

## Reminder: Cyclobenzaprine 10 mg Tablets Restricted Benefit for Drug Programs Sponsored by Alberta Government

The Alberta Blue Cross Pharmacy Call Center is receiving questions about the restricted benefit status of Cyclobenzaprine 10 mg tablets for government-sponsored drug programs.

On July 1, 2009, Cyclobenzaprine 10 mg tablets became a Restricted Benefit on the Alberta Health and Wellness Drug Benefit List (AHWDBL, please refer to the Pharmacy Benefact number 249). Based on available evidence, as well as the Health Canada approved product monograph for Cyclobenzaprine, it was agreed that reimbursement should be limited to the treatment of acute, short-term conditions. Therefore, the Expert Committee recommended that this product be changed to a listing as a restricted benefit. Coverage is limited to 126 tablets per plan participant per year as an adjunct to rest

and physical therapy for the treatment of acute muscle spasm. Any amount in excess of the 126 tablets is not eligible under the government-sponsored drug programs and becomes the patients' cost.

Based on the date of service of a current claim, the Alberta Blue Cross PRIDE RT claim adjudication system will read the plan participant's preceding 12-month claim history to determine the maximum quantity eligible for the submitted claim. Those claims that exceed the yearly quantity maximum will be adjudicated with an accompanying response code of **C5 – Plan maximum exceeded**.

Please see the following example:

Date of Service of Claim submitted	Quantity on Claim submitted	Quantity Accepted by Alberta Blue Cross PRIDE RT	Claims history Quantity Accumulated Alberta Blue Cross PRIDE RT	Claim Status	Response code/Comments
July 30, 2009	30	30	30	A – Accepted	
August 30, 2009	30	30	60	A – Accepted	
November 30, 2009	30	30	90	A – Accepted	
December 30, 2009	30	30	120	A – Accepted	
July 6, 2010	30	6	126	A – Accepted with a response code going back to the provider	<ul style="list-style-type: none"> <li>• <b>C5 - Plan maximum exceeded</b></li> <li>• Preceding 12 month claims history period = July 6, 2009 to July 5, 2010</li> <li>• Maximum / year 126 tablets</li> <li>• Quantity Accumulated 120 tablets</li> <li>• Quantity accepted 6 tablets</li> </ul>
July 15, 2010	30	0	126	R – Rejected with response code going back to the provider	<ul style="list-style-type: none"> <li>• <b>C5 – Plan maximum exceeded</b></li> <li>• Preceding 12 month claims history period = July 15, 2009 to July 14, 2010</li> <li>• Maximum / year 126 tablets</li> <li>• Quantity Accumulated 126 tablets</li> </ul>

# Product supply shortages addressed for AHWDBL

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Alberta Blue Cross has been advised by Apotex Inc. that the shortage issues of Apo-Nortriptyline 10 mg Capsule DIN 02223511 and Apo-Nortriptyline 25 mg Capsule DIN 02223538 have been resolved. Due to the long-term nature of these shortages, a transition period will be applied and as a result, the least cost alternative price policy will be reapplied to the following grouping **effective July 28, 2010**.

## NORTRIPTYLINE HCL

### 10 MG ORAL CAPSULE

00002223511	APO-NORTRIPTYLINE	APX	\$ 0.1260
00002231781	NOVO-NORTRIPTYLINE	TEV	\$ 0.1260
00002223139	NU-NORTRIPTYLINE	NXP	\$ 0.1260
00002177692	PMS-NORTRIPTYLINE	PMS	\$ 0.1260
00000015229	AVENTYL	PHH	\$ 0.2265

### 25 MG ORAL CAPSULE

00002223538	APO-NORTRIPTYLINE	APX	\$ 0.2546
00002231782	NOVO-NORTRIPTYLINE	TEV	\$ 0.2546
00002223147	NU-NORTRIPTYLINE	NXP	\$ 0.2546
00002177706	PMS-NORTRIPTYLINE	PMS	\$ 0.2546
00000015237	AVENTYL	PHH	\$ 0.4577

# Temporary Benefits Added to AHWDBL

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## pms-Prochlorperazine 10 mg Tablet

Due to the unavailability of Apo-Prochlorazine 10 mg Tablet (DIN 00886432) by Apotex Inc., pms-Prochlorperazine 10 mg Tablet (DIN 00753637) manufactured by Pharmascience Inc. will be considered a temporary benefit for the AHWDBL.

As of June 21, 2010, all claims for pms-Prochlorperazine 10 mg Tablet (DIN 00753637) are adjudicated to the pharmacy's actual acquisition cost (AAC) until further notice.

## Sandoz Mirtazapine 15 mg Tablet

Due to the unavailability of pms-Mirtazapine 15 mg Tablet (DIN 02273942) by Pharmascience Inc., Sandoz Mirtazapine 15 mg Tablet (DIN 02250594) manufactured by Sandoz Canada Inc. will be considered a temporary benefit for the AHWDBL.

As of July 9, 2010, all claims for Sandoz Mirtazapine 15 mg Tablet (DIN 02250594) will be adjudicated to the pharmacy's AAC until further notice.



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