Updates to the Alberta Human Services Drug Benefit Supplement

Effective September 1, 2014

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.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

Special Authorization 1
- New Drug Product(s) Available by Special Authorization 1
- Additional Brand(s) and/or Strength(s) of Drug Products Available by Special Authorization 1

New Established Interchangeable (IC) Grouping(s) 1
Least Cost Alternative (LCA) Price Change(s) 1
Product(s) Removed from the ADBL as Price Policy Requirements Not Satisfied 2
Discontinued Listing(s) 2
Part 3 Special Authorization 3-1

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
VALCYTE 50 MG / ML ORAL SUSPENSION	VALGANCICLOVIR HCL	00002306085	HLR

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
ACT DUTASTERIDE 0.5 MG CAPSULE	DUTASTERIDE	00002412691	APH
APO-DUTASTERIDE 0.5 MG CAPSULE	DUTASTERIDE	00002404206	APX
PMS-DUTASTERIDE 0.5 MG CAPSULE	DUTASTERIDE	00002393220	PMS
SANDOZ DUTASTERIDE 0.5 MG CAPSULE	DUTASTERIDE	00002424444	SDZ
TEVA-DUTASTERIDE 0.5 MG CAPSULE	DUTASTERIDE	00002408287	TEV

New Established Interchangeable (IC) Grouping(s)

The following IC Grouping(s) have been established and LCA pricing will be applied effective October 1, 2014.

Generic Description	Strength / Form	New LCA Price
DUTASTERIDE	0.5 MG ORAL CAPSULE	0.4205

Least Cost Alternative (LCA) Price Change(s)

The following established IC Grouping(s) are affected and a revised LCA price has been established. Groupings affected by a price decrease, will be effective October 1, 2014.

Please review the online Alberta Drug Benefit List at https://www.ab.bluecross.ca/dbl/idbl_main1.html for further information.

Generic Description	Strength / Form	New LCA Price
VORICONAZOLE	50 MG ORAL TABLET	3.1958
VORICONAZOLE	200 MG ORAL TABLET	12.7777

Product(s) Removed from the ADBL as Price Policy Requirements Not Satisfied

The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective September 1, 2014, the listed product(s) will no longer be a benefit and will not be considered for coverage by special authorization. Please note, for products that were covered by Special Authorization, no transition period will be applied, and as of August 31, 2014, claims will no longer pay for these product(s).

Trade Name / Strength / Form	Generic Description	DIN	MFR
SANDOZ VORICONAZOLE 50 MG TABLET	VORICONAZOLE	00002399245	SDZ
SANDOZ VORICONAZOLE 200 MG TABLET	VORICONAZOLE	00002399253	SDZ

Discontinued Listing(s)

Notification of discontinuation has been received from the manufacturer(s). The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective September 1, 2014, 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 September 30, 2014 claims will no longer pay for these products. Please note, for products that were covered by Special Authorization, no transition period will be applied, and as of August 31, 2014, claims will no longer pay for these products.

Trade Name / Strength / Form	Generic Description	DIN	MFR
BOOST 1.0 STANDARD ORAL LIQUID	NUTRITIONAL PRODUCTS	00000999960	NHN

PART 3

Special Authorization

DUTASTERIDE

"For the treatment of benign prostatic hyperplasia in patients who are poor surgical risks or who have enlarged prostates and have moderate to severe symptoms suggestive of obstruction.

Special authorization may be granted for 6 months"

Information is required regarding the medical condition(s) or circumstances by which this patient would be deemed a poor surgical risk.

All requests (including renewal requests) for dutasteride must be completed using the Dutasteride/Finasteride Special Authorization Request Form (ABC 31257).

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

0.5 MG ORAL CAPSULE

00002412691	**ACT DUTASTERIDE**	**APH**	$	**0.4205**
00002404206	**APO-DUTASTERIDE**	**APX**	$	**0.4205**
00002393220	**PMS-DUTASTERIDE**	**PMS**	$	**0.4205**
00002424444	**SANDOZ DUTASTERIDE**	**SDZ**	$	**0.4205**
00002408287	**TEVA-DUTASTERIDE**	**TEV**	$	**0.4205**
00002247813	AVODART	GSK	$	1.6819

VALGANCICLOVIR HCL

"For the treatment of CMV retinitis in patients with acquired immunodeficiency syndrome (AIDS)."
"Special authorization may be granted for 12 months."

"For the prevention of CMV disease in solid organ transplant patients at risk (i.e. risk is defined as donor +ve/recipient -ve for CMV, or recipient +ve post-active treatment of CMV disease with IV ganciclovir, or recipient +ve in patients receiving antilymphocyte antibody [ALA]).
For the purpose of administering this criterion, islet transplant recipients are at similar risk of CMV disease to patients undergoing a solid organ transplant and qualify for drug coverage."
"Special authorization may be granted for 100 days."

"For the prevention of CMV disease in kidney transplant patients at risk (i.e. risk is defined as donor +ve/recipient -ve for CMV, or recipient +ve post-active treatment of CMV disease with IV ganciclovir, or recipient +ve in patients receiving antilymphocyte antibody [ALA])."
"Special authorization may be granted for 200 days."

All requests for valganciclovir must be completed using the Valganciclovir Special Authorization Request Form (ABC 31483).

50 MG / ML ORAL SUSPENSION

00002306085	VALCYTE	HLR	$	2.5791

VORICONAZOLE

"For the treatment of invasive aspergillosis for post-hospital discharge only."

"For treatment of culture proven invasive candidiasis with documented resistance to fluconazole."

"This medication must be prescribed in consultation with a specialist in Infectious Diseases."

50 MG ORAL TABLET				
00002409674	**APO-VORICONAZOLE**	**APX**	$	**3.1958**
00002256460	VFEND	PFI	$	12.7830
200 MG ORAL TABLET				
00002409682	**APO-VORICONAZOLE**	**APX**	$	**12.7777**
00002256479	VFEND	PFI	$	51.1109