted using this form only.
- *Dutasteride/Finasteride Special Authorization Request Form (ABC 31257)* – All requests for dutasteride or finasteride must be submitted using this form only.
- *Paliperidone/Risperidone Prolonged Release Injection Special Authorization Request Form (ABC 31258)* – All requests for paliperidone/risperidone prolonged release injection must be submitted using this form only.
- *Abatacept for Juvenile Idiopathic Arthritis Special Authorization Request Form (ABC 31291)* - All requests for abatacept for Juvenile Idiopathic Arthritis must be submitted using this form only.
- *Montelukast/Zafirlukast Special Authorization Request Form (ABC 31313)* – All requests for montelukast or zafirlukast must be submitted using this form only.
- *Febuxostat Special Authorization Request Form (ABC 31376)* – All requests for febuxostat must be submitted using this form only.
- *Denosumab Special Authorization Request Form (ABC 31377)* – All requests for denosumab must be submitted using this form only.
- *Omalizumab Special Authorization Request Form (ABC 31406)*- All requests for omalizumab must be submitted using this form only.
- *Eculizumab Special Authorization Request Form (ABC 31386)* – All requests for eculizumab must be submitted using this form only.
- *Eculizumab Consent Form (ABC 31408)* — All requests for eculizumab must be accompanied by this form.

**The following official forms are provided for your convenience to photocopy and use as required. Submit completed forms by FAX to Alberta Blue Cross:**

**(780) 498-8384 in Edmonton and area  
1-877-828-4106 toll-free for all other areas**

*Once your request has successfully transmitted, please DO NOT mail or re-fax your request*

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