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Alberta Health announces an important change to coverage for select angiotensin-converting enzyme inhibitors (ACEIs), HMG-COA reductase inhibitors (statins) and calcium-channel blocking agents (CCBs) under Alberta government sponsored programs

On November 12, 2019, Alberta government sponsored drug programs will introduce Maximum Allowable Cost (MAC) pricing for eligible products within the following groupings.

Patients currently using a product in a MAC Grouping that is priced higher than the applicable MAC price will be granted a transition period until December 11, 2019, to have their prescription changed to another product within the MAC grouping that is at or below the MAC price where applicable.

This change was recommended by the Alberta Expert Committee on Drug Evaluation and Therapeutics. This policy encourages cost-effective prescribing for common medical conditions without compromising patient care. Within each category, the drugs are equally safe and effective. This means that most patients can switch to another drug in the same category safely and with no adverse effect on their health.

MAC pricing will be applied as follows.

| Angiotensin-Converting Enzyme Inhibitors- Single Entity Products (ACEIs)* | | | | |
|---|---|--|--|--|
| Active Ingredient | Strength/Form | LCA/MAC Price | | |
| BENAZEPRIL HCL | 5 MG, 10MG & 20 MG ORAL TABLET | \$ 0.1945 | MAC pricing has been applied based on the LCA Price for Lisinopril 1 x 20 mg tablet. | |
| CAPTOPRIL | 12.5 MG, 25 MG, 50 MG & 100 MG ORAL TABLET | | | |
| CILAZAPRIL | 1 MG, 2.5 MG & 5 MG ORAL TABLET | | | |
| ENALAPRIL MALEATE | 2.5 MG, 5 MG, 10 MG & 20 MG ORAL TABLET | | | |
| FOSINOPRIL SODIUM | 10 MG & 20 MG ORAL TABLET | | | |
| PERINDOPRIL ERBUMINE | 2 MG, 4 MG & 8 MG ORAL TABLET | | | |
| QUINAPRIL | 5 MG, 10 MG, 20 MG & 40 MG ORAL TABLET | | | |
| TRANDOLAPRIL | 0.5 MG, 1 MG, 2 MG & 4 MG ORAL CAPSULE | | | |
| LISINOPRIL | 5 MG, 10 MG & 20 MG ORAL TABLET | These products are not affected by MAC pricing. Least cost alternative pricing will continue to apply. | | |
| RAMIPRIL | 1.25 MG, 2.5 MG, 5 MG & 10 MG ORAL TABLET/CAPSULE | | | |

^{*}Special populations considered for Special Authorization requests include pediatric patients, Heart failure patients with twice a day dosing and breast-feeding patients.

| Angiotensin-Converting Enzyme Inhibitors - Combination Products (ACEIs) | | | | | |
|---|---|--|---|--|--|
| Active Ingredient | Strength/Form | LCA/MAC Price | | | |
| CILAZAPRIL/ HYDROCHLOROTHIAZIDE | 5 MG / 12.5 MG ORAL TABLET | | | | |
| ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE | 5 MG / 12.5 MG & 10 MG / 25 MG ORAL TABLET | \$ 0.2503 | MAC pricing has been applied based on the LCA Price for Lisinopril/ HCTZ 1 x 20 mg/25 mg tablet. | | |
| PERINDOPRIL ERBUMINE/ INDAPAMIDE HEMIHYDRATE | 4 MG / 1.25 MG & 8 MG / 2.5 MG ORAL TABLET | | | | |
| QUINAPRIL/ HYDROCHLOROTHIAZIDE | 10 MG / 12.5 MG, 20 MG / 12.5 MG & 20 MG / 25 MG ORAL TABLET | | | | |
| RAMIPRIL/ HYDROCHLOROTHIAZIDE | 2.5 MG / 12.5 MG, 5 MG / 12.5 MG, 5 MG / 25 MG, 10 MG / 12.5 MG & 10 MG / 25 MG ORAL TABLET | | | | |
| LISINOPRIL/ HYDROCHLOROTHIAZIDE | 10 MG / 12.5 MG, 20 MG / 12.5 MG & 20 MG / 25 MG ORAL TABLET | These products are not affected by MAC pricing. Least cost alternative pricing will continue to apply. | | | |

^{*}Special populations considered for Special Authorization requests include pediatric patients, Heart failure patients with twice a day dosing and breast-feeding patients.

| HMG-COA Reductase Inhibitors (statins) | | | | |
|--|---|--|--|--|
| Active Ingredient | Strength/Form | LCA/MAC Price | | |
| FLUVASTATIN SODIUM | 20 MG & 40 MG ORAL CAPSULE | \$ 0.1354 | MAC pricing has been applied based on the LCA Price for Rosuvastatin Calcium 1 x 10 mg tablet. | |
| FLUVASTATIN SODIUM | 80 MG ORAL EXTENDED-RELEASE TABLET | | | |
| LOVASTATIN | 20 MG & 40 MG ORAL TABLET | | | |
| PRAVASTATIN SODIUM | 10 MG, 20 MG & 40 MG ORAL TABLET | | | |
| SIMVASTATIN | 5 MG, 10 MG, 20 MG, 40 MG & 80 MG ORAL TABLET | | | |
| ATORVASTATIN CALCIUM | 10 MG, 20 MG, 40 MG & 80 MG ORAL TABLET | These products are not affected by MAC pricing. Least cost alternative pricing will continue to apply. | | |
| ROSUVASTATIN CALCIUM | 5 MG, 10 MG, 20 MG & 40 MG ORAL TABLET | | | |

| Calcium Channel Blocking Agents (CCBs) | | | | | | |
|--|---|--|--|-------------------|--|--|
| Active Ingredient | Strength/Form | LCA/MAC Price | | | | |
| FELODIPINE | 2.5 MG, 5 MG & 10 MG ORAL EXTENDED-RELEASE TABLET | \$0.1993 | been applied based on the | 0 0.000. 011 1110 | | |
| NIFEDIPINE | 20 MG, 30 MG & 60 MG ORAL EXTENDED-RELEASE TABLET | | LCA Price for Amlodipine Besylate 1 X 10 mg tablet. | | | |
| AMLODIPINE BESYLATE | 2.5 MG, 5 MG & 10 MG ORAL TABLET | These products are not affected by MAC pricing. Least cost alternative pricing will continue to apply. | | | | |

For clarity, where MAC pricing is applied to an Established Interchangeable (IC) grouping, the maximum amount established by the Minister which will be paid by the Government of Alberta will be either the LCA Price or the MAC Price, whichever is lower.

Transition period warning message

During the transition period, to assist pharmacy providers with the identification of claims for plan members that will be subject to MAC pricing, the warning message **WD** = "drug subject to MAC pricing" will be returned at time of adjudication.

Prescribers may continue to prescribe and/or plan members may continue to choose any brand name or generic product; however, effective December 12, 2019, Alberta government sponsored drug programs will only pay up to the MAC price for each grouping and the plan member will be responsible for paying the difference if the chosen product is priced higher than the applicable MAC price. Pharmacists may choose to switch patients to the MAC priced product and submit for an adaptation fee; please refer to Benefact 446, April 2014 for specific details about adaptation.

Special Authorization may be considered when a plan member has experienced a significant allergic reaction or documented untoward therapeutic effect with the MAC referenced product. In addition, special populations have been considered for ACEI (single & combination) Special Authorization requests, which include pediatric patients, heart failure patients with twice a day dosing and breast-feeding patients.

The November 12, 2019 Alberta Drug Benefit List (ADBL) will be updated with the MAC pricing for the drugs affected by this new pricing to reflect the change to the price policy. Additional information can be accessed online at **ab.bluecross.ca/dbl/publications.php**. Furthermore, Alberta Health has also notified physicians and patients of this change.

To assist with communicating this change to your customers, we have attached a patient information sheet.

When you have questions:

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Pharmacy Services Provider Relations contact centre representative at:

780-498-8370 (Edmonton and area) • **403-294-4041** (Calgary and area) • **1-800-361-9632** (toll free) **FAX 780-498-8406** (Edmonton and area) • **FAX 1-877-305-9911** (toll free)

Alberta Blue Cross offers online access to current Pharmacy Benefacts and supplemental claiming information to assist with the submission of your direct bill drug claims. **Visit** ab.bluecross.ca/providers/pharmacy-home.php





Patient information Important change to drug coverage

Effective November 12, 2019, Alberta government coverage for three categories of drugs will change. This change only applies to patients on Alberta government sponsored drug plans:

- Non-Group Coverage (Group 1)
- Coverage for Seniors (Group 66)
- Palliative Coverage (Group 20514, Please note: Client may have Group 1 or Group 66 coverage)
- Child and Family Services (Group 20403)
- Alberta Child Health Benefit (Group 20400)
- Children and Youth Services (Group 19824)
- Income Support (Group 19823)
- Learners Program (Group 22128)
- Alberta Human Services (AISH) (Group 19823)
- Alberta Adult Health Benefit (AAHB) (Group 23609)

Drugs affected

The drugs affected include the following:

- Angiotensin converting enzyme (ACE) inhibitors— which treat congestive heart failure and hypertension;
- Calcium channel blockers which treat angina and hypertension; and
- Statins (also known as HMG CoA reductase inhibitors) – which treat cholesterol.

How coverage is changing

Government will introduce a limit on how much it will pay for drugs in these categories. Government will only reimburse the designated lowest cost drug or drugs in each category, an approach called maximum allowable cost pricing. In some categories, more than one option will be reimbursed to ensure approved uses of these drugs remain accessible.

Switching to another medication

Evidence shows that drugs within each category are similar in use, safety and effectiveness. Most patients can switch to another drug in the same category safely and without affecting their health.

If you switch to the lower cost drug, your copayments may decrease.

A one-month transition period, ending December 11, 2019, will be provided. This transition period allows time to discuss the change with your health care provider and adjust to the lower cost drug, if you decide to switch.

Using your current medication

If you decide to continue using your current medication and it costs more than the designated lowest cost drug, you will pay the cost difference.

More information

Please speak with your health care provider if you have questions about this change.

You may also contact Alberta Blue Cross at 1-800-661-6995.

