

Subject: Maximum Allowable Cost Drugs

Number: HB-MEMO-2020-002

Date Issued: January 28, 2020

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Distribution: **Community and Social Services**
Delivery Services Portfolio

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MESSAGE:

On November 12, 2019, Alberta Health expanded the existing Maximum Allowable Cost (MAC) policy to three new drug categories. Under the expanded MAC policy, a limit was introduced on how much government-sponsored drug plans (including low-income) would cover for drugs in these categories. This change impacts the following 3 drug categories:

- Angiotensin converting enzyme inhibitors (for blood pressure and cardiovascular disease)
- Calcium Channel Blockers (for blood pressure and cardiovascular disease)
- Statins (for cholesterol and cardiovascular disease)

MAC pricing is an approach that defines the maximum amount a plan will pay for the cost of a drug within a specific grouping of drugs used to treat common conditions, such as those noted above.

If a client is prescribed a medication found within one of these 3 categories, they may be asked to pay a 'co-pay' by the pharmacy. This may occur if a client is claiming for a medication that costs above the designated lowest cost drug(s) in each category. For medications that have a cost above, the client will be responsible for paying the difference in cost.

For example, if a client is prescribed Lovastatin, the government will only reimburse the cost amount equivalent to Rosuvastatin or Atorvastatin, which are the designated lowest cost drugs for the statin category. Lovastatin is the more expensive drug.

If the client informs you of a co-pay and the drug is listed within one of these categories, the client has 3 options:

1. Pay the co-pay for the more expensive drug in that category.
2. Have the pharmacist or prescriber change the prescription to the lower cost alternative drug(s) in the category.

3. Have the pharmacist or prescriber complete an Alberta Blue Cross Special Authorization form requesting that the more expensive drug be covered. Approval for the more expensive drug may be considered when a client has experience a significant allergic reaction or a documented untoward therapeutic effect with the lower cost drug.

The Health Benefit Exceptions Committee (HBEC) has been receiving inquires and exception requests regarding the co-pays. If a client is impacted by this change, please follow one of the 3 steps above.

If ABC denies the request for the more expensive alternative, the client may request exception coverage through HBEC. A copy of the ABC denial letter would be required in the complete submission. If HBEC does approve the exception request, the co-pay would be waived starting on the day of the approval. The HBEC is not able to grant reimbursement for any co-pay amounts paid for prior to approval.

For more information, please visit the links below.

<https://www.ab.bluecross.ca/government-plan/government-maximum-pricing.php>

<https://www.ab.bluecross.ca/pdfs/pharmacy-benefacts/818-Alberta-Health-announces-important-coverage-change-for-select-medications-under-government-sponsored-programs.pdf>