Updates to the Alberta Human Services Drug Benefit Supplement

Effective April 1, 2016

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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Least Cost Alternative (LCA) Price Change(s)

As a result of the Pan-Canadian Competitive Value Price Initiative for Generic Drugs, the following established IC Grouping(s) are affected and a revised LCA price has been established and will be applied effective April 1, 2016.

Please review the online Alberta Drug Benefit List at http://www.health.alberta.ca/services/drug-benefit-list.html for further information.

Generic Description	Strength / Form	New LCA Price
DONEPEZIL HCL	5 MG TABLET	0.8255
DONEPEZIL HCL	10 MG TABLET	0.8255
EZETIMIBE	10 MG TABLET	0.3260

PART 3

Special Authorization

CLOPIDOGREL BISULFATE

(Refer to 20:12.18 of the Alberta Drug Benefit List for one month of coverage, following the first intravascular stent placement, when prescribed by a Specialist in Cardiology, Cardiac Surgery, Cardiovascular & Thoracic Surgery, or General Surgery.)

"For the prevention of thrombosis, for one month, when prescribed following intravascular bare metal stent placement. Patients who have received one month of coverage via the Limited Restricted Benefit will not be eligible for additional coverage under this criterion."*

"For the prevention of thrombosis, for up to 12 months, when prescribed following intravascular drug eluting stent (DES) placement. Patients who have received one month of coverage via the Limited Restricted Benefit may be eligible for an additional 11 months of coverage (i.e., up to 12 months of coverage) following the submission of a special authorization request."*

"For the prevention of ischemic events (cerebrovascular (e.g. stroke, TIA) or noncerebrovascular) in patients who have experienced an ischemic event while on ASA, or who have a contraindication to ASA. Special authorization for this criterion may be granted for 6 months."**

"Coverage will not be considered when clopidogrel and dipyridamole/ASA are intended for use in combination."

* Special Authorization for post-stent coverage is required when the prescriber prescribing the medication is not a Specialist in Cardiology, Cardiac Surgery, Cardiovascular & Thoracic Surgery, or General Surgery; for treatment after repeat stents; or for continued coverage of up to 12 months following intravascular drug eluting stent (DES) placement.

In order to comply with the first and second criteria, information is required regarding the date, type of stent, and stenting procedure. In order to comply with the third criterion, information is required regarding the type of ischemic event experienced while on ASA and, if applicable, information is required as to why ASA cannot be used.

All requests for clopidogrel bisulfate must be completed using the Clopidogrel Special Authorization Request Form (ABC 30786).

** The following product(s) are eligible for auto-renewal for the third criterion only.

75 MG (BASE) ORAL TABLET

00002252767	**APO-CLOPIDOGREL**	**APX**	$	**0.4735**
00002416387	**AURO-CLOPIDOGREL**	**AUR**	$	**0.4735**
00002385813	**CLOPIDOGREL**	**SIV**	$	**0.4735**
00002400553	**CLOPIDOGREL**	**SNS**	$	**0.4735**
00002303027	**CO CLOPIDOGREL**	**APH**	$	**0.4735**
00002415550	**JAMP-CLOPIDOGREL**	**JPC**	$	**0.4735**
00002422255	**MAR-CLOPIDOGREL**	**MAR**	$	**0.4735**
00002408910	**MINT-CLOPIDOGREL**	**MPI**	$	**0.4735**
00002351536	**MYLAN-CLOPIDOGREL**	**MYP**	$	**0.4735**
00002348004	**PMS-CLOPIDOGREL**	**PMS**	$	**0.4735**
00002379813	**RAN-CLOPIDOGREL**	**RAN**	$	**0.4735**
00002359316	**SANDOZ CLOPIDOGREL**	**SDZ**	$	**0.4735**
00002293161	**TEVA-CLOPIDOGREL**	**TEV**	$	**0.4735**
00002238682	PLAVIX	SAV	$	2.7125

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

00002397595	**ACT DONEPEZIL**	**APH**	$	**0.8255**
00002362260	**APO-DONEPEZIL**	**APX**	$	**0.8255**
00002400561	**AURO-DONEPEZIL**	**AUR**	$	**0.8255**
00002412853	**BIO-DONEPEZIL**	**BMD**	$	**0.8255**
00002420597	**DONEPEZIL**	**SIV**	$	**0.8255**
00002402645	**DONEPEZIL HYDROCHLORIDE**	**AHI**	$	**0.8255**
00002404419	**JAMP-DONEPEZIL**	**JPC**	$	**0.8255**
00002416948	**JAMP-DONEPEZIL**	**JPC**	$	**0.8255**
00002402092	**MAR-DONEPEZIL**	**MAR**	$	**0.8255**
00002359472	**MYLAN-DONEPEZIL**	**MYP**	$	**0.8255**
00002439557	**NAT-DONEPEZIL**	**NTP**	$	**0.8255**
00002322331	**PMS-DONEPEZIL**	**PMS**	$	**0.8255**
00002381508	**RAN-DONEPEZIL**	**RAN**	$	**0.8255**
00002328666	**SANDOZ DONEPEZIL**	**SDZ**	$	**0.8255**
00002428482	**SEPTA DONEPEZIL**	**SEP**	$	**0.8255**
00002340607	**TEVA-DONEPEZIL**	**TEV**	$	**0.8255**
00002426943	**VAN-DONEPEZIL**	**VAN**	$	**0.8255**
00002232043	ARICEPT	PFI	$	5.0779

10 MG ORAL TABLET

00002397609	**ACT DONEPEZIL**	**APH**	$	**0.8255**
00002362279	**APO-DONEPEZIL**	**APX**	$	**0.8255**
00002400588	**AURO-DONEPEZIL**	**AUR**	$	**0.8255**
00002412861	**BIO-DONEPEZIL**	**BMD**	$	**0.8255**
00002420600	**DONEPEZIL**	**SIV**	$	**0.8255**
00002402653	**DONEPEZIL HYDROCHLORIDE**	**AHI**	$	**0.8255**
00002404427	**JAMP-DONEPEZIL**	**JPC**	$	**0.8255**
00002416956	**JAMP-DONEPEZIL**	**JPC**	$	**0.8255**
00002402106	**MAR-DONEPEZIL**	**MAR**	$	**0.8255**
00002359480	**MYLAN-DONEPEZIL**	**MYP**	$	**0.8255**
00002439565	**NAT-DONEPEZIL**	**NTP**	$	**0.8255**
00002322358	**PMS-DONEPEZIL**	**PMS**	$	**0.8255**
00002381516	**RAN-DONEPEZIL**	**RAN**	$	**0.8255**
00002328682	**SANDOZ DONEPEZIL**	**SDZ**	$	**0.8255**
00002428490	**SEPTA DONEPEZIL**	**SEP**	$	**0.8255**
00002340615	**TEVA-DONEPEZIL**	**TEV**	$	**0.8255**
00002426951	**VAN-DONEPEZIL**	**VAN**	$	**0.8255**
00002232044	ARICEPT	PFI	$	5.0779

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**	$	**0.3260**
00002414716	**ACT EZETIMIBE**	**APH**	$	**0.3260**
00002427826	**APO-EZETIMIBE**	**APX**	$	**0.3260**
00002429659	**EZETIMIBE**	**SIV**	$	**0.3260**
00002431300	**EZETIMIBE**	**SNS**	$	**0.3260**
00002423235	**JAMP-EZETIMIBE**	**JPC**	$	**0.3260**
00002422662	**MAR-EZETIMIBE**	**MAR**	$	**0.3260**
00002423243	**MINT-EZETIMIBE**	**MPI**	$	**0.3260**
00002378035	**MYLAN-EZETIMIBE**	**MYP**	$	**0.3260**
00002416409	**PMS-EZETIMIBE**	**PMS**	$	**0.3260**
00002419548	**RAN-EZETIMIBE**	**RAN**	$	**0.3260**
00002416778	**SANDOZ EZETIMIBE**	**SDZ**	$	**0.3260**
00002354101	**TEVA-EZETIMIBE**	**TEV**	$	**0.3260**
00002247521	EZETROL	MFC	$	1.8635