

## Angiotensin II Receptor Blockers (ARBs) adaptations for valsartan recall shortage

On July 9, 2018, Health Canada issued an advisory for select valsartan products that have been recalled by the manufacturer.

For listings of specific products included in the recall, please refer to the advisory issued by Health Canada, which can be found online at: <http://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2018/67202a-eng.php>

Patients currently using valsartan may need to have their prescription adapted to one of the below options, if appropriate. The decision to adapt a prescription is at the discretion of the pharmacist.

### Assessment for adaptation of a prescription

The Canadian Pharmacists Association (cPhA) has issued an options tool to assist prescribers with selecting alternative therapy. This information is available at <https://www.pharmacists.ca/news-events/news/recall-several-drugs-containing-valsartan/> and is attached below.

In the event that a clinical pharmacist, with Advanced Prescribing Authorization (APA), adapts a prescription, then as per the Pharmacy Services compensation guide this assessment for managing ongoing therapy is eligible for compensation. Documentation must be completed in the patient's record of care that the prescription was adapted, including the patient assessment. This information may be requested for compliance verification.

Pharmacists not having APA must restrict adaptation practices to a new prescription.

If eligible, please use the Pharmacy Service PINs and Special Service Codes listed below for your claim transaction.

Pharmacy Service	Product Identification Number (PIN)	Special Service Code (SSC)	Fee
Section 3(2) – Assessment for an Adaptation of a Prescription means (a) altering the dosage or regimen for a Schedule 1 drug that has been prescribed for a Resident; (b) substitution of another Drug for a prescribed Schedule 1 drug for a Resident if the substituted Drug is expected to deliver a therapeutic effect that is similar to the therapeutic effect of the prescribed Drug; or (c) discontinuation of a prescribed Schedule 1 drug for a Resident if the prescribed Drug confers little or no benefit and/or excessive risk of harm.	71111 81111 (with APA)	H	\$20
Section 3(4) – Assessment for prescribing at initial access or to manage ongoing therapy A Schedule 1 drug or blood product is prescribed when a clinical pharmacist with additional prescribing authority has assessed the patient and made a determination that the drug or blood product is appropriate.	81116 (with APA)	K	\$25

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## Early refills for replacement medication

In the event that a member has received the recalled product, and replacement medication is required, a response code of **OU – Refill is X days early** may result.

Due to this extenuating circumstance, to continue to dispense the product to the member, the following, existing CPhA intervention codes can be used:

Response code	Response message	Intervention code
OU	OU=refill is X days	UF

As a reminder, use of intervention codes to support a pharmacist's decision to dispense early must be documented and supported by citing the following on the prescription and patient's record of care:

- Date of early dispense
- Reason for early dispensing
- A summary documenting the communication with the prescriber, caregiver and/or patient for the early dispense request
- Documentation may be requested for compliance verification and must be kept on the patient's file for two years

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### 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 Benefits and supplemental claiming information to assist with the submission of your direct bill drug claims. Visit [ab.bluecross.ca/providers/pharmacy-home.php](http://ab.bluecross.ca/providers/pharmacy-home.php)



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# RxTx CPS ANGIOTENSIN II RECEPTOR ANTAGONIST (ARB) DOSING: TOOL FOR SWITCHING BETWEEN AGENTS IN CANADA

The information provided is intended to help prescribers select an alternative agent from the angiotensin II receptor antagonist (ARB) class. Doses should be individualized to optimally control the patient's health condition. Close monitoring of blood pressure, potassium and renal function may be required during the transition period.

Drug	Indication	Initial Dose	Usual Maintenance Dose	Recommended Maximum Daily Dose	Single-Entity Products	Combination Products
Azilsartan	Hypertension	20 mg once daily <sup>a,b,c</sup>	40-80 mg once daily	80 mg	40 mg, 80 mg	azilsartan/chlorthalidone: 40/12.5 mg, 80/12.5 mg, 40/25 mg
Candesartan	Hypertension Heart failure	8 mg once daily <sup>a,b</sup> 4 mg once daily <sup>b</sup>	8-32 mg once daily	32 mg	4 mg, 8 mg, 16 mg, 32 mg	candesartan/HCTZ: 16/12.5 mg, 32/12.5 mg, 32/25 mg
Eprosartan	Hypertension	600 mg once daily <sup>a,b,c,d</sup>	600 mg once daily	600 mg	400 mg, 600 mg	eprosartan/HCTZ: 600/12.5 mg
Irbesartan	Hypertension Diabetic nephropathy	75 mg once daily <sup>a,b</sup> 150 mg once daily <sup>b</sup>	150-300 mg once daily	300 mg	75 mg, 150 mg, 300 mg	irbesartan/HCTZ: 150/12.5 mg, 300/12.5 mg
Losartan	Hypertension Diabetic nephropathy Heart failure (60 years of age or older) (not a Health Canada-approved use)	25 mg once daily <sup>a,b</sup> 50 mg once daily <sup>b</sup> 12.5 mg once daily <sup>b</sup>	50-100 mg once daily <sup>b</sup> 50-100 mg once daily depending on BP 50 mg once daily	100 mg	25 mg, 50 mg, 100 mg	losartan/HCTZ: 50/12.5 mg, 100/25 mg
Olmesartan	Hypertension	20 mg once daily <sup>a,b</sup>	20-40 mg once daily	40 mg	20 mg, 40 mg	olmesartan/HCTZ: 20/12.5 mg, 40/12.5 mg, 40/25 mg
Telmisartan	Hypertension Cardiovascular risk reduction	40 mg once daily 80 mg once daily	40-80 mg once daily 80 mg once daily	80 mg	40 mg, 80 mg	telmisartan/HCTZ: 80/12.5 mg, 80/25 mg
Valsartan	Hypertension Heart failure Post-MI	80 mg once daily <sup>a,b</sup> 40 mg BID	80-320 mg once daily Increase dose at 2-week intervals to 80 mg BID then 160 mg BID if tolerated	320 mg	40 mg, 80 mg, 160 mg, 320 mg	valsartan/HCTZ: 80/12.5 mg, 160/12.5 mg, 160/25 mg
		Beginning at least 12 hours post-MI, 20 mg BID if clinically stable with careful monitoring of blood pressure	Within 7 days, increase dose to 40 mg BID, then gradually increase dose to a target of 160 mg BID as tolerated	160 mg BID Usually given with beta-blockers		

<sup>a</sup> As monotherapy in the treatment of hypertension, in patients with no additional risk factors such as renal failure, liver impairment, heart failure, advanced age or concomitant diuretic therapy.

<sup>b</sup> If volume depleted, such as those on diuretics, correct volume depletion prior to administration or start with a low initial dose.

<sup>c</sup> Adjust initial dose in geriatric patients.

<sup>d</sup> Some patients may experience a diminished antihypertensive effect toward the end of a 24-hour dosing interval. Splitting the daily dose into 2 equal 12-hourly doses or increasing the once daily dose may be considered.

Abbreviation: BP = blood pressure; HCTZ = hydrochlorothiazide; MI = myocardial infarction

Information adapted from Angiotensin II Receptor Antagonists (CpHA Monograph) and Hypertension, available from [www.mvrxk.ca](http://www.mvrxk.ca).