

Please complete all required sections to allow your request to be processed.

PATIENT INFORMATION				COVERAGE TYPE
PATIENT LAST NAME	FIRST NAME	INITIAL		<input type="checkbox"/> Alberta Blue Cross <input type="checkbox"/> Alberta Human Services <input type="checkbox"/> Other _____
BIRTH DATE (YYYY-MM-DD)	ALBERTA PERSONAL HEALTH NUMBER			
ADDRESS	CITY	PROV.	POSTAL CODE	ID/CLIENT/COVERAGE NUMBER

PRESCRIBER INFORMATION				
PRESCRIBER LAST NAME	FIRST NAME	INITIAL	PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION	
ADDRESS			<input type="checkbox"/> CPSA	<input type="checkbox"/> ACO
			<input type="checkbox"/> CARNA	<input type="checkbox"/> ADA+C
CITY			PROVINCE	PHONE
POSTAL CODE			FAX	
FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED				

**ACEI combination products\* that are subject to MAC and LCA pricing on the iDBL. MAC pricing will be applied as follows effective December 1, 2019.**

Active ingredient	Strength/Form	LCA/MAC price	
CILAZAPRIL/ HYDROCHLOROTHIAZIDE	5 MG / 12.5 MG ORAL TABLET	\$0.2503	<i>MAC pricing has been applied based on the LCA price for Lisinopril /HCTZ 1 x 20 mg/25 mg tablet.</i>
ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE	5 MG / 12.5 MG & 10 MG / 25 MG ORAL 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	<i>These products are not affected by MAC pricing. Least cost alternative pricing will continue to apply.</i>	

\*Please refer to the iDBL for a full listing of ACEI combination products.

**Pricing authorization request where the patient is unable to use the MAC reference product**

**1) Select ACEI combination product and indicate if the corresponding MAC reference product has been used.**

Requested ACEI combination product (please check one).	Has the patient used the MAC reference product for the requested ACEI combination product?
<input type="checkbox"/> cilazapril/hydrochlorothiazide 5 mg/12.5 mg <input type="checkbox"/> enalapril maleate/hydrochlorothiazide 5 mg/12.5 mg & 10 mg/25 mg <input type="checkbox"/> perindopril erbumine/indapamide hemihydrate 4 mg/1.25 mg & 8 mg/2.5 mg <input type="checkbox"/> quinapril/hydrochlorothiazide 10 mg/12.5 mg, 20 mg/12.5 mg & 20 mg/25 mg <input type="checkbox"/> 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	<input type="checkbox"/> Yes, lisinopril/HCTZ was used. <input type="checkbox"/> No, lisinopril/HCTZ was not used. Please specify reasons. _____ _____ _____

**2) Is the requested ACEI combination product required for any of the following? If so, skip question 3.**

pediatric patient     heart failure condition with twice daily dosing     breast feeding patient

**3) If the patient has used the MAC reference product for the requested ACEI combination product, what was the response?**

**4)  Therapeutic failure of the MAC reference product. Please specify diagnosis. \_\_\_\_\_**

Adverse effects. Please elaborate on the nature and severity of the adverse effects experienced by your patient on the MAC reference product.

\_\_\_\_\_

→ Has the patient used the MAC reference product for a sufficient duration to determine that the adverse effects will not resolve over time?

Yes     No

Additional information relating to request		
PRESCRIBER'S SIGNATURE	DATE (YYYY-MM-DD)	Please forward this request to <b>Alberta Blue Cross, Clinical Drug Services</b> <b>10009 108 Street NW, Edmonton, Alberta T5J 3C5</b> <b>FAX: (780) 498-8384 in Edmonton • 1-877-828-4106 toll free all other areas</b>

**ONCE YOUR REQUEST HAS SUCCESSFULLY TRANSMITTED, PLEASE DO NOT MAIL OR RE-FAX YOUR REQUEST**



**Frequently asked questions****1. What is the difference between LCA and MAC pricing?**

The **Least Cost Alternative (LCA) price** means the maximum amount that will be paid by the Government of Alberta for a drug product in an established or new interchangeable grouping for members of a plan. For example, Zestoretic 10 mg/12.5 mg is in a grouping with several generic brands of lisinopril/ hydrochlorothiazide 10 mg/12.5 mg that are interchangeable with brand name Zestoretic 10 mg/12.5 mg. The maximum unit price paid for Zestoretic 10 mg/12.5 mg is thus based on the lowest-priced generic interchangeable product within the grouping.

A **MAC grouping** means a grouping of drug products that have been listed on the *Alberta Drug Benefit List (ADBL)* as being subject to a maximum price. Note that a MAC grouping may include one or more groupings of interchangeable drugs. For example, ACEI combination products have been grouped together such that the maximum unit price paid for select ACEI combination products (cilazapril/ hydrochlorothiazide 5 mg / 12.5 mg, enalapril maleate/hydrochlorothiazide 5 mg/12.5 mg & 10 mg/25 mg, perindopril erbumine/indapamide hemihydrate 4 mg/1.25 mg & 8 mg/2.5 mg, quinapril/hydrochlorothiazide 10 mg/12.5 mg, 20 mg/12.5 mg & 20 mg/25 mg, and 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) will be based on the cost of lisinopril/hydrochlorothiazide 20 mg/25 mg, which is \$0.2503 per unit (tablet).

**2. What happens if a product is subject to both LCA and MAC pricing?**

If a product is subject to both MAC and LCA pricing, the maximum unit price paid for the Drug Product will be based on the unit cost of the product that establishes the MAC grouping. For example, Accuretic 20 mg/12.5 mg is subject to both LCA and MAC pricing and as such, the maximum unit price paid will be based on the product that establishes the MAC grouping; in this case, lisinopril/hydrochlorothiazide 20 mg/25 mg, which is \$0.2503 per unit (tablet).