

# **Updates to the Alberta Human Services Drug Benefit Supplement**

**Effective April 1, 2015**



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.employment.alberta.ca/FCH/2086.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* Publication 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.

# Table of Contents

---

Least Cost Alternative (LCA) Price Change(s) ..... 1  
Part 3 Special Authorization..... 3-1

## 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, 2015.*

*Please review the online Alberta Drug Benefit List at [https://www.ab.bluecross.ca/dbl/idbl\\_main1.html](https://www.ab.bluecross.ca/dbl/idbl_main1.html) for further information.*

<b>Generic Description</b>	<b>Strength / Form</b>	<b>New LCA Price</b>
CLOPIDOGREL BISULFATE	75 MG TABLET	0.4735

## **PART 3**

# Special Authorization

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

**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			
00002412942	ABBOTT-CLOPIDOGREL	ABB	\$	0.4735
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