

Alberta Human Services Drug Benefit Supplement

Effective April 1, 2024

Alberta  Human Services

Inquiries should be directed to:

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Website: <https://www.alberta.ca/alberta-supports.aspx>

Administered by Alberta Blue Cross on behalf of *Alberta Human Services*.

The Drug Benefit List (DBL) is a list of drugs for which coverage may be provided to program participants. The DBL is not intended to be, and must not be used as a diagnostic or prescribing tool. Inclusion of a drug on the DBL does not mean or imply that the drug is fit or effective for any specific purpose. Prescribing professionals must always use their professional judgment and should refer to product monographs and any applicable practice guidelines when prescribing drugs. The product monograph contains information that may be required for the safe and effective use of the product.

Table of Contents

PART 1

SECTION 1—POLICIES AND GUIDELINES

Introduction

Eligibility.....	1.1
Additional Notes Regarding Application of the <i>Supplement</i>	1.1
Interchangeable Drug Products.....	1.1

Restricted Benefits

Restricted Benefits.....	1.2
--------------------------	-----

Special Authorization Guidelines

Special Authorization Policy.....	1.3
Special Authorization Procedures.....	1A.1

SECTION 2—PRICE POLICY

Price Policy

Price Policy.....	2.1
Additional Units of Issue for Pricing.....	2.1
Excluded Drug Products.....	2.1

SECTION 3—CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

Criteria for Special Authorization of Select Drug Products

Special Authorization Policy.....	3.1
Criteria for Coverage.....	3.2

SECTION 3A— CRITERIA FOR OPTIONAL SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

Criteria for Optional Special Authorization of Select Drug Products

Criteria for Coverage.....	3A
Role of the Prescribers.....	3A

SECTION 4—RARE DISEASES DRUG COVERAGE PROGRAM

Rare Diseases Drug Coverage Program

Rare Diseases Drug Coverage.....	4.1
Contraindications.....	4.1
Rare Diseases Drugs Eligible for Coverage.....	4.2
Alberta Rare Diseases Clinical Review Panel.....	4.2
Process for Rare Diseases Drug Coverage.....	4.2

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.

Table of Contents, continued

PART 2

Pharmacologic–Therapeutic Classification of Drugs

00:00	Non-Classified Drugs.....	1
02:00	Pediatric Cough and Cold Preparations.....	4
04:00	Antihistamine Drugs.....	4
08:00	Anti-Infective Agents.....	5
12:00	Autonomic Drugs.....	5
20:00	Blood Formation, Coagulation and Thrombosis.....	6
28:00	Central Nervous System Agents.....	7
40:00	Electrolytic, Caloric, and Water Balance.....	8
52:00	Eye, Ear, Nose and Throat Preparations.....	10
56:00	Gastrointestinal Drugs.....	10
84:00	Skin and Mucous Membrane Agents.....	12
88:00	Vitamins.....	13
92:00	Miscellaneous Therapeutic Agents.....	15

Appendices

Appendix 1	Pharmaceutical Manufacturers.....	16
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PART 1
SECTION 1
Policies
and
Guidelines

INTRODUCTION

Eligibility

The *Alberta Human Services Drug Benefit Supplement (HSDBS)* defines the drugs and drug products that are covered for Alberta Human Services clients in addition to the drugs and drug products defined in the *Alberta Drug Benefit List* (with certain exclusions).

The *Supplement* was developed to take into consideration the essential needs of clients covered under Alberta Human Services programs.

Additional Notes Regarding Application of the *Supplement*

1. The *Supplement* is not intended to be used as a scientific reference or prescribing guide.
2. Formularies used by hospitals and continuing care facilities are developed independently of the *Supplement*.
3. Drugs are classified according to the Pharmacologic–Therapeutic classifications (PTC) developed by the American Society of Hospital Pharmacists for the purpose of the American Hospital Formulary Service.

Permission to use this system has been granted by the American Society of Hospital Pharmacists. The Society is not responsible for the accuracy of transpositions or excerpts from the original content.

Where necessary, additional PTCs may have been assigned by Alberta Blue Cross to facilitate product location in the *Supplement*.

4. Where appropriate, the *Compendium of Pharmaceuticals and Specialties*, published by the Canadian Pharmaceutical Association, was used as a reference source for the trade name, generic name, manufacturer, strength and dosage form.
The Canadian Pharmacist's Association is not responsible for the accuracy of transpositions or excerpts from the original content.
5. Other reference sources used for the trade name, generic name, manufacturer, strength and dosage form are:
 - completed Drug Identification Number (DIN) notification form
 - Notice of Compliance (NOC)
 - Product Monograph
6. DINs listed reflect current manufacturer information available as of April 1, 2024.

Interchangeable Drug Products

A box containing an X to the left of the DIN or Product Identification Number (PIN) indicates that the product is **not** interchangeable with other products within the category. Refer to Policies and Guidelines Section 1 of the current *Alberta Drug Benefit List* for further information regarding interchangeable drug products.

RESTRICTED BENEFITS

Restricted Benefits

Selected drug products in the PTCs listed below are eligible benefits with restrictions in the *Supplement*. For these products a comment is displayed in the *HSDBS* after the ingredient name or specific strength for each restricted drug product. The comment initially states "RESTRICTED BENEFIT" and is followed by an explanation of the restriction. For eligible drug products, please refer to the applicable PTCs in the *HSDBS*.

00:00:02	Diabetes Supplies
02:00	Pediatric Cough and Cold Preparations
04:02	Pediatric Antihistamines
12:92	Miscellaneous Autonomic Drugs
20:04.04	Antianemia Drugs (Iron Preparations)
28:08.04.92	Analgesics and Antipyretics Nonsteroidal Anti-Inflammatory Agents (Other Nonsteroidal Anti-Inflammatory Agents)
28:16.08.04	Psychotherapeutic Agents Antipsychotics (Atypical Antipsychotics)
56:12	Cathartics & Laxatives
84:04.08.28	Anti-Infectives Antifungals (Polyenes)
88:16	Vitamin D
88:28	Multivitamin Preparations
88:28:01	Multivitamin Preparations (Vitamins & Minerals)

Example:

LORATADINE

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

2.5 MG / ML ORAL ELIXIR

00002298503 DIPHENHYDRAMINE

JPC

\$ 0.0482

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.

SPECIAL AUTHORIZATION GUIDELINES

Special Authorization Policy

Drug Products Eligible for Consideration by Special Authorization

Drug products may be considered for coverage by special authorization under one or more of the following circumstances, unless a specific product falls under the criteria for drug products **not** eligible for consideration by special authorization. Please see the end of this section for information regarding drug products not eligible for consideration by special authorization.

1. The drug is covered by Alberta Health and/or Alberta Human Services under specified criteria (listed in the following sections). Drug Products and indications other than those specified are not eligible for consideration by special authorization.
2. The drug is normally covered by another government program or agency for a specific approved clinical condition, but is needed for the treatment of a clinical condition that is not covered by that government program or agency.
3. The drug is required because other drug products listed in the *Alberta Drug Benefit List* or the *Alberta Human Services Drug Benefit Supplement* are contraindicated or inappropriate because of the clinical condition of the patient.
4. The particular brand of drug is considered essential in the care of a patient, where the LCA price policy would otherwise apply. Coverage of a specific brand may be considered where a patient has experienced significant allergic reactions or documented untoward therapeutic effects with alternate brands in an interchangeable grouping. Coverage of a brand name product will **not** be considered in situations where the interchangeable grouping includes a pseudo-generic to the brand name drug.
5. A particular drug product or dosage form of a drug is essential in the care of a patient where the MAC price policy would otherwise apply. Exceptions may occur at the product level. Coverage may be considered only where a patient has experienced significant allergic reactions or documented untoward therapeutic effects with the drug product which establishes the MAC pricing.

Prior approval must be granted by Alberta Blue Cross to ensure coverage by special authorization. For those special authorization requests that are approved, the effective date for authorization is the beginning of the month in which the physician's request is received by Alberta Blue Cross.

Special authorization is granted for a defined period as indicated in each applicable special authorization drug product criteria (the "Approval Period"). If continued treatment is necessary beyond the Approval Period, it is the responsibility of the patient and physician to **re-apply for coverage prior to the expiration date of the Approved Period, unless the Auto-Renewal Process or Step Therapy Approval Process apply** (see below).

Auto-Renewal Process

Selected drug products are eligible for the following auto-renewal process (for eligibility, see the Special Authorization criteria for each drug product).

1. For initial approval, a special authorization request must be submitted. If approval is granted, it will be effective for the Approval Period outlined in the drug product's Special Authorization criteria.
2. As long as the patient has submitted a claim for the drug product within the preceding Approval Period (example: within the preceding 6 months), approval will be automatically renewed for a further Approval Period (example: a further 6 months). There is no need for the prescriber to

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.

submit a new request as the automated real-time claims adjudication system will read the patient's claims history to determine if a claim has been made within the preceding Approval Period.

3. If the patient does not make a claim for the drug product during the Approval Period, the approval will lapse and a new special authorization request must be submitted.

Step Therapy Approval Process

Select drug products are eligible for coverage via the step therapy process, outlined below.

1. If the patient has made a claim for the First-Line* drug product(s) within the preceding 12 months, the claim for the step therapy drug will be approved.
2. The automated real-time claims adjudication system will read the patient's claims history to determine if the required First-Line* drug product(s) have been claimed within the preceding 12 months.
3. Subsequent claims for drug product(s) permitted by step therapy will continue to be approved as long as the drug product has been claimed within the preceding 12 months.
4. The regular special authorization approval process will continue to be available for step therapy approvals for those patients whose First-Line* drug claims cannot be adjudicated through the automated real-time claims adjudication system.

* A First-Line drug product includes any drug(s) or drug product(s) that, under the drug product's Special Authorization criteria, are required to be utilized before reimbursement for the drug product is permitted.

Drug Products *Not Eligible* for Consideration by Special Authorization

The following categories of drug products are **not** eligible for special authorization:

1. Drug products **deleted** from the *List* or the *Supplement*.
2. Drug products **not yet reviewed** by Alberta Health and/or Alberta Human Services. This applies to:
 - products where a complete submission has been received from the manufacturer and the product is under review,
 - products where an incomplete submission has been received from the manufacturer, and
 - products where the manufacturer has not made a submission for review.Drug products not yet reviewed may encompass new pharmaceutical products, new strengths of products already listed, reformulated products and new interchangeable (generic) products.
3. Drug products that have **completed the review** process and are **not included** on the *List* or the *Supplement*.
4. Most drugs available through Health Canada's Special Access Program.
5. Drug products when prescribed for cosmetic indications.
6. Nonprescription or over-the-counter drug products are generally not eligible.

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.

Special Authorization Procedures

A prescriber's request for special authorization should be directed by mail or fax to:

Clinical Drug Services
Alberta Blue Cross
10009 108 Street NW
Edmonton, Alberta T5J 3C5

Fax: (780) 498-8384 in Edmonton and area
1-877-828-4106 toll-free fax for all other areas

1. A separate request is required for each patient.
2. For a request for special authorization to be considered, the prescriber (an individual authorized by law to prescribe) must contact Alberta Blue Cross and provide the following information:

Patient Identification

- patient's name, address and card holder's name (if different than the patient's),
- Alberta Blue Cross identification number or coverage number/client number of any other applicable coverage (e.g. Alberta Human Services or Alberta Personal Health number, and
- date of birth.

Prescriber Identification

- name of prescriber (e.g. physician, dentist, or optometrist),
- address,
- telephone number and Fax number (if applicable), and
- professional association registration number (e.g. College of Physicians and Surgeons, Alberta Dental Association, or Alberta College of Optometrists registration number).

Drug Requested

- name, strength and dosage form,
- dosage schedule, and
- proposed duration of therapy.

Reason for the Request

- diagnosis and/or indication for which the drug is being used,
- information regarding previous medications which have been used and the patient's response to therapy where appropriate,
- proposed results of therapy, and
- any additional information that may assist in making a decision on the request for special authorization.

3. Special authorization request forms can be found in *Alberta Drug Benefit List*.

SECTION 2

Price Policy

PRICE POLICY

Price Policy

The [Price Policy](#) is stated in the *Alberta Drug Benefit List*.

Additional Units of Issue for Pricing

Units of issue for pricing in the *Supplement* are defined in the Policies and Guidelines Section 1 of the *List*. The following are additional units of issue that apply to the *Supplement*.

Dosage Form	Unit of Issue Priced in HSDBS
Buccal Spray	Dose
Oral Gum	Piece
Oral Pudding.....	Gram
Rectal Pediatric Enema	Enema
Rectal Pediatric Suppository.....	Suppository
Topical Cream/Vaginal Cream	Kit
Topical Rinse.....	Millilitre
Topical Shampoo.....	Millilitre
Vaginal Tablet/Topical Cream.....	Kit

Excluded Drug Products

Drugs Used in the Treatment of Infertility

All drug products used for the **treatment of infertility** are **excluded** as benefits for Alberta Human Services clients and are **not** eligible for special authorization for this indication.

Other Exclusions from the *ADBL*

The following molecules (all brands, forms, routes, and strengths) in the current *Alberta Drug Benefit List* are **excluded** as benefits for Alberta Human Services clients **unless coverage has been granted through Special Authorization**. (Refer to Section 3 - Criteria for Special Authorization of Select Drug Products of the *Supplement* for more information.)

Generic Description	Strength / Form
almotriptan malate	6.25 mg & 12.5 mg tablet
naratriptan hcl	1 mg & 2.5 mg tablet
rizatriptan benzoate	5 mg & 10 mg disintegrating tablet
rizatriptan benzoate	5 mg & 10 mg tablet
sumatriptan hemisulfate	5 mg/dose & 20 mg/dose nasal unit dose spray
sumatriptan succinate	50 mg & 100 mg tablet
sumatriptan succinate	6 mg /0.5 ml (12 mg) syringe injection
zolmitriptan	2.5 mg dispersible tablet
zolmitriptan	2.5 mg tablet
zolmitriptan	5 mg/dose nasal unit dose spray

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.

SECTION 3

Criteria for Special Authorization of Select Drug Products

CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

The drug products listed in this section may be considered for coverage by special authorization for patients covered under Alberta Health-sponsored drug programs. (For Alberta Human Services clients, the special authorization criteria for coverage can be found in the Criteria for Special Authorization of Select Drug Products section of the *Alberta Human Services Drug Benefit Supplement*.)

Special Authorization Policy

DRUG PRODUCTS ELIGIBLE FOR CONSIDERATION BY SPECIAL AUTHORIZATION

Drug products may be considered for coverage by special authorization under one or more of the following circumstances, unless a specific product falls under the criteria for drug products **not** eligible for consideration by special authorization. Please see the end of this section for information regarding drug products not eligible for consideration by special authorization.

1. The drug is covered by Alberta Health under specified criteria (listed in the following sections). Drug Products and indications other than those specified are not eligible for consideration by special authorization.
2. The drug is normally covered by another government program or agency for a specific approved clinical condition, but is needed for the treatment of a clinical condition that is not covered by that government program or agency.
3. The drug is required because other drug products listed in the *Alberta Drug Benefit List* are contraindicated or inappropriate because of the clinical condition of the patient.
4. The particular brand of drug is considered essential in the care of a patient, where the LCA price policy would otherwise apply. Coverage of a specific brand may be considered where a patient has experienced significant allergic reactions or documented untoward therapeutic effects with alternate brands in an interchangeable grouping. Coverage of a brand name product will **not** be considered in situations where the interchangeable grouping includes a pseudo-generic to the brand name drug.
5. A particular drug product or dosage form of a drug is essential in the care of a patient where the MAC price policy would otherwise apply. Exceptions may occur at the product level. Coverage may be considered only where a patient has experienced significant allergic reactions or documented untoward therapeutic effects with the drug product which establishes the MAC pricing.

Prior approval must be granted by Alberta Blue Cross to ensure coverage by special authorization. For those special authorization requests that are approved, the effective date for authorization is the beginning of the month in which the physician's request is received by Alberta Blue Cross.

Special authorization is granted for a defined period as indicated in each applicable special authorization drug product criteria (the "Approval Period"). If continued treatment is necessary beyond the Approval Period, it is the responsibility of the patient and physician to **re-apply for coverage prior to the expiration date of the Approved Period, unless the Auto-Renewal Process or Step Therapy Approval Process apply** (see below).

AUTO-RENEWAL PROCESS

Selected drug products are eligible for the following auto-renewal process (for eligibility, see the Special Authorization criteria for each drug product).

1. For initial approval, a special authorization request must be submitted. If approval is granted, it will be effective for the Approval Period outlined in the drug product's Special Authorization criteria
2. As long as the patient has submitted a claim for the drug product within the preceding Approval Period (example: within the preceding 6 months), approval will be automatically renewed for a further Approval Period (example: a further 6 months). There is no need for the prescriber to submit a new request as the automated real-time claims adjudication system will read the patient's claims history to determine if a claim has been made within the preceding Approval Period.
3. If the patient does not make a claim for the drug product during the Approval Period, the approval will lapse and a new special authorization request must be submitted.

STEP THERAPY APPROVAL PROCESS

Select drug products are eligible for coverage via the step therapy process, outlined below.

1. If the patient has made a claim for the First-Line* drug product(s) within the preceding 12 months, the claim for the step therapy drug will be approved.
2. The automated real-time claims adjudication system will read the patient's claims history to determine if the required First-Line* drug product(s) have been claimed within the preceding 12 months.
3. Subsequent claims for drug product(s) permitted by step therapy will continue to be approved as long as the drug product has been claimed within the preceding 12 months.
4. The regular special authorization approval process will continue to be available for step therapy approvals for those patients whose First-Line* drug claims cannot be adjudicated through the automated real-time claims adjudication system.

* A First-Line drug product includes any drug(s) or drug product(s) that, under the drug product's Special Authorization criteria, are required to be utilized before reimbursement for the drug product is permitted.

DRUG PRODUCTS NOT ELIGIBLE FOR CONSIDERATION BY SPECIAL AUTHORIZATION

The following categories of drug products are **not** eligible for special authorization:

1. Drug products **deleted** from the *List*.
2. Drug products **not yet reviewed** by the Alberta Health Expert Committee on Drug Evaluation and Therapeutics. This applies to:
 - * products where a complete submission has been received from the manufacturer and the product is under review,
 - * products where an incomplete submission has been received from the manufacturer, and
 - * products where the manufacturer has not made a submission for review.

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.

**ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

Drug products not yet reviewed may encompass new pharmaceutical products, new strengths of products already listed, reformulated products and new interchangeable (generic) products.

3. Drug products that have **completed the review** process and are **not included** on the *List*.
4. Most drugs available through Health Canada's Special Access Program.
5. Drug products when prescribed for cosmetic indications.
6. Nonprescription or over-the-counter drug products are generally not eligible.

Criteria for Coverage

Wording that appears within quotation marks (“ ”) in this section is the official special authorization criteria, as recommended by the Alberta Health Expert Committee on Drug Evaluation and Therapeutics, and approved by the Minister of Health. Wording that is not enclosed in quotation marks outlines specific information required to interpret criteria, guidelines for submitting requests and/or information regarding conditions under which coverage cannot be provided.

Products Available through Health Canada's Special Access Program

PEMOLINE

“For the treatment of attention deficit hyperactivity disorder where approval has been provided by Health Canada's Special Access Program.”

37.5 MG	ORAL TABLET
DIN N/A*	CYLERT
75 MG	ORAL TABLET
DIN N/A*	CYLERT

**As Cylert has been withdrawn from market, the DINs are no longer valid. Where authorizations for Cylert have been granted, coverage for this product will be provided under PIN 00000999917 – SPECIAL ACCESS DRUG.*

Other Products

The remaining drug products in this section are listed alphabetically according to the generic ingredient name of the drug. These products can be found on the following pages.

ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

ALMOTRIPTAN MALATE

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

The following product(s) are eligible for auto-renewal.

6.25 MG (BASE)	ORAL TABLET			
00002398435	MYLAN-ALMOTRIPTAN	MYP	\$	7.0433
12.5 MG (BASE)	ORAL TABLET			
00002466821	ALMOTRIPTAN	SNS	\$	2.3478
00002398443	MYLAN-ALMOTRIPTAN	MYP	\$	2.3478
00002405334	SANDOZ ALMOTRIPTAN	SDZ	\$	2.3478
00002434849	TEVA-ALMOTRIPTAN	TEV	\$	2.3478

INFANT FORMULA

"For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the infant formulas which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement). Information is required regarding the patient's diagnosis, previous infant formulas utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other infant formulas."

ORAL POWDER

00000999543 PURAMINO A+ MJO \$ 0.1292

"For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the infant formulas which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement). Information is required regarding the patient's diagnosis, previous infant formulas utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other infant formulas."

00000999568 NEOCATE WITH DHA & ARA NUN \$ 0.1725

"For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the infant formulas which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement). Information is required regarding the patient's diagnosis, previous infant formulas utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other infant formulas."

NARATRIPTAN HCL

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

The following product(s) are eligible for auto-renewal.

1 MG (BASE)	ORAL TABLET			
00002314290	TEVA-NARATRIPTAN	TEV	\$	13.1237
2.5 MG (BASE)	ORAL TABLET			
00002322323	SANDOZ NARATRIPTAN	SDZ	\$	6.1436
00002314304	TEVA-NARATRIPTAN	TEV	\$	6.1436

**ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

NUTRITIONAL PRODUCT

For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the nutritional products which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement).

Information is required regarding the patient's diagnosis, previous nutritional products utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other nutritional products.

ORAL LIQUID

<input checked="" type="checkbox"/>	00000999402	BOOST FRUIT FLAVOURED BEVERAGE	NHN	\$	0.0092
<input checked="" type="checkbox"/>	00000999886	ISOSOURCE FIBRE 1.0 HP	NHN	\$	0.0108
<input checked="" type="checkbox"/>	00000999416	JEVITY 1.2 CAL	ABN	\$	0.0132
<input checked="" type="checkbox"/>	00000999475	JEVITY 1.5 CAL	ABN	\$	0.0151
<input checked="" type="checkbox"/>	00000999430	TWOCAL HN	ABN	\$	0.0154

NUTRITIONAL PRODUCT (ADULT MEAL REPLACEMENT)

For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the nutritional products which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement).

Information is required regarding the patient's diagnosis, previous nutritional products utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other nutritional products.

ORAL LIQUID

<input checked="" type="checkbox"/>	00000999427	BOOST HIGH PROTEIN	NHN	\$	0.0100
<input checked="" type="checkbox"/>	00000999597	BOOST 2.24	NHN	\$	0.0113
<input checked="" type="checkbox"/>	00000999845	ENSURE ADVANCE (20 G)	ABN	\$	0.0113

NUTRITIONAL PRODUCT (ADULT)

For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the nutritional products which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement).

Information is required regarding the patient's diagnosis, previous nutritional products utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other nutritional products.

ORAL LIQUID

<input checked="" type="checkbox"/>	00000999944	PEPTAMEN	NHN	\$	0.0337
<input checked="" type="checkbox"/>	00000999435	PEPTAMEN WITH PREBIO 1	NHN	\$	0.0337
<input checked="" type="checkbox"/>	00000999927	MCT OIL	NHN	\$	0.0481
<input checked="" type="checkbox"/>	00000999421	PEPTAMEN 1.5	NHN	\$	0.0483
<input checked="" type="checkbox"/>	00000999467	PEPTAMEN AF 1.2	NHN	\$	0.0523

ORAL POWDER

<input checked="" type="checkbox"/>	00000999929	TOLEREX	NHN	\$	0.0608
<input checked="" type="checkbox"/>	00000999444	DUOCAL	NUN	\$	0.0781
<input checked="" type="checkbox"/>	00000999415	BENEPROTEIN	NHN	\$	0.0993
<input checked="" type="checkbox"/>	00000999983	VIVONEX T.E.N.	NHN	\$	0.1015
<input checked="" type="checkbox"/>	00000999405	VIVONEX PLUS	NHN	\$	0.1027

**ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

NUTRITIONAL PRODUCT (PEDIATRIC)

For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the nutritional products which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement).

Information is required regarding the patient's diagnosis, previous nutritional products utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other nutritional products.

ORAL LIQUID

<input checked="" type="checkbox"/>	00000999434	PEDIASURE PLUS WITH FIBRE	ABN	\$	0.0119
<input checked="" type="checkbox"/>	00000999426	COMPLEAT JUNIOR	NHN	\$	0.0144
<input checked="" type="checkbox"/>	00000999853	COMPLEAT JUNIOR 1.5	NHN	\$	0.0229
<input checked="" type="checkbox"/>	00000999565	KETOCAL	NUN	\$	0.0281
<input checked="" type="checkbox"/>	00000999391	NEOCATE SPLASH	NUN	\$	0.0318
<input checked="" type="checkbox"/>	00000999408	PEPTAMEN JUNIOR	NHN	\$	0.0337
<input checked="" type="checkbox"/>	00000999553	PEPTAMEN JUNIOR 1.5	NHN	\$	0.0502

ORAL POWDER

<input checked="" type="checkbox"/>	00000999559	MODULEN	NHN	\$	0.0832
<input checked="" type="checkbox"/>	00000999813	LIPISTART FORMULA	VTF	\$	0.1025
<input checked="" type="checkbox"/>	00000999445	KETOCAL	NUN	\$	0.1249
<input checked="" type="checkbox"/>	00000999876	PURAMINO A+ JUNIOR	MJO	\$	0.1280
<input checked="" type="checkbox"/>	00000999447	NEOCATE JUNIOR	NUN	\$	0.1417
<input checked="" type="checkbox"/>	00000999560	NEOCATE JUNIOR WITH FIBRE	NUN	\$	0.1417
<input checked="" type="checkbox"/>	00000999381	ALFAMINO JUNIOR	NHN	\$	0.1693

NUTRITIONAL PRODUCTS

For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the nutritional products which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement).

Information is required regarding the patient's diagnosis, previous nutritional products utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other nutritional products.

ORAL LIQUID

<input checked="" type="checkbox"/>	00000999864	KETOVIE 3:1	CAM	\$	0.0251
<input checked="" type="checkbox"/>	00000999866	KETOVIE 4:1	CAM	\$	0.0251
<input checked="" type="checkbox"/>	00000999840	KETOVIE 4:1 UNFLAVORED	CAM	\$	0.0272
<input checked="" type="checkbox"/>	00000999606	KETOVIE 4:1 PLANT BASED PROTEIN	CAM	\$	0.0335
<input checked="" type="checkbox"/>	00000999865	KETOVIE PEPTIDE 4:1	CAM	\$	0.0335

ORAL POWDER

<input checked="" type="checkbox"/>	00000999841	EQUACARE JUNIOR	CAM	\$	0.0989
<input checked="" type="checkbox"/>	00000999605	ESSENTIAL CARE JUNIOR	CAM	\$	0.1293

**ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

RIZATRIPTAN BENZOATE

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

The following product(s) are eligible for auto-renewal.

5 MG (BASE)	ORAL TABLET			
00002393468	APO-RIZATRIPTAN	APX	\$	7.4100
10 MG (BASE)	ORAL TABLET			
00002381702	ACT RIZATRIPTAN	TEV	\$	3.7050
00002393476	APO-RIZATRIPTAN	APX	\$	3.7050
00002380463	JAMP-RIZATRIPTAN	JPC	\$	3.7050
00002379678	MAR-RIZATRIPTAN	MAR	\$	3.7050
00002240521	MAXALT	ORC	\$	17.3420
5 MG (BASE)	ORAL DISINTEGRATING TABLET			
00002483270	ACCEL-RIZATRIPTAN ODT	ACP	\$	2.8150
00002458764	CCP-RIZATRIPTAN ODT	CEL	\$	2.9633
00002465086	JAMP-RIZATRIPTAN ODT	JPC	\$	3.7050
00002462788	MAR-RIZATRIPTAN ODT	MAR	\$	3.7050
00002379198	MYLAN-RIZATRIPTAN ODT	MYP	\$	3.7050
00002436604	NAT-RIZATRIPTAN ODT	NTP	\$	3.7050
00002393360	PMS-RIZATRIPTAN RDT	PMS	\$	3.7050
00002442906	RIZATRIPTAN ODT	SNS	\$	3.7050
00002446111	RIZATRIPTAN ODT	SIV	\$	3.7050
00002351870	SANDOZ RIZATRIPTAN ODT	SDZ	\$	3.7050
00002396661	TEVA-RIZATRIPTAN ODT	TEV	\$	3.7050
00002240518	MAXALT RPD	ORC	\$	17.3420
10 MG (BASE)	ORAL DISINTEGRATING TABLET			
00002483289	ACCEL-RIZATRIPTAN ODT	ACP	\$	2.8150
00002458772	CCP-RIZATRIPTAN ODT	CEL	\$	2.9633
00002465094	JAMP-RIZATRIPTAN ODT	JPC	\$	3.7050
00002462796	MAR-RIZATRIPTAN ODT	MAR	\$	3.7050
00002379201	MYLAN-RIZATRIPTAN ODT	MYP	\$	3.7050
00002436612	NAT-RIZATRIPTAN ODT	NTP	\$	3.7050
00002489384	NRA-RIZATRIPTAN ODT	NRA	\$	3.7050
00002393379	PMS-RIZATRIPTAN RDT	PMS	\$	3.7050
00002442914	RIZATRIPTAN ODT	SNS	\$	3.7050
00002446138	RIZATRIPTAN ODT	SIV	\$	3.7050
00002351889	SANDOZ RIZATRIPTAN ODT	SDZ	\$	3.7050
00002396688	TEVA-RIZATRIPTAN ODT	TEV	\$	3.7050
00002240519	MAXALT RPD	ORC	\$	17.3420

SUMATRIPTAN HEMISULFATE

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

The following product(s) are eligible for auto-renewal.

5 MG / DOSE (BASE)	NASAL UNIT DOSE SPRAY			
00002230418	IMITREX	GSK	\$	17.3952
20 MG / DOSE (BASE)	NASAL UNIT DOSE SPRAY			
00002230420	IMITREX	GSK	\$	17.8971

**ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

SUMATRIPTAN SUCCINATE

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

The following product(s) are eligible for auto-renewal.

50 MG (BASE) ORAL TABLET				
00002268388	APO-SUMATRIPTAN	APX	\$	2.7732
00002268914	MYLAN-SUMATRIPTAN	MYP	\$	2.7732
00002256436	PMS-SUMATRIPTAN	PMS	\$	2.7732
00002286521	SUMATRIPTAN	SNS	\$	2.7732
00002385570	SUMATRIPTAN DF	SIV	\$	2.7732
00002286823	TEVA-SUMATRIPTAN DF	TEV	\$	2.7732
00002212153	IMITREX DF	GSK	\$	17.6485
100 MG (BASE) ORAL TABLET				
00002268396	APO-SUMATRIPTAN	APX	\$	3.0549
00002268922	MYLAN-SUMATRIPTAN	MYP	\$	3.0549
00002256444	PMS-SUMATRIPTAN	PMS	\$	3.0549
00002286548	SUMATRIPTAN	SNS	\$	3.0549
00002385589	SUMATRIPTAN DF	SIV	\$	3.0549
00002239367	TEVA-SUMATRIPTAN	TEV	\$	3.0549
00002286831	TEVA-SUMATRIPTAN DF	TEV	\$	3.0549
00002212161	IMITREX DF	GSK	\$	19.4417
12 MG / SYR (BASE) INJECTION SYRINGE				
00002361698	TARO-SUMATRIPTAN (0.5 ML)	TAR	\$	41.1185
00002212188	IMITREX (0.5 ML)	GSK	\$	52.5214

ZOLMITRIPTAN

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

The following product(s) are eligible for auto-renewal.

2.5 MG ORAL TABLET				
00002481030	AURO-ZOLMITRIPTAN	AUR	\$	3.5375
00002458780	CCP-ZOLMITRIPTAN	CEL	\$	3.5375
00002477106	JAMP ZOLMITRIPTAN	JPC	\$	3.5375
00002421623	JAMP-ZOLMITRIPTAN	JPC	\$	3.5375
00002419521	MINT-ZOLMITRIPTAN	MPI	\$	3.5375
00002421534	NAT-ZOLMITRIPTAN	NTP	\$	3.5375
00002489392	NRA-ZOLMITRIPTAN	NRA	\$	3.5375
00002362988	SANDOZ ZOLMITRIPTAN	SDZ	\$	3.5375
00002313960	TEVA-ZOLMITRIPTAN	TEV	\$	3.5375
00002238660	ZOMIG	XPI	\$	16.3195
2.5 MG ORAL DISPERSIBLE TABLET				
00002428474	SEPTA-ZOLMITRIPTAN-ODT	SEP	\$	1.7532
00002243045	ZOMIG RAPIMELT	XPI	\$	16.3195
5 MG / DOSE NASAL UNIT DOSE SPRAY				
00002248993	ZOMIG	XPI	\$	16.3195

SECTION 3A

Criteria for Optional Special Authorization of Select Drug Products

CRITERIA FOR OPTIONAL SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

The drug products listed in this section may be considered for coverage by optional special authorization for Alberta Human Services clients.

Criteria for Coverage

Wording that appears within quotation marks (“ ”) in this section is the official Optional Special Authorization Criteria, as recommended by the Alberta Health Expert Committee on Drug Evaluation and Therapeutics, and approved by the Minister of Health. Wording that is not enclosed in quotation marks outlines specific information required to interpret criteria, guidelines for submitting requests and/or information regarding conditions under which coverage cannot be provided.

Role of the Prescribers

In conjunction with the criteria, prescribers have two options by which patients may be eligible for coverage of these select optional special authorization drug products.

- 1) Prescribers can register to be a *designated prescriber*. Registration allows for patients to receive coverage of select drug products **without Special Authorization** as long as the prescription is written for one of the criteria for coverage set out in this section. Should a designated prescriber wish to prescribe one of the select drug products outside the coverage criteria, they may do so but must indicate this on the prescription; however, patients will not be eligible for payment under the Alberta government-sponsored program for such prescription and the patient may choose to receive the product at their expense. The registration form may be found on the previous page.
- 2) Prescribers who choose not to register will be considered *non-designated prescribers*. Such prescribers **will be required to apply for Special Authorization** on the patient's behalf.

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.



ALBERTA GOVERNMENT SPONSORED DRUG BENEFIT PROGRAMS
OPTIONAL SPECIAL AUTHORIZATION

REGISTRATION FOR DESIGNATED PRESCRIBER STATUS
for Alberta Drug Benefit List Claim Coverage

Select Quinolone Antibiotics
ciprofloxacin, levofloxacin, moxifloxacin

Please complete all sections of this form
and return it by fax to Alberta Blue Cross

Registrations will be accepted on an ongoing basis

PRESCRIBER LAST NAME	FIRST NAME	INITIAL	OFFICE PHONE	FAX
OFFICE ADDRESS		CITY	PROVINCE	POSTAL CODE
COLLEGE OF PHYSICIANS AND SURGEONS REGISTRATION NUMBER OR PROFESSIONAL REGISTRATION NUMBER				
I have reviewed the criteria for coverage of select quinolone products and I agree to abide by and only prescribe in accordance with such criteria as updated from time to time in the Optional Special Authorization section of the <i>Alberta Drug Benefit List</i> .				
SIGNATURE OF PRESCRIBER (required) _____			DATE _____	
The information on this form is being collected and pursuant to sections 20, 21 and 22 of the Health Information Act, and sections 33 and 34 of the Freedom of Information and Protection of Privacy Act, for the purposes of determining or verifying eligibility to participate in a program or receive a benefit, product or health service. If you have any questions regarding the collection or use of this information, please contact an Alberta Blue Cross privacy matters representative toll-free at 1-855-498-7302 or write to Privacy Matters, Alberta Blue Cross, 10009 - 108 Street, Edmonton AB T5J 3C5.				

PLEASE RETURN YOUR COMPLETED REGISTRATION BY FAX TO 1-877-305-9911



Criteria For Optional Special Authorization Of Select Drug Products

Patient claims for select quinolone prescriptions written by a non-designated prescriber will be subject to a first forgiveness rule, meaning the first claim will be paid. Subsequent claims for the same product (irrespective of strength, route and form) within a 90-day period would require the prescriber to apply for special authorization for coverage on the patient's behalf.

CIPROFLOXACIN

"For the treatment of:

1) Respiratory Tract Infections:

- end stage COPD with or without bronchiectasis, where there has been documentation of previous *Pseudomonas aeruginosa* colonization/infection or
- pneumonic illness in cystic fibrosis; or

2) Genitourinary Tract Infections:

- urinary tract infections,
- prostatitis,
- prophylaxis of urinary tract surgical procedures or
- gonococcal infections; or

3) Skin and Soft Tissue/Bone and Joint Infections:

- malignant/invasive otitis externa,
- bone/joint infections due to gram negative organisms or
- therapy/step-down therapy of polymicrobial infections in combination with clindamycin or metronidazole e.g. diabetic foot infection, decubitus ulcers; or

4) Gastrointestinal Tract Infections:

- bacterial gastroenteritis where antimicrobial therapy is indicated,
- typhoid fever (enteric fever), or
- therapy/step-down therapy of polymicrobial infections in combination with clindamycin or metronidazole e.g. intra-abdominal infections; or

5) Other:

- prophylaxis of adult contacts of cases of invasive meningococcal disease,
- therapy/step-down therapy of hospital acquired gram negative infections,
- empiric therapy of febrile neutropenia in combination with other appropriate agents or
- exceptional case of allergy or intolerance to all other appropriate therapies as defined by relevant guidelines/references i.e. AMA CPGs or Bugs and Drugs.
- for use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases."

All requests for ciprofloxacin must be completed using the Select Quinolones Special Authorization Request Form (ABC 60042).

100 MG / ML ORAL SUSPENSION

00002237514

CIPRO

BAI

\$

0.5750

**ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT
CRITERIA FOR OPTIONAL SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

CIPROFLOXACIN HCL

"For the treatment of:

1) Respiratory Tract Infections:

- end stage COPD with or without bronchiectasis, where there has been documentation of previous *Pseudomonas aeruginosa* colonization/infection or
- pneumonic illness in cystic fibrosis; or

2) Genitourinary Tract Infections:

- urinary tract infections,
- prostatitis,
- prophylaxis of urinary tract surgical procedures or
- gonococcal infections; or

3) Skin and Soft Tissue/Bone and Joint Infections:

- malignant/invasive otitis externa,
- bone/joint infections due to gram negative organisms or
- therapy/step-down therapy of polymicrobial infections in combination with clindamycin or metronidazole e.g. diabetic foot infection, decubitus ulcers; or

4) Gastrointestinal Tract Infections:

- bacterial gastroenteritis where antimicrobial therapy is indicated,
- typhoid fever (enteric fever), or
- therapy/step-down therapy of polymicrobial infections in combination with clindamycin or metronidazole e.g. intra-abdominal infections; or

5) Other:

- prophylaxis of adult contacts of cases of invasive meningococcal disease,
- therapy/step-down therapy of hospital acquired gram negative infections,
- empiric therapy of febrile neutropenia in combination with other appropriate agents or
- exceptional case of allergy or intolerance to all other appropriate therapies as defined by relevant guidelines/references i.e. AMA CPGs or Bugs and Drugs.
- for use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases."

All requests for ciprofloxacin must be completed using the Select Quinolones Special Authorization Request Form (ABC 60042).

250 MG (BASE) ORAL TABLET

00002247339	ACT CIPROFLOXACIN	TEV	\$	0.4454
00002381907	AURO-CIPROFLOXACIN	AUR	\$	0.4454
00002353318	CIPROFLOXACIN	SNS	\$	0.4454
00002386119	CIPROFLOXACIN	SIV	\$	0.4454
00002380358	JAMP-CIPROFLOXACIN	JPC	\$	0.4454
00002379686	MAR-CIPROFLOXACIN	MAR	\$	0.4454
00002423553	MINT-CIPROFLOX	MPI	\$	0.4454
00002248437	PMS-CIPROFLOXACIN	PMS	\$	0.4454
00002303728	RAN-CIPROFLOX	RAN	\$	0.4454
00002248756	SANDOZ CIPROFLOXACIN	SDZ	\$	0.4454

500 MG ORAL TABLET

00002247340	ACT CIPROFLOXACIN	TEV	\$	0.5025
00002381923	AURO-CIPROFLOXACIN	AUR	\$	0.5025
00002353326	CIPROFLOXACIN	SNS	\$	0.5025
00002386127	CIPROFLOXACIN	SIV	\$	0.5025
00002380366	JAMP-CIPROFLOXACIN	JPC	\$	0.5025
00002379694	MAR-CIPROFLOXACIN	MAR	\$	0.5025
00002492008	NRA-CIPROFLOXACIN	NRA	\$	0.5025
00002248438	PMS-CIPROFLOXACIN	PMS	\$	0.5025
00002303736	RAN-CIPROFLOX	RAN	\$	0.5025
00002248757	SANDOZ CIPROFLOXACIN	SDZ	\$	0.5025

ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT
CRITERIA FOR OPTIONAL SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

CIPROFLOXACIN HCL

750 MG (BASE) ORAL TABLET

00002247341	ACT CIPROFLOXACIN	TEV	\$	0.9201
00002380374	JAMP-CIPROFLOXACIN	JPC	\$	0.9201
00002379708	MAR-CIPROFLOXACIN	MAR	\$	0.9201
00002423588	MINT-CIPROFLOX	MPI	\$	0.9201
00002248439	PMS-CIPROFLOXACIN	PMS	\$	0.9201
00002303744	RAN-CIPROFLOX	RAN	\$	0.9201
00002248758	SANDOZ CIPROFLOXACIN	SDZ	\$	0.9201

ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT
CRITERIA FOR OPTIONAL SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

LEVOFLOXACIN

250 MG ORAL TABLET

00002315424	ACT LEVOFLOXACIN	TEV	\$	1.2038
00002284707	APO-LEVOFLOXACIN	APX	\$	1.2038
00002298635	SANDOZ LEVOFLOXACIN	SDZ	\$	1.2038

"To be prescribed according to ONE of the following criteria:

For the treatment of

- 1) Community acquired pneumonia after failure of first line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or
- 2) Community acquired pneumonia in patients with co-morbidities (asthma, lung cancer, COPD, diabetes, alcoholism, chronic renal or liver failure, CHF, chronic corticosteroid use, malnutrition or acute weight loss, hospitalization within previous 3 months, HIV/AIDS, smoking); or
- 3) Acute exacerbation of chronic bronchitis after failure of first and second line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or
- 4) Acute sinusitis after failure of first line therapy, as defined by clinical deterioration after 72 h of antibiotic therapy or lack of improvement after completion of antibiotic therapy, in patients with beta-lactam (penicillin and cephalosporin) allergy; or
- 5) For use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases."

All requests for Levofloxacin must be completed using the Select Quinolones Special Authorization Request Form (ABC 60042).

ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT
CRITERIA FOR OPTIONAL SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

LEVOFLOXACIN

500 MG ORAL TABLET

00002315432	ACT LEVOFLOXACIN	TEV	\$	1.3718
00002284715	APO-LEVOFLOXACIN	APX	\$	1.3718
00002298643	SANDOZ LEVOFLOXACIN	SDZ	\$	1.3718

"To be prescribed according to ONE of the following criteria:

For the treatment of

- 1) Community acquired pneumonia after failure of first line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or
- 2) Community acquired pneumonia in patients with co-morbidities (asthma, lung cancer, COPD, diabetes, alcoholism, chronic renal or liver failure, CHF, chronic corticosteroid use, malnutrition or acute weight loss, hospitalization within previous 3 months, HIV/AIDS, smoking); or
- 3) Acute exacerbation of chronic bronchitis after failure of first and second line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or
- 4) Acute sinusitis after failure of first line therapy, as defined by clinical deterioration after 72 h of antibiotic therapy or lack of improvement after completion of antibiotic therapy, in patients with beta-lactam (penicillin and cephalosporin) allergy; or
- 5) For use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases."

All requests for Levofloxacin must be completed using the Select Quinolones Special Authorization Request Form (ABC 60042).

ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT
CRITERIA FOR OPTIONAL SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

LEVOFLOXACIN

750 MG ORAL TABLET

00002315440	ACT LEVOFLOXACIN	TEV	\$	2.6604
00002325942	APO-LEVOFLOXACIN	APX	\$	2.6604
00002298651	SANDOZ LEVOFLOXACIN	SDZ	\$	2.6604

"To be prescribed according to ONE of the following criteria:

For the treatment of

- 1) Community acquired pneumonia after failure of first line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or
- 2) Community acquired pneumonia in patients with co-morbidities (asthma, lung cancer, COPD, diabetes, alcoholism, chronic renal or liver failure, CHF, chronic corticosteroid use, malnutrition or acute weight loss, hospitalization within previous 3 months, HIV/AIDS, smoking); or
- 3) Acute exacerbation of chronic bronchitis after failure of first and second line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or
- 4) Acute sinusitis after failure of first line therapy, as defined by clinical deterioration after 72 h of antibiotic therapy or lack of improvement after completion of antibiotic therapy, in patients with beta-lactam (penicillin and cephalosporin) allergy; or
- 5) For use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases."

All requests for Levofloxacin must be completed using the Select Quinolones Special Authorization Request Form (ABC 60042).

**ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT
CRITERIA FOR OPTIONAL SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

MOXIFLOXACIN HCL

"To be prescribed according to ONE of the following criteria:

For the treatment of

- 1) Community acquired pneumonia after failure of first line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or
- 2) Community acquired pneumonia in patients with co-morbidities (asthma, lung cancer, COPD, diabetes, alcoholism, chronic renal or liver failure, CHF, chronic corticosteroid use, malnutrition or acute weight loss, hospitalization within previous 3 months, HIV/AIDS, smoking); or
- 3) Acute exacerbation of chronic bronchitis after failure of first and second line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or
- 4) Acute sinusitis after failure of first line therapy, as defined by clinical deterioration after 72 h of antibiotic therapy or lack of improvement after completion of antibiotic therapy, in patients with beta-lactam (penicillin and cephalosporin) allergy; or
- 5) For use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases."

All requests for Moxifloxacin HCl must be completed using the Select Quinolones Special Authorization Request Form (ABC 60042).

400 MG (BASE) ORAL TABLET				
00002478137	AG-MOXIFLOXACIN	AGP	\$	1.5230
00002404923	APO-MOXIFLOXACIN	APX	\$	1.5230
00002432242	AURO-MOXIFLOXACIN	AUR	\$	1.5230
00002443929	JAMP-MOXIFLOXACIN	JPC	\$	1.5230
00002447061	JAMP-MOXIFLOXACIN	JPC	\$	1.5230
00002472791	M-MOXIFLOXACIN	MTR	\$	1.5230
00002447053	MAR-MOXIFLOXACIN	MAR	\$	1.5230
00002457814	MED-MOXIFLOXACIN	GMP	\$	1.5230
00002520710	MOXIFLOXACIN	SNS	\$	1.5230
00002383381	SANDOZ MOXIFLOXACIN	SDZ	\$	1.5230
00002375702	TEVA-MOXIFLOXACIN	TEV	\$	1.5230

SECTION 4

Rare Diseases Drug Coverage Program

RARE DISEASES DRUG COVERAGE PROGRAM

Selected drug products used in the treatment of rare diseases may be considered for coverage for individuals covered under Alberta government-sponsored drug programs. The Minister of Health makes the final decisions regarding coverage under this Program, and may list a drug product under this section when the Minister considers it in the public interest to do so.¹

RARE DISEASES DRUG COVERAGE

In order to be eligible for the Rare Diseases Drug Coverage Program, an individual must:

- have Alberta government-sponsored drug coverage;
 - be continuously registered in the Alberta Health Care Insurance Plan for a minimum of five years unless:
 - the individual is less than five years of age at the date of the application, then the individual's parent/guardian/legal representative must be registered continuously in the Alberta Health Care Insurance Plan for a minimum of five years;
- OR
- the individual has moved to Alberta from another province or territory in Canada (the "province of origin"), and immediately prior to moving to Alberta, was covered for a drug product listed in this section in the province of origin by a provincial or territorial government sponsored drug plan, and the individual has been registered in the Alberta Health Care Insurance Plan (the individual must provide supporting documentation from the province of origin to prove prior coverage).
- meet the clinical criteria for a rare disease drug product published on the *List*;
 - have a *Rare Diseases Drug Coverage Application* form ("Application") submitted on their behalf to Alberta Blue Cross by the individual's "Rare Disease Specialist";
 - have the Application reviewed and approved for coverage by the Alberta Rare Diseases Clinical Review Panel ("Review Panel")
 - complete the required forms, and consent to and acknowledge that
 - approval for initial and continued coverage is conditional upon clinical outcomes;
 - regular monitoring of the individual's clinical outcomes will be required, and
 - that coverage will be discontinued if there is inadequate response or the individual's condition deteriorates as outlined in the withdrawal criteria established in relation to a specific rare diseases drug product and/or as assessed by the Review Panel.

Contraindications

In addition to meeting the above criteria, the individual must not have the following contraindications:

- Significant illness, not including one of the rare diseases, likely to substantially alter or reduce life expectancy.

¹ Section 1 of the ADBL does not apply to the Rare Diseases Drug Coverage Program

Rare Diseases Drugs Eligible for Coverage

Drug products approved by Health Canada for the treatment of Rare Diseases may be considered for coverage in accordance with this section.

Rare Diseases are genetic, lysosomal storage disorders occurring at a rate of less than one per 50,000 for the Canadian population for a specific disease (as determined by Alberta Health).

As of April 1, 2009, drug products for the treatment of the following rare diseases are currently under consideration for coverage:

- Gaucher's disease
- Fabry disease
- MPS-I (Hurler/Hurler Scheie)
- Hunter disease
- Pompe disease

Alberta Rare Diseases Clinical Review Panel

The Alberta Rare Diseases Clinical Review Panel ("Review Panel") is a review panel composed of specialists treating rare diseases and other health professionals with clinical expertise, appointed by the Minister of Health.

The Review Panel's functions include:

- Providing advice to Alberta Health regarding the Rare Diseases Drug Coverage Program;
- Reviewing and applying clinical knowledge and skills to individual applications for Rare Diseases Drug Coverage; and
- Providing advice to the Expert Committee on Drug Evaluation and Therapeutics regarding drug products under consideration for coverage under this section, clinical criteria for rare diseases drug products and identifying appropriate "Rare Disease Specialists".

Process for Rare Diseases Drug Coverage

Participating "Rare Disease Specialists" must complete a Rare Diseases Drug Coverage Application form for each individual. The form must be the one specific to the rare diseases drug product being requested. The completed application may be forwarded to Alberta Blue Cross by mail or by facsimile.

To be considered for Rare Diseases Drug Coverage, the "Rare Disease Specialist" must confirm the individual (or individual's parent/guardian/legal representative) has been provided with information regarding the Rare Diseases Drug Coverage Program and have completed the required forms.

Alberta Blue Cross, in providing administrative support to the Review Panel, receives and screens each application for completeness, then forwards to Alberta Health to confirm that the individual has met the Alberta Health Care Insurance Plan registration requirement (please see above).

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.

**ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT
RARE DISEASES DRUG COVERAGE PROGRAM**

Once it has been confirmed that the individual meets the Alberta Health Care Insurance Plan registration requirement, Alberta Blue Cross forwards the application to the Review Panel for assessment. Alberta Blue Cross responds to applicants on the Review Panel's behalf. After an application has been assessed by the Review Panel, Alberta Blue Cross notifies the individual's "Rare Disease Specialist" and the individual or individual's parent/guardian/legal representative by letter of the Review Panel's decision. Eligibility will be effective the date coverage is approved by the Review Panel.

Renewals require a new drug product specific Rare Diseases Drug Coverage Application form that is completed by a "Rare Disease Specialist".

To be eligible for Rare Diseases Drug Coverage, prescriptions must be written by a "Rare Disease Specialist" as identified by the eligibility criteria for the drug product. To avoid wastage, prescription quantities are limited to a one-month supply. Extended quantity and vacation supplies are not permitted. Out-of-country claims will only be reimbursed in accordance with standard rules and regulations; individuals should verify with Alberta Blue Cross these rules and regulations prior to obtaining drug products out of the country

Government will not be responsible for reimbursement of costs associated with wastage or improper storage of rare diseases drug products.

Prior approval must be granted to ensure coverage. Approval is granted for a specific period, to a maximum of 12 months. If continued treatment is necessary, it is the responsibility of the individual or individual's parent/guardian/legal representative and the "Rare Disease Specialist" to re-apply for drug product coverage prior to the expiry date of the authorization period.

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.

PART 2

Pharmacologic – Therapeutic Classification of Drugs

00:00 NON-CLASSIFIED DRUGS

00:00.02

(DIABETES SUPPLIES)**DIABETES SUPPLIES**

<input checked="" type="checkbox"/>	00000990024	BLOOD GLUCOSE METER	XXX	\$	0.0000
	The blood glucose meter is a benefit upon written order from a physician, and is limited to a "one time" benefit not exceeding \$70.00 per participant.				
<input checked="" type="checkbox"/>	00000990072	BLOOD KETONE TEST STRIPS	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000999941	BLOOD LETTING LANCET	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000990058	GLUCOSE CALIBRATION SOLUTION	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000990045	INFUSION SETS (TUBING & NEEDLE)	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000990057	INSULIN CARTRIDGES / RESERVOIRS	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000999985	INSULIN PEN NEEDLES	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000999952	INSULIN SYRINGES	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000999942	LANCING DEVICE	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000999957	URINE KETONE TEST STRIPS	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000444992	CARESENS N MULTI TEST STRIPS	SEN	\$	0.5000

This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

<input checked="" type="checkbox"/>	00000444996	FIRST CANADIAN HEALTH SPIRIT TEST STRIPS	ARP	\$	0.5000
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This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

<input checked="" type="checkbox"/>	00000444982	GE200 TEST STRIPS	BNE	\$	0.5100
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This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

<input checked="" type="checkbox"/>	00000444984	ACCU-CHEK GUIDE TEST STRIPS	RDC	\$	0.6813
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This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

00:00 NON-CLASSIFIED DRUGS

00:00.02

(DIABETES SUPPLIES)**DIABETES SUPPLIES**

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

00000444988 FREESTYLE PRECISION TEST STRIPS ABD \$ 0.6890

This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

00000444987 FREESTYLE LITE TEST STRIPS ABD \$ 0.6900

This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

00000444994 ONE TOUCH ULTRA TEST STRIPS LIF \$ 0.6943

This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

00000444993 ONE TOUCH VERIO TEST STRIPS LIF \$ 0.6943

This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

00000444990 CONTOUR NEXT TEST STRIPS ADC \$ 0.6989

This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.

00:00 NON-CLASSIFIED DRUGS

00:00.02

(DIABETES SUPPLIES)**DIABETES SUPPLIES**

00000444989 CONTOUR TEST STRIPS ADC \$ 0.6989

This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

00000444986 ACCU-CHEK AVIVA TEST STRIPS RDC \$ 0.7125

This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

00000444985 ACCU-CHEK COMPACT TEST STRIPS RDC \$ 0.7125

This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

00000444983 ACCU-CHEK MOBILE TEST STRIPS RDC \$ 0.7125

This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

00000445003 TYKESST TEST STRIPS TTC \$ 0.9998

This product is a benefit for patients with diabetes when purchased from a licensed pharmacy.

Eligible individuals will have coverage for eligible blood glucose test strips for each benefit year up to a maximum of:

- 3,000 strips for patients with diabetes who are currently and regularly using insulin, OR
- 400 strips for patients treated with diabetes medications with high risk of hypoglycemia, OR
- 200 strips for patients treated with diabetes medications with low risk of hypoglycemia, OR
- 200 strips for patients treated by diet and/or exercise.

02:00 PEDIATRIC COUGH AND COLD PREPARATIONS

02:00

DEXTROMETHORPHAN HBR/ PSEUDOEPHEDRINE HCL

RESTRICTED BENEFIT - This product is a benefit for patients 6 to 17 years of age inclusive.

1.5 MG / ML * 3 MG / ML ORAL LIQUID

00002044013	ROBITUSSIN CHILDRENS COUGH AND COLD GKC		\$	0.0524
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04:00 ANTIHISTAMINE DRUGS

04:02

PEDIATRIC ANTIHISTAMINES**CYPROHEPTADINE HCL**

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

4 MG ORAL TABLET

00002332248	CYPROHEPTADINE	JPC	\$	0.8751
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DESLORATADINE

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

0.5 MG / ML ORAL SYRUP

00002247193	AERIUS KIDS	BIC	\$	0.0725
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DIPHENHYDRAMINE HCL

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

2.5 MG / ML ORAL ELIXIR

00002298503	DIPHENHYDRAMINE	JPC	\$	0.0482
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LORATADINE

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

1 MG / ML ORAL SYRUP

00002241523	CLARITIN	BIC	\$	0.0595
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08:00 ANTI-INFECTIVE AGENTS

08:14.08

**ANTIFUNGALS
(AZOLES)****FLUCONAZOLE**

150 MG ORAL CAPSULE

00002241895	APO-FLUCONAZOLE-150	APX	\$	3.9400
<input checked="" type="checkbox"/> 00002521229	FLUCONAZOLE-150	SNS	\$	3.9400
<input checked="" type="checkbox"/> 00002432471	JAMP-FLUCONAZOLE	JPC	\$	3.9400
<input checked="" type="checkbox"/> 00002428792	MAR-FLUCONAZOLE-150	MAR	\$	3.9400
<input checked="" type="checkbox"/> 00002433702	PRIVA-FLUCONAZOLE	NRA	\$	3.9400

12:00 AUTONOMIC DRUGS**12:92 MISCELLANEOUS AUTONOMIC DRUGS****BUPROPION HCL****150 MG ORAL SUSTAINED-RELEASE TABLET**

<input checked="" type="checkbox"/> 00002238441	ZYBAN	VCL	\$	1.1429
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NICOTINE

RESTRICTED BENEFIT - Coverage is limited to a lifetime maximum of \$500.00 per participant for all over the counter smoking cessation products listed in the Alberta Human Services Drug Benefit Supplement.

1 MG / DOSE BUCCAL SPRAY

<input checked="" type="checkbox"/> 00080038858	NICORETTE QUICKMIST	MCL	\$	0.2226
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<input checked="" type="checkbox"/> 00080054636	NIC-HIT	EUP	\$	1.2500
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2 MG / DOSE BUCCAL SPRAY

00080060452	NIC-HIT	EUP	\$	1.6700
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2 MG ORAL GUM

00002091933	NICORETTE	JJI	\$	0.3179
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4 MG ORAL GUM

00002091941	NICORETTE	JJI	\$	0.3179
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10 MG INHALATION CARTRIDGE

00002241742	NICORETTE INHALER	JJI	\$	0.7948
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7 MG/DAY TRANSDERMAL PATCH

<input checked="" type="checkbox"/> 00001943057	HABITROL 7 MG/DAY	GKC	\$	2.6786
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<input checked="" type="checkbox"/> 00002093111	NICODERM 7 MG/DAY	JJI	\$	3.9120
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14 MG/DAY TRANSDERMAL PATCH

<input checked="" type="checkbox"/> 00001943065	HABITROL 14 MG/DAY	GKC	\$	2.6786
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<input checked="" type="checkbox"/> 00002093138	NICODERM 14 MG/DAY	JJI	\$	3.9120
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21 MG/DAY TRANSDERMAL PATCH

<input checked="" type="checkbox"/> 00001943073	HABITROL 21 MG/DAY	GKC	\$	2.6786
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<input checked="" type="checkbox"/> 00002093146	NICODERM 21 MG/DAY	JJI	\$	3.9120
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20:00 BLOOD FORMULATION, COAGULATION AND THROMBOSIS**20:04.04 ANTIANEMIA DRUGS
(IRON PREPARATIONS)****FERROUS FUMARATE**

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

60 MG / ML ORAL SUSPENSION

<input checked="" type="checkbox"/> 00080029822	JAMP-FERROUS FUMARATE	JPC	\$	0.0821
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FERROUS SULFATE

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

30 MG / ML ORAL LIQUID

00080008295	JAMP FERROUS SULFATE	JPC	\$	0.0272
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30 MG / ML ORAL SYRUP

00000758469	FERODAN	ODN	\$	0.0272
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00000017884	FER-IN-SOL	MJO	\$	0.0519
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75 MG / ML ORAL DROPS

00002237385	FERODAN INFANT	ODN	\$	0.1432
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<input checked="" type="checkbox"/> 00080008309	JAMP FERROUS SULFATE INFANT DROPS	JPC	\$	0.1432
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00000762954	FER-IN-SOL	MJO	\$	0.2558
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.04.92 ANALGESICS AND ANTIPYRETICS
 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
 (OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS)

IBUPROFEN

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

20 MG / ML ORAL SUSPENSION

<input checked="" type="checkbox"/>	00002242365	CHILDREN'S MOTRIN	MCL	\$	0.0496
<input checked="" type="checkbox"/>	00002232297	CHILDREN'S ADVIL	GKC	\$	0.0662

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.92 ANALGESICS AND ANTIPYRETICS
 (MISCELLANEOUS ANALGESICS AND ANTIPYRETICS)

ACETAMINOPHEN**500 MG ORAL TABLET**

<input checked="" type="checkbox"/>	00002355299	JAMP-ACETAMINOPHEN BLAZON	JPC	\$	0.0271
<input checked="" type="checkbox"/>	00001939122	JAMP-ACETAMINOPHEN EXTRA STRENGTH	JPC	\$	0.0271
<input checked="" type="checkbox"/>	00002252813	ACETAMINOPHEN EXTRA STRENGTH	CEL	\$	0.0285
	00002229977	APO-ACETAMINOPHEN (CAPLET)	APX	\$	0.0285
	00000482323	NOVO GESIC FORTE	TEV	\$	0.0285
	00000559407	TYLENOL EXTRA STRENGTH	MCL	\$	0.1223
	00000723908	TYLENOL EXTRA-STRENGTH (CAPLET)	MCL	\$	0.1223

32 MG / ML ORAL SOLUTION

	00002027798	PEDIATRIX	TEV	\$	0.0434
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80 MG / ML ORAL DROPS

	00002027801	PEDIATRIX	TEV	\$	0.1510
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120 MG RECTAL SUPPOSITORY

	00002230434	ACET 120	PPH	\$	0.9600
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325 MG RECTAL SUPPOSITORY

	00002230436	ACET 325	PPH	\$	0.9600
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650 MG RECTAL SUPPOSITORY

	00002230437	ACET 650	PPH	\$	0.9600
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28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.08.04 PSYCHOTHERAPEUTIC AGENTS
 ANTIPSYCHOTICS
 (ATYPICAL ANTIPSYCHOTICS)

ARIPIPRAZOLE**2 MG ORAL TABLET**

00002471086	APO-ARIPIPRAZOLE	APX	\$	0.8092
00002506688	ARIPIPRAZOLE	SNS	\$	0.8092
00002534320	ARIPIPRAZOLE	SIV	\$	0.8092
00002460025	AURO-ARIPIPRAZOLE	AUR	\$	0.8092
00002483556	MINT-ARIPIPRAZOLE	MPI	\$	0.8092
00002466635	PMS-ARIPIPRAZOLE	PMS	\$	0.8092
00002473658	SANDOZ ARIPIPRAZOLE	SDZ	\$	0.8092
00002322374	ABILIFY	OTS	\$	3.1618

ALBERTA HUMAN SERVICES RESTRICTED BENEFIT

This Drug Product is a benefit for Alberta Human Services clients 13 years of age and older.

5 MG ORAL TABLET

00002471094	APO-ARIPIPRAZOLE	APX	\$	0.9046
00002506718	ARIPIPRAZOLE	SNS	\$	0.9046
00002534339	ARIPIPRAZOLE	SIV	\$	0.9046
00002460033	AURO-ARIPIPRAZOLE	AUR	\$	0.9046
00002483564	MINT-ARIPIPRAZOLE	MPI	\$	0.9046
00002466643	PMS-ARIPIPRAZOLE	PMS	\$	0.9046
00002473666	SANDOZ ARIPIPRAZOLE	SDZ	\$	0.9046
00002322382	ABILIFY	OTS	\$	3.5591

ALBERTA HUMAN SERVICES RESTRICTED BENEFIT

This Drug Product is a benefit for Alberta Human Services clients 13 years of age and older.

10 MG ORAL TABLET

00002471108	APO-ARIPIPRAZOLE	APX	\$	1.0754
00002506726	ARIPIPRAZOLE	SNS	\$	1.0754
00002534347	ARIPIPRAZOLE	SIV	\$	1.0754
00002460041	AURO-ARIPIPRAZOLE	AUR	\$	1.0754
00002483572	MINT-ARIPIPRAZOLE	MPI	\$	1.0754
00002466651	PMS-ARIPIPRAZOLE	PMS	\$	1.0754
00002473674	SANDOZ ARIPIPRAZOLE	SDZ	\$	1.0754
00002322390	ABILIFY	OTS	\$	4.1016

RESTRICTED BENEFIT - This product is a benefit for Alberta Human Services clients 13 years of age and older.

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.08.04 PSYCHOTHERAPEUTIC AGENTS
ANTIPSYCHOTICS
(ATYPICAL ANTIPSYCHOTICS)

ARIPIPRAZOLE**15 MG ORAL TABLET**

00002471116	APO-ARIPIPRAZOLE	APX	\$	1.2692
00002506734	ARIPIPRAZOLE	SNS	\$	1.2692
00002534355	ARIPIPRAZOLE	SIV	\$	1.2692
00002460068	AURO-ARIPIPRAZOLE	AUR	\$	1.2692
00002483580	MINT-ARIPIPRAZOLE	MPI	\$	1.2692
00002466678	PMS-ARIPIPRAZOLE	PMS	\$	1.2692
00002473682	SANDOZ ARIPIPRAZOLE	SDZ	\$	1.2692
00002322404	ABILIFY	OTS	\$	4.1016

RESTRICTED BENEFIT - This product is a benefit for Alberta Human Services clients 13 years of age and older.

20 MG ORAL TABLET

00002471124	APO-ARIPIPRAZOLE	APX	\$	1.0017
00002506750	ARIPIPRAZOLE	SNS	\$	1.0017
00002534363	ARIPIPRAZOLE	SIV	\$	1.0017
00002460076	AURO-ARIPIPRAZOLE	AUR	\$	1.0017
00002483599	MINT-ARIPIPRAZOLE	MPI	\$	1.0017
00002466686	PMS-ARIPIPRAZOLE	PMS	\$	1.0017
00002473690	SANDOZ ARIPIPRAZOLE	SDZ	\$	1.0017
00002322412	ABILIFY	OTS	\$	4.1016

RESTRICTED BENEFIT - This product is a benefit for Alberta Human Services clients 13 years of age and older.

30 MG ORAL TABLET

00002471132	APO-ARIPIPRAZOLE	APX	\$	1.0017
00002506785	ARIPIPRAZOLE	SNS	\$	1.0017
00002534371	ARIPIPRAZOLE	SIV	\$	1.0017
00002460084	AURO-ARIPIPRAZOLE	AUR	\$	1.0017
00002483602	MINT-ARIPIPRAZOLE	MPI	\$	1.0017
00002466694	PMS-ARIPIPRAZOLE	PMS	\$	1.0017
00002473704	SANDOZ ARIPIPRAZOLE	SDZ	\$	1.0017
00002322455	ABILIFY	OTS	\$	4.1016

RESTRICTED BENEFIT - This product is a benefit for Alberta Human Services clients 13 years of age and older.

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE

40:12 REPLACEMENT PREPARATIONS

**SODIUM CHLORIDE/ SODIUM CITRATE,ACID/ DEXTROSE/
POTASSIUM CITRATE (K+)**

470 MG * 530 MG * 3.56 G * 390 MG ORAL POWDER PACKET

00080027403	JAMP REHYDRALYTE	JPC	\$	1.9500
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SODIUM/ POTASSIUM/ CHLORIDE/ CITRATE/ DEXTROSE

0.045 MEQ / ML * 0.02 MEQ / ML * 0.035 MEQ / ML * 0.03 MEQ / ML * 0.025 G / ML ORAL LIQUID

00002219883	PEDIATRIC ELECTROLYTE	PPH	\$	0.0074
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The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE**40:12 REPLACEMENT PREPARATIONS****SODIUM/ POTASSIUM/ CHLORIDE/ CITRATE/ ZINC/ DEXTROSE**

0.045 MEQ / ML * 0.02 MEQ / ML * 0.035 MEQ / ML * 0.014 MEQ / ML * 0.0078 MG / ML * 0.025 G / ML ORAL SOLUTION

00080072902 PEDIALYTE (UNFLAVOURED) ABN \$ 0.0075

0.045 MEQ / ML * 0.02 MEQ / ML * 0.035 MEQ / ML * 0.0255 MEQ / ML * 0.0078 MG / ML * 0.025 G / ML ORAL SOLUTION

00080074173 PEDIALYTE (FLAVOURED) ABN \$ 0.0075

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE**40:20 CALORIC AGENTS****INFANT FORMULA****ORAL LIQUID**

00000999449 ALIMENTUM ABN \$ 0.0066

ORAL POWDER

00000999465 SIMILAC NEOSURE ABN \$ 0.0403

00000999564 ENFAMIL ENFACARE A+ MJO \$ 0.0443

00000999520 NUTRAMIGEN A+ HYPOALLERGENIC MJO \$ 0.0594

00000999817 NUTRAMIGEN A+ WITH LGG MJO \$ 0.0594

NUTRITIONAL PRODUCT**ORAL LIQUID**

00000999889 ISOSOURCE 1.2 NHN \$ 0.0078

00000999888 ISOSOURCE 1.5 NHN \$ 0.0091

00000999895 ISOSOURCE FIBRE 1.2 NHN \$ 0.0092

00000999896 ISOSOURCE FIBRE 1.5 NHN \$ 0.0098

00000999938 JEVITY 1 CAL ABN \$ 0.0116

00009998877 ISOSOURCE 2.0 NHN \$ 0.0128

NUTRITIONAL PRODUCT (ADULT MEAL REPLACEMENT)**ORAL LIQUID**

00000999932 BOOST 1.5 PLUS CALORIES NHN \$ 0.0086

00000999920 BOOST NHN \$ 0.0095

00000999921 BOOST PLUS CALORIES NHN \$ 0.0100

00000999409 RESOURCE 2.0 NHN \$ 0.0105

00000999901 ENSURE REGULAR ABN \$ 0.0107

00000999902 ENSURE PLUS ABN \$ 0.0113

NUTRITIONAL PRODUCT (ADULT)**ORAL LIQUID**

00000999966 COMPLEAT NHN \$ 0.0115

00000999856 COMPLEAT 1.5 NHN \$ 0.0229

NUTRITIONAL PRODUCT (DIABETIC)**ORAL LIQUID**

00000999413 RESOURCE DIABETIC NHN \$ 0.0087

00000999940 GLUCERNA ABN \$ 0.0112

ORAL LIQUID

00000999483 BOOST DIABETIC NHN \$ 0.0100

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE

40:20 CALORIC AGENTS

NUTRITIONAL PRODUCT (PEDIATRIC)**ORAL LIQUID**

<input checked="" type="checkbox"/>	00000999418	NUTREN JUNIOR	NHN	\$	0.0084
<input checked="" type="checkbox"/>	00000999419	NUTREN JUNIOR FIBRE	NHN	\$	0.0084
<input checked="" type="checkbox"/>	00000999933	PEDIASURE	ABN	\$	0.0109
<input checked="" type="checkbox"/>	00000990029	PEDIASURE FIBRE	ABN	\$	0.0109
<input checked="" type="checkbox"/>	00000989998	PEDIASURE PEPTIDE 1 CAL	ABN	\$	0.0110
<input checked="" type="checkbox"/>	00000999458	RESOURCE KID ESSENTIALS 1.5 CAL	NHN	\$	0.0122

NUTRITIONAL PRODUCT (RENAL)**ORAL LIQUID**

<input checked="" type="checkbox"/>	00000999545	NEPRO	ABN	\$	0.0095
<input checked="" type="checkbox"/>	00000999414	SUPLENA	ABN	\$	0.0101
<input checked="" type="checkbox"/>	00000990056	NOVASOURCE RENAL	NHN	\$	0.0111

NUTRITIONAL PRODUCTS**ORAL LIQUID**

	00000999621	OSMOLITE 1.2 CAL	ABN	\$	0.0092
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52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:02 ANTIALLERGIC AGENTS

SODIUM CROMOGLYCATE

Not a benefit for Alberta Human Services Group 19824 and Group 20403 clients.

2% OPHTHALMIC SOLUTION

	00002009277	CROMOLYN	PPH	\$	1.1620
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52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:92 MISCELLANEOUS EENT DRUGS

SODIUM CHLORIDE**0.9% NASAL SOLUTION**

	00080024901	SALINEX (DROPS)	EXP	\$	0.1650
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56:00 GASTROINTESTINAL DRUGS

56:08 ANTIDIARRHEA AGENTS

LOPERAMIDE HCL**2 MG ORAL TABLET**

	00002228351	PMS-LOPERAMIDE (CAPLET)	PMS	\$	0.0952
	00002132591	TEVA-LOPERAMIDE (CAPLET)	TEV	\$	0.0952

0.13 MG / ML ORAL SOLUTION

	00002291800	IMODIUM	MCL	\$	0.0372
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56:00 GASTROINTESTINAL DRUGS**56:12 CATHARTICS AND LAXATIVES****BISACODYL****5 MG ORAL ENTERIC-COATED TABLET**

00000254142 DULCOLAX SAV \$ 0.1950

10 MG RECTAL SUPPOSITORY00002361450 **BISACODYL** JPC \$ **0.4681**

00000003875 DULCOLAX SAV \$ 1.1800

DOCUSATE SODIUM

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

4 MG / ML ORAL SYRUP00000870226 **RATIO-DOCUSATE SODIUM** TEV \$ **0.0220**

00002086018 COLACE PMS \$ 0.0243

10 MG / ML ORAL DROPS

00002090163 COLACE PMS \$ 0.1951

GLYCERIN

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

RECTAL PEDIATRIC SUPPOSITORY

00001926047 GLYCERIN INFANT PMS \$ 0.1966

**POLYETHYLENE GLYCOL/ POTASSIUM CHLORIDE (K+)/
SODIUM SULFATE/ SODIUM CHLORIDE/ SODIUM
BICARBONATE****238.18 G / G * 3.05 G / G * 22.96 G / G * 5.85 G / G * 6.76 G / G ORAL POWDER**

00000777838 PEG-LYTE PPH \$ 0.0876

RESTRICTED BENEFIT - This product is a benefit for patients 18 years of age and older for bowel cleansing prior to procedures (such as colonoscopy).

Coverage is restricted to a total of 840g (i.e. 3 fills of 280g) per patient per year.

**POLYETHYLENE GLYCOL/ SODIUM SULFATE/ SODIUM
BICARBONATE/ SODIUM CHLORIDE/ POTASSIUM CHLORIDE
(K+)****238.8 G / G * 22.7 G / G * 6.7 G / G * 5.8 G / G * 3 G / G ORAL POWDER**

00000677442 COLYTE PPH \$ 0.0858

RESTRICTED BENEFIT - This product is a benefit for patients 18 years of age and older for bowel cleansing prior to procedures (such as colonoscopy).

Coverage is restricted to a total of 840g (i.e. 3 fills of 280g) per patient per year.

SODIUM PHOSPHATE/ SODIUM ACID PHOSPHATE**10.4 G / ENM * 3.9 G / ENM RECTAL ENEMA**00002231170 **ENE-MED** HJS \$ **2.2700**

00000009911 FLEET ENEMA CBF \$ 4.0700

10.4 G / ENM * 3.9 G / ENM RECTAL PEDIATRIC ENEMA

00000108065 FLEET ENEMA PEDIATRIC (65 ML) CBF \$ 4.1000

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

56:00 GASTROINTESTINAL DRUGS**56:16 DIGESTANTS****LACTASE****3,000 UNIT ORAL TABLET**

00002230653 LACTAID MCL \$ 0.1477

4,500 UNIT ORAL TABLET

00002230654 EXTRA STRENGTH LACTAID MCL \$ 0.2225

9,000 UNIT ORAL TABLET 00080070358 JAMP-LACTASE ENZYME JPC \$ 0.3290 00002231507 LACTAID ULTRA (CAPLET) MCL \$ 0.3693**3,000 UNIT ORAL CHEWABLE TABLET**

00002239139 JAMP-LACTASE ENZYME JPC \$ 0.1269

4,500 UNIT ORAL CHEWABLE TABLET

00080018706 JAMP-LACTASE ENZYME JPC \$ 0.1912

56:00 GASTROINTESTINAL DRUGS**56:22.08 ANTIEMETICS
(ANTI-HISTAMINES)****DIMENHYDRINATE****50 MG ORAL TABLET**

00002245416 JAMP-DIMENHYDRINATE JPC \$ 0.0522

84:00 SKIN AND MUCOUS MEMBRANE AGENTS**84:04.08.08 ANTI-INFECTIVES
ANTIFUNGALS
(AZOLES)****CLOTRIMAZOLE****1% TOPICAL CREAM**

00002239432 CANESTEN EXTERNAL CREAM REFILL BIC \$ 0.4253

1% VAGINAL CREAM 00000812366 CLOTRIMADERM TAR \$ 0.2334 00002150891 CANESTEN 6 BIC \$ 0.2560**2% VAGINAL CREAM** 00000812374 CLOTRIMADERM TAR \$ 0.4663 00002150905 CANESTEN 3 BIC \$ 0.5224**10% VAGINAL CREAM**

00002150883 CANESTEN 1 BIC \$ 2.7680

CLOTRIMAZOLE/ CLOTRIMAZOLE**1% * 10% TOPICAL/VAGINAL CREAM/CREAM**

00002230509 CANESTEN 1 CREAM COMBI-PAK BIC \$ 15.1200

200 MG * 1% VAGINAL/TOPICAL TABLET/CREAM

00002264099 CANESTEN 3 COMFORTAB COMBI-PAK BIC \$ 14.2600

500 MG * 1% VAGINAL/TOPICAL TABLET/CREAM

00002264102 CANESTEN 1 COMFORTAB COMBI-PAK BIC \$ 15.1200

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.08.28 ANTI-INFECTIVES
ANTIFUNGALS
(POLYENES)

NYSTATIN

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

100,000 UNIT / G TOPICAL CREAM

00000716871 NYADERM TAR \$ 0.2037

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.12 ANTI-INFECTIVES
(SCABICIDES AND PEDICULICIDES)

DIMETHICONE

50 % TOPICAL SOLUTION

00002373785 NYDA MDX \$ 0.4484

ISOPROPYL MYRISTATE

50 % TOPICAL SOLUTION

00002279592 RESULTZ ARA \$ 0.1558

PERMETHRIN

5 % TOPICAL CREAM

00002219905 NIX DERMAL GKC \$ 0.4977

5 % TOPICAL LOTION

00002231348 KWELLADA-P MTC \$ 0.5053

10 MG / ML TOPICAL RINSE

00000771368 NIX CREME IPH \$ 0.1907

00002231480 KWELLADA-P CREME MTC \$ 0.2328

PYRETHRINS/ PIPERONYL BUTOXIDE

0.33 % * 3 % TOPICAL SHAMPOO

00002125447 R & C SHAMPOO WITH CONDITIONER MTC \$ 0.1558

88:00 VITAMINS

88:16 VITAMIN D

VITAMIN D3

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

400 UNIT / ML ORAL DROPS

00080003038 JAMP-VITAMIN D JPC \$ 0.1781

00000762881 D-VI-SOL INFANT MJO \$ 0.1996

00080019649 D3-DOL JPC \$ 5.3892

88:00 VITAMINS**88:28 MULTIVITAMIN PREPARATIONS****VITAMIN A ACETATE/ THIAMINE MONONITRATE/ RIBOFLAVIN (VITAMIN B2)/ PYRIDOXINE HCL/ CYANOCOBALAMIN/ SODIUM ASCORBATE/ VITAMIN D/ FOLIC ACID/ NIACINAMIDE (NICOTINAMIDE)**

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

1,600 UNIT (BASE) * 1.5 MG * 1.5 MG * 1 MG * 3 MCG * 50 MG * 400 UNIT * 0.1 MG * 8 MG ORAL CHEWABLE TABLET

00002247975 FLINTSTONES MULTI VITAMINS W EXTRA C BIC \$ 0.1362

VITAMIN A PALMITATE/ VITAMIN D/ ASCORBIC ACID

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

2,500 UNIT / ML (BASE) * 667 UNIT / ML * 50 MG / ML ORAL DROPS

00000762903 TRI-VI-SOL MJO \$ 0.2346

VITAMIN A PALMITATE/ VITAMIN D/ SODIUM ASCORBATE/ THIAMINE HCL/ RIBOFLAVIN (VITAMIN B2)/ NIACINAMIDE (NICOTINAMIDE)

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

1,500 UNIT / ML * 400 UNIT / ML * 30 MG / ML * 0.5 MG / ML * 0.6 MG / ML * 4 MG / ML ORAL DROPS

00000762946 POLY-VI-SOL MJO \$ 0.2346

88:00 VITAMINS**88:28.01 MULTIVITAMIN PREPARATIONS (VITAMINS & MINERALS)****BETA CAROTENE/ BIOTIN/ CALCIUM CARBONATE/ CHROMIUM CHLORIDE/ COPPER CITRATE/ FOLIC ACID/ POTASSIUM IODIDE/ IRON/ MAGNESIUM OXIDE/ MANGANESE/ SODIUM MOLYBDATE/ NIACINAMIDE (NICOTINAMIDE)/ CALCIUM D-PANTOTHENATE/ RIBOFLAVIN (VITAMIN B2)/ SODIUM SELENATE/ THIAMINE MONONITRATE/ VITAMIN A ACETATE/ CYANOCOBALAMIN/ PYRIDOXINE HCL/ ASCORBIC ACID/ VITAMIN D/ VITAMIN E (DL-ALPHA TOCOPHERYL ACETATE)/ ZINC OXIDE**

5,400 MCG * 24 MCG * 250 MG * 9 MCG * 0.3 MG * 600 MCG * 225 MCG * 24 MG * 50 MG * 1.2 MG * 28 MCG * 8 MG * 3.6 MG * 0.9 MG * 17 MCG * 0.9 MG * 462 MCG * 2.8 MCG * 1.4 MG * 70 MG * 15 MCG * 4.8 MG * 2.4 MG ORAL TABLET

00080082297 NESTLE MATERNA NES \$ 0.1830

VITAMIN A ACETATE/ THIAMINE MONONITRATE/ RIBOFLAVIN (VITAMIN B2)/ PYRIDOXINE HCL/ CYANOCOBALAMIN/ SODIUM ASCORBATE/ VITAMIN D/ FOLIC ACID/ NIACINAMIDE (NICOTINAMIDE)/ FERROUS FUMARATE

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

1,600 UNIT (BASE) * 1.5 MG * 1.5 MG * 1 MG * 3 MCG * 50 MG * 400 UNIT * 0.1 MG * 8 MG * 4 MG (BASE) ORAL CHEWABLE TABLET

00002247995 FLINTSTONES MULTI VITAMINS PLUS IRON BIC \$ 0.1362

92:00 MISCELLANEOUS THERAPEUTIC AGENTS

92:00

INSTANT FOOD THICKENER

ORAL POWDER

<input checked="" type="checkbox"/>	00000999453	THICKENUP	NHN	\$	0.0303
<input checked="" type="checkbox"/>	00000999610	GELMIX INFANT THICKENER	KIP	\$	0.3116
<input checked="" type="checkbox"/>	00000999561	THICKENUP CLEAR	NHN	\$	0.3960

APPENDICES

Pharmaceutical Manufacturers

Appendix 1 Pharmaceutical Manufacturers

A

ABD Abbott Diabetes Care
ABN Abbott Nutrition
ACP Accel Pharma Inc.
ADC Ascensia Diabetes Care
AGP Angita Pharma Inc.
APX Apotex Inc.
ARA Aralez Pharmaceuticals Inc.
ARP Ara Pharmaceuticals Inc. (Spirit Healthcare Group)
AUR Auro Pharma Inc.

B

BAI Bayer Inc.
BIC Bayer Inc. Consumer Care
BNE Bionime USA Corporation

C

CAM Cambrooke Therapeutics
CBF C.B. Fleet Company Inc.
CEL Cellchem Pharmaceuticals Inc.

E

EUP Euro-Pharm
EXP Exzell Pharma

G

GKC GlaxoSmithKline Consumer Healthcare
GMP Generic Medical Partners Inc
GSK GlaxoSmithKline

H

HJS H.J. Sutton/Quality Home Products

I

IPH Insight Pharmaceuticals LLC

J

JJI Kenvue, a div. of Johnson & Johnson Inc.
JPC Jamp Pharma Corporation

K

KIP Kinder Products Ltd (Caring Solutions)

L

LIF Lifescan Canada

M

MAR Marcan Pharmaceuticals Inc
MCL McNeil Consumer Healthcare
MDX Medexus Pharmaceuticals Inc.

MJO Mead Johnson Nutrition (Canada) Co.
MPI Mint Pharmaceuticals Inc.
MTC MedTech Products Inc.
MTR Mantra Pharma Inc.
MYP Viatris Canada

N

NES Nestle Canada Inc.
NHN Nestle Health Science
NRA Nora Pharma Inc
NTP Natco Pharma (Canada) Inc.
NUN Nutricia North America

O

ODN Odan Laboratories Ltd.
ORC Organon Canada Inc.
OTS Otsuka Canada Pharmaceutical Inc.

P

PMS Pharmascience Inc.
PPH Pendopharm Inc.

R

RAN Ranbaxy Pharmaceuticals Canada Inc
RDC Roche Diabetes Care

S

SAV Sanofi-Aventis
SDZ Sandoz Canada Inc.
SEN I-SENS USA
SEP Septa Pharmaceuticals Inc.
SIV Sivem Pharmaceuticals ULC
SNS Sanis Health Inc.

T

TAR Taro Pharmaceuticals Inc.
TEV Teva Canada Ltd.
TTC Tykess Pharmaceuticals Inc.

V

VCL Bausch Health
VTF Vitaflo USA, LLC

X

XPI Xediton Pharmaceuticals Inc.
XXX Miscellaneous Manufacturers

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.