Updates to the Alberta Drug Benefit List

Effective July 1, 2021

Alberta Government

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Website: https://www.alberta.ca/drug-benefit-list-and-drug-review-process.aspx

Administered by Alberta Blue Cross
on behalf of Alberta Health.

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.

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Special Authorization

The following drug product(s) will be considered for coverage by Special Authorization for patients covered under Alberta government-sponsored drug programs.

New Drug Product(s) Available by Special Authorization

Trade Name / Strength / Form	Generic Description	DIN	MFR
OLUMIANT 2 MG TABLET	BARCITINIB	00002480018	LIL

Additional Brand(s) and/or Strength(s) of Drug Product(s) Available by Special Authorization

Trade Name / Strength / Form	Generic Description	DIN	MFR
TEVA-FEBUXOSTAT 80 MG TABLET	FEBUXOSTAT	00002466198	TEV

Additional Brand(s) and/or Strength(s) of Drug Product(s) Available by Restricted Benefit/ Special Authorization

Trade Name / Strength / Form	Generic Description	DIN	MFR
AG-RIZATRIPTAN ODT 10 MG ORAL DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002492490	AGP

Restricted Benefit(s)

Additional Brand(s) and/or Strength(s) of Drug Product(s) Available by Restricted Benefit

Trade Name / Strength / Form	Generic Description	DIN	MFR
ARIPIPRAZOLE 2 MG TABLET	ARIPIPRAZOLE	00002506688	SNS
ARIPIPRAZOLE 5 MG TABLET	ARIPIPRAZOLE	00002506718	SNS

Drug Product(s) with Changes to Benefit Status

The following drug product(s) previously covered as regular benefits will now be covered as restricted benefits effective July 1, 2021. Existing patients will be required to transition to the biosimilar by Jan 10, 2022 in order to maintain coverage for the molecule through their Alberta government sponsored drug plan.

Trade Name / Strength / Form	Generic Description	DIN	MFR
LOVENOX (0.3 ML SYRINGE) 30 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002012472	SAV
LOVENOX (0.4 ML SYRINGE) 40 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002236883	SAV
LOVENOX (0.6 ML SYRINGE) 60 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002378426	SAV

Drug Product(s) with Changes to Benefit Status, continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
LOVENOX (0.8 ML SYRINGE) 120 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002242692	SAV
LOVENOX (0.8 ML SYRINGE) 80 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002378434	SAV
LOVENOX (1 ML SYRINGE) 100 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002378442	SAV
LOVENOX 100 MG / ML INJECTION	ENOXAPARIN SODIUM	00002236564	SAV
LOVENOX HP (1 ML SYRINGE) 150 MG / SYRINGE INJECTION SYRINGE	ENOXAPARIN SODIUM	00002378469	SAV

Added Product(s)

Trade Name / Strength / Form	Generic Description	DIN	MFR
AG-URSODIOL 250 MG TABLET	URSODIOL	00002505363	AGP
AG-URSODIOL 500 MG TABLET	URSODIOL	00002505371	AGP
ARIPIPRAZOLE 10 MG TABLET	ARIPIPRAZOLE	00002506726	SNS
ARIPIPRAZOLE 15 MG TABLET	ARIPIPRAZOLE	00002506734	SNS
ARIPIPRAZOLE 20 MG TABLET	ARIPIPRAZOLE	00002506750	SNS
ARIPIPRAZOLE 30 MG TABLET	ARIPIPRAZOLE	00002506785	SNS
INCLUNOX 40 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002507528	SDZ
INCLUNOX 60 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002507536	SDZ
INCLUNOX 80 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002507544	SDZ
INCLUNOX 100 MG /SYRINGE INJECTION	ENOXAPARIN SODIUM	00002507552	SDZ
INCLUNOX HP 120 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002507560	SDZ
INCLUNOX HP 150 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002507579	SDZ
JAMP PILOCARPINE 5 MG TABLET	PILOCARPINE HYDROCHLORIDE	00002509571	JPC
JAMP SODIUM POLYSTYRENE SULFONATE ORAL POWDER	SODIUM POLYSTYRENE SULFONATE	00002497557	JPC
JAMP-AMLODIPINE 10 MG TABLET	AMLODIPINE BESYLATE	00002357208	JPC
MAR-FLECAINIDE 50 MG TABLET	FLECAINIDE ACETATE	00002476177	MAR
MAR-FLECAINIDE 100 MG TABLET	FLECAINIDE ACETATE	00002476185	MAR
METHOTREXATE (PRESERVED) 25 MG / ML INJECTION BP	METHOTREXATE SODIUM	00002464365	AHI
ODAN-SODIUM POLYSTYRENE SULFONATE ORAL POWDER	SODIUM POLYSTYRENE SULFONATE	00002473941	ODN
REDESCA (3 ML VIAL) 100 MG / ML INJECTION	ENOXAPARIN SODIUM	00002509121	VLP

Added Product(s), continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
REDESCA 100 MG / ML SINGLE DOSE PRE-FILLED SYRINGE	ENOXAPARIN SODIUM	00002509113	SHE
REDESCA 30 MG / 0.3 ML SINGLE DOSE PRE-FILLED SYRINGE	ENOXAPARIN SODIUM	00002509075	SHE
REDESCA 40 MG / 0.4 ML SINGLE DOSE PRE-FILLED SYRINGE	ENOXAPARIN SODIUM	00002509083	SHE
REDESCA 60 MG / 0.6 ML SINGLE DOSE PRE-FILLED SYRINGE	ENOXAPARIN SODIUM	00002509091	SHE
REDESCA 80 MG / 0.8 ML SINGLE DOSE PRE-FILLED SYRINGE	ENOXAPARIN SODIUM	00002509105	SHE
REDESCA HP 120 MG / 0.8 ML SINGLE DOSE PRE-FILLED SYRINGE	ENOXAPARIN SODIUM	00002509148	SHE
REDESCA HP 150 MG / ML SINGLE DOSE PRE-FILLED SYRINGE	ENOXAPARIN SODIUM	00002509156	SHE
SANDOZ MIRTAZAPINE 15 MG TABLET	MIRTAZAPINE	00002250594	SDZ

Least Cost Alternative (LCA) Price Change(s)

*The following established IC Grouping(s) are affected and a revised LCA price has been established. Groupings affected by a price decrease, will be effective August 1, 2021. Please review the online **Interactive Drug Benefit List** for further information.*

Generic Description	Strength / Form	New LCA Price
AZITHROMYCIN	20 MG / ML ORAL SUSPENSION	0.5881
AZITHROMYCIN	40 MG / ML ORAL SUSPENSION	0.8330
FEBUXOSTAT	80 MG TABLET	0.3975
METHOTREXATE SODIUM	(PRESERVED) 25 MG / ML INJECTION	6.2400
ONDANSETRON HCL DIHYDRATE	4 MG TABLET	2.5450
ONDANSETRON HCL DIHYDRATE	8 MG TABLET	3.8840
PILOCARPINE HCL	5 MG TABLET	0.7321
RIZATRIPTAN BENZOATE	5 MG ORAL DISINTEGRATING TABLET	2.8150
RIZATRIPTAN BENZOATE	10 MG ORAL DISINTEGRATING TABLET	2.8150
SODIUM POLYSTYRENE SULFONATE	94.3 MG / G ORAL POWDER	0.0648

Product(s) with a Price Change

The following product(s) had a Price Change. The previous higher price will be recognized until July 31, 2021. For products within an established IC Grouping, the LCA price may apply.

Trade Name / Strength / Form	Generic Description	DIN	MFR
ACCEL-ONDANSETRON 4 MG TABLET	ONDANSETRON HCL DIHYDRATE	00002478927	ACP

Product(s) with a Price Change, continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
ACCEL-ONDANSETRON 8 MG TABLET	ONDANSETRON HCL DIHYDRATE	00002478935	ACP
M-PILOCARPINE 5 MG TABLET	PILOCARPINE HCL	00002496119	ACP
ACCEL-RIZATRIPTAN ODT 10 MG ORAL DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002483289	ACP
ACCEL-RIZATRIPTAN ODT 5 MG ORAL DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002483270	ACP
AURO-AZITHROMYCIN 20 MG / ML ORAL SUSPENSION	AZITHROMYCIN	00002482363	AUR
AURO-AZITHROMYCIN 40 MG / ML ORAL SUSPENSION	AZITHROMYCIN	00002482371	AUR
JAMP-FEBUXOSTAT 80 MG TABLET	FEBUXOSTAT	00002490870	JPC
MAR-FEBUXOSTAT 80 MG TABLET	FEBUXOSTAT	00002473607	MAR
METHOTREXATE SODIUM (PRESERVED) 25 MG / ML INJECTION	METHOTREXATE SODIUM	00002182777	PFI
SANDOZ AZITHROMYCIN 20 MG / ML ORAL SUSPENSION	AZITHROMYCIN	00002332388	SDZ
SANDOZ AZITHROMYCIN 40 MG / ML SUSPENSION	AZITHROMYCIN	00002332396	SDZ
SOLYSTAT ORAL POWDER	SODIUM POLYSTYRENE SULFONATE	0000755338	PPH

Discontinued Listing(s)

Notification of discontinuation has been received from the manufacturer(s). The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective July 1, 2021, the listed product(s) will no longer be a benefit and where applicable, will not be considered for coverage by Special Authorization. A transition period will be applied and as of August 1, 2021 claims will no longer pay for these product(s).

Trade Name / Strength / Form	Generic Description	DIN	MFR
ANUGESIC-HC RECTAL OINTMENT	HYDROCORTISONE ACETATE	00000505781	MCL
APO-QUININE 200 MG CAPSULE	QUININE SULFATE	00002254514	APX
FAMOTIDINE 20 MG TABLET	FAMOTIDINE	00002351102	SNS
FAMOTIDINE 40 MG TABLET	FAMOTIDINE	00002351110	SNS
LOVASTATIN 20 MG TABLET	LOVASTATIN	00002353229	SNS
LOVASTATIN 40 MG TABLET	LOVASTATIN	00002353237	SNS
PMS-CARBAMAZEPINE-CR 200 MG SUSTAINED-RELEASE TABLET	CARBAMAZEPINE	00002231543	PMS
SANDOZ PROCTOMYXIN HC 5 MG / G / 5 MG / G / 10 MG / G / 10 MG / G RECTAL OINTMENT	HYDROCORTISONE/ CINCHOCAINE HCL/ FRAMYCETIN SULFATE/ ESCULIN	00002242527	SDZ
SANDOZ ZOPICLONE 7.5 MG TABLET	ZOPICLONE	00002008203	SDZ
TERAZOSIN 1 MG TABLET	TERAZOSIN HCL	00002350475	SNS

Discontinued Listing(s), continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
TERAZOSIN 2 MG TABLET	TERAZOSIN HCL	00002350483	SNS

PART 2

Drug Additions

AMLODIPINE BESYLATE

10 MG (BASE) ORAL TABLET

00002297493	**ACT AMLODIPINE**	**APH**	$	**0.1993**
00002331292	**AMLODIPINE**	**SNS**	$	**0.1993**
00002385805	**AMLODIPINE**	**SIV**	$	**0.1993**
00002429225	**AMLODIPINE**	**JPC**	$	**0.1993**
00002419572	**AMLODIPINE BESYLATE**	**AHI**	$	**0.1993**
00002273381	**APO-AMLODIPINE**	**APX**	$	**0.1993**
00002397080	**AURO-AMLODIPINE**	**AUR**	$	**0.1993**
00002357208	**JAMP-AMLODIPINE**	**JPC**	$	**0.1993**
00002371723	**MAR-AMLODIPINE**	**MAR**	$	**0.1993**
00002362678	**MINT-AMLODIPINE**	**MPI**	$	**0.1993**
00002272121	**MYLAN-AMLODIPINE**	**MYP**	$	**0.1993**
00002476479	**NRA-AMLODIPINE**	**NRA**	$	**0.1993**
00002469049	**PHARMA-AMLODIPINE**	**PMS**	$	**0.1993**
00002321866	**RAN-AMLODIPINE**	**RAN**	$	**0.1993**
00002284391	**SANDOZ AMLODIPINE**	**SDZ**	$	**0.1993**
00002357720	**SEPTA-AMLODIPINE**	**SEP**	$	**0.1993**
00000878936	NORVASC	UJC	$	2.0939

ARIPIPRAZOLE

2 MG ORAL TABLET

00002471086	**APO-ARIPIPRAZOLE**	**APX**	$	**0.8092**
00002506688	**ARIPIPRAZOLE**	**SNS**	$	**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 HEALTH RESTRICTED BENEFIT

This Drug Product is a benefit for patients 13 to 17 years of age inclusive.

5 MG ORAL TABLET

00002471094	**APO-ARIPIPRAZOLE**	**APX**	$	**0.9046**
00002506718	**ARIPIPRAZOLE**	**SNS**	$	**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 HEALTH RESTRICTED BENEFIT

This Drug Product is a benefit for patients 13 to 17 years of age inclusive.

10 MG ORAL TABLET

00002471108	**APO-ARIPIPRAZOLE**	**APX**	$	**1.0754**
00002506726	**ARIPIPRAZOLE**	**SNS**	$	**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

ARIPIPRAZOLE

15 MG ORAL TABLET				
00002471116	**APO-ARIPIPRAZOLE**	**APX**	$	**1.2692**
00002506734	**ARIPIPRAZOLE**	**SNS**	$	**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
20 MG ORAL TABLET				
00002471124	**APO-ARIPIPRAZOLE**	**APX**	$	**1.0017**
00002506750	**ARIPIPRAZOLE**	**SNS**	$	**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
30 MG ORAL TABLET				
00002471132	**APO-ARIPIPRAZOLE**	**APX**	$	**1.0017**
00002506785	**ARIPIPRAZOLE**	**SNS**	$	**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

AZITHROMYCIN

20 MG / ML ORAL SUSPENSION				
00002482363	**AURO-AZITHROMYCIN**	**AUR**	$	**0.5881**
00002332388	**SANDOZ AZITHROMYCIN**	**SDZ**	$	**0.5881**
00002223716	ZITHROMAX	PFI	$	1.1310
40 MG / ML ORAL SUSPENSION				
00002482371	**AURO-AZITHROMYCIN**	**AUR**	$	**0.8330**
00002332396	**SANDOZ AZITHROMYCIN**	**SDZ**	$	**0.8330**
00002223724	ZITHROMAX	PFI	$	1.6026

ENOXAPARIN SODIUM

100 MG / ML INJECTION

☒ 00002509121	REDESCA (3 ML VIAL)	VLP	$	17.7100
☒ 00002236564	LOVENOX	SAV	$	22.0567

RESTRICTED BENEFIT

"Effective July 1, 2021, existing patients currently using the originator biologic drug, Lovenox, will be required to transition to the biosimilar by Jan 10, 2022 in order to maintain coverage for the molecule through their Alberta government sponsored drug plan. All new patient starts for enoxaparin will be covered for the biosimilar. Lovenox will not be eligible for coverage for new enoxaparin starts."

30 MG / SYR INJECTION SYRINGE

☒ 00002509075	REDESCA (0.3 ML SYRINGE)	VLP	$	5.3500
☒ 00002012472	LOVENOX (0.3 ML SYRINGE)	SAV	$	6.6170

RESTRICTED BENEFIT

"Effective July 1, 2021, existing patients currently using the originator biologic drug, Lovenox, will be required to transition to the biosimilar by Jan 10, 2022 in order to maintain coverage for the molecule through their Alberta government sponsored drug plan. All new patient starts for enoxaparin will be covered for the biosimilar. Lovenox will not be eligible for coverage for new enoxaparin starts."

40 MG / SYR INJECTION SYRINGE

☒ 00002507528	INCLUNOX	SDZ	$	6.6160
☒ 00002509083	REDESCA (0.4 ML SYRINGE)	VLP	$	7.0800
☒ 00002236883	LOVENOX (0.4 ML SYRINGE)	SAV	$	8.8220

RESTRICTED BENEFIT

"Effective July 1, 2021, existing patients currently using the originator biologic drug, Lovenox, will be required to transition to the biosimilar by Jan 10, 2022 in order to maintain coverage for the molecule through their Alberta government sponsored drug plan. All new patient starts for enoxaparin will be covered for the biosimilar. Lovenox will not be eligible for coverage for new enoxaparin starts."

60 MG / SYR INJECTION SYRINGE

☒ 00002507536	INCLUNOX	SDZ	$	9.9240
☒ 00002509091	REDESCA (0.6 ML SYRINGE)	VLP	$	10.6300
☒ 00002378426	LOVENOX (0.6 ML SYRINGE)	SAV	$	13.2330

RESTRICTED BENEFIT

"Effective July 1, 2021, existing patients currently using the originator biologic drug, Lovenox, will be required to transition to the biosimilar by Jan 10, 2022 in order to maintain coverage for the molecule through their Alberta government sponsored drug plan. All new patient starts for enoxaparin will be covered for the biosimilar. Lovenox will not be eligible for coverage for new enoxaparin starts."

ENOXAPARIN SODIUM

80 MG / SYR INJECTION SYRINGE

⊠ 00002507544	INCLUNOX	SDZ	$	13.2320
⊠ 00002509105	REDESCA (0.8 ML SYRINGE)	VLP	$	14.1600
⊠ 00002378434	LOVENOX (0.8 ML SYRINGE)	SAV	$	17.6450

RESTRICTED BENEFIT

"Effective July 1, 2021, existing patients currently using the originator biologic drug, Lovenox, will be required to transition to the biosimilar by Jan 10, 2022 in order to maintain coverage for the molecule through their Alberta government sponsored drug plan. All new patient starts for enoxaparin will be covered for the biosimilar. Lovenox will not be eligible for coverage for new enoxaparin starts."

100 MG / SYR INJECTION SYRINGE

⊠ 00002507552	INCLUNOX	SDZ	$	16.5400
⊠ 00002509113	REDESCA (1 ML SYRINGE)	VLP	$	17.7100
⊠ 00002378442	LOVENOX (1 ML SYRINGE)	SAV	$	22.0560

RESTRICTED BENEFIT

"Effective July 1, 2021, existing patients currently using the originator biologic drug, Lovenox, will be required to transition to the biosimilar by Jan 10, 2022 in order to maintain coverage for the molecule through their Alberta government sponsored drug plan. All new patient starts for enoxaparin will be covered for the biosimilar. Lovenox will not be eligible for coverage for new enoxaparin starts."

120 MG / SYR INJECTION SYRINGE

⊠ 00002507560	INCLUNOX HP	SDZ	$	19.8480
⊠ 00002509148	REDESCA HP (0.8 ML SYRINGE)	VLP	$	21.2400
⊠ 00002242692	LOVENOX (0.8 ML SYRINGE)	SAV	$	26.4670

RESTRICTED BENEFIT

"Effective July 1, 2021, existing patients currently using the originator biologic drug, Lovenox, will be required to transition to the biosimilar by Jan 10, 2022 in order to maintain coverage for the molecule through their Alberta government sponsored drug plan. All new patient starts for enoxaparin will be covered for the biosimilar. Lovenox will not be eligible for coverage for new enoxaparin starts."

150 MG / SYR INJECTION SYRINGE

⊠ 00002507579	INCLUNOX HP	SDZ	$	24.8100
⊠ 00002509156	REDESCA HP (1 ML SYRINGE)	VLP	$	26.5500
⊠ 00002378469	LOVENOX HP (1 ML SYRINGE)	SAV	$	33.0850

RESTRICTED BENEFIT

"Effective July 1, 2021, existing patients currently using the originator biologic drug, Lovenox, will be required to transition to the biosimilar by Jan 10, 2022 in order to maintain coverage for the molecule through their Alberta government sponsored drug plan. All new patient starts for enoxaparin will be covered for the biosimilar. Lovenox will not be eligible for coverage for new enoxaparin starts."

FLECAINIDE ACETATE

50 MG ORAL TABLET

00002275538	APO-FLECAINIDE	APX	$	0.1389
00002459957	AURO-FLECAINIDE	AUR	$	0.1389
00002493705	JAMP FLECAINIDE	JPC	$	0.1389
00002476177	MAR-FLECAINIDE	MAR	$	0.1389

100 MG ORAL TABLET

00002275546	APO-FLECAINIDE	APX	$	0.2779
00002459965	AURO-FLECAINIDE	AUR	$	0.2779
00002493713	JAMP FLECAINIDE	JPC	$	0.2779
00002476185	MAR-FLECAINIDE	MAR	$	0.2779

FLUTICASONE PROPIONATE

250 MCG / DOSE INHALATION METERED DOSE AEROSOL

00002503131	PMS-FLUTICASONE HFA	PMS	$	0.3752

METHOTREXATE SODIUM

25 MG / ML (BASE) INJECTION

00002464365	METHOTREXATE (PRESERVED)	AHI	$	6.2440
00002182777	METHOTREXATE SOD. (PRESERVED)	PFI	$	6.2440

MIRTAZAPINE

15 MG ORAL TABLET

00002411695	AURO-MIRTAZAPINE	AUR	$	0.0974
00002496666	MIRTAZAPINE	SIV	$	0.0974
00002256096	MYLAN-MIRTAZAPINE	MYP	$	0.0974
00002273942	PMS-MIRTAZAPINE	PMS	$	0.0974
00002250594	SANDOZ MIRTAZAPINE	SDZ	$	0.0974

ONDANSETRON HCL DIHYDRATE

4 MG (BASE) ORAL TABLET

00002478927	**ACCEL-ONDANSETRON**	**ACP**	$	**2.5450**
00002458810	CCP-ONDANSETRON	CEL	$	2.6790
00002297868	MYLAN-ONDANSETRON	MYP	$	2.6790
00002288184	APO-ONDANSETRON	APX	$	3.2720
00002296349	CO ONDANSETRON	APH	$	3.2720
00002313685	JAMP-ONDANSETRON	JPC	$	3.2720
00002371731	MAR-ONDANSETRON	MAR	$	3.2720
00002305259	MINT-ONDANSETRON	MPI	$	3.2720
00002417839	NAT-ONDANSETRON	NTP	$	3.2720
00002421402	ONDANSETRON	SNS	$	3.2720
00002258188	PMS-ONDANSETRON	PMS	$	3.2720
00002274310	SANDOZ ONDANSETRON	SDZ	$	3.2720
00002213567	ZOFRAN	NOV	$	14.9180

8 MG (BASE) ORAL TABLET

00002478935	**ACCEL-ONDANSETRON**	**ACP**	$	**3.8840**
00002458802	CCP-ONDANSETRON	CEL	$	4.0880
00002297876	MYLAN-ONDANSETRON	MYP	$	4.0880
00002288192	APO-ONDANSETRON	APX	$	4.9930
00002296357	CO ONDANSETRON	APH	$	4.9930
00002313693	JAMP-ONDANSETRON	JPC	$	4.9930
00002371758	MAR-ONDANSETRON	MAR	$	4.9930
00002305267	MINT-ONDANSETRON	MPI	$	4.9930
00002417847	NAT-ONDANSETRON	NTP	$	4.9930
00002421410	ONDANSETRON	SNS	$	4.9930
00002258196	PMS-ONDANSETRON	PMS	$	4.9930
00002274329	SANDOZ ONDANSETRON	SDZ	$	4.9930
00002213575	ZOFRAN	NOV	$	22.7660

PILOCARPINE HCL

5 MG ORAL TABLET

00002509571	**JAMP PILOCARPINE**	**JPC**	$	**0.7321**
00002496119	**M-PILOCARPINE**	**MTR**	$	**0.7321**
00002216345	SALAGEN	AMD	$	1.1713

RIZATRIPTAN BENZOATE

RESTRICTED BENEFIT - This product is a benefit for patients 18 to 64 years of age inclusive for the treatment of acute migraine attacks in patients where standard therapy has failed. (Refer to Criteria for Special Authorization of Select Drug Products of the List for eligibility in patients 65 years of age and older; and Criteria for Special Authorization of Select Drug Products of the Alberta Human Services Drug Benefit Supplement for eligibility in Alberta Human Services clients.)

5 MG (BASE) ORAL DISINTEGRATING TABLET				
00002483270	**ACCEL-RIZATRIPTAN ODT**	**ACP**	$	**2.8150**
00002458764	CCP-RIZATRIPTAN ODT	CEL	$	2.9633
00002379198	MYLAN-RIZATRIPTAN ODT	MYP	$	2.9633
00002465086	JAMP-RIZATRIPTAN ODT	JPC	$	3.7050
00002462788	MAR-RIZATRIPTAN ODT	MAR	$	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	MFC	$	16.5163
10 MG (BASE) ORAL DISINTEGRATING TABLET				
00002483289	**ACCEL-RIZATRIPTAN ODT**	**ACP**	$	**2.8150**
00002458772	CCP-RIZATRIPTAN ODT	CEL	$	2.9633
00002379201	MYLAN-RIZATRIPTAN ODT	MYP	$	2.9633
00002492490	AG-RIZATRIPTAN ODT	AGP	$	3.7050
00002465094	JAMP-RIZATRIPTAN ODT	JPC	$	3.7050
00002462796	MAR-RIZATRIPTAN ODT	MAR	$	3.7050
00002436612	NAT-RIZATRIPTAN ODT	NTP	$	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	MFC	$	16.5163

SODIUM POLYSTYRENE SULFONATE

ORAL POWDER				
00002473941	**ODAN-SODIUM POLYSTYRENE SULFONATE**	**ODN**	$	**0.0648**
00000755338	**SOLYSTAT**	**PPH**	$	**0.0648**
00002026961	KAYEXALATE	SAV	$	0.1851
ORAL/RECTAL POWDER				
00002497557	JAMP SODIUM POLYSTYRENE SULFONATE	JPC	$	0.0648

URSODIOL

250 MG ORAL TABLET				
00002505363	**AG-URSODIOL**	**AGP**	$	**0.3818**
00002472392	**JAMP-URSODIOL**	**JPC**	$	**0.3818**
00002273497	**PMS-URSODIOL C**	**PMS**	$	**0.3818**
00002426900	**URSODIOL TABLETS USP**	**GLM**	$	**0.3818**
00002238984	URSO	AXC	$	1.5469
500 MG ORAL TABLET				
00002505371	**AG-URSODIOL**	**AGP**	$	**0.7242**
00002472406	**JAMP-URSODIOL**	**JPC**	$	**0.7242**
00002273500	**PMS-URSODIOL C**	**PMS**	$	**0.7242**
00002426919	**URSODIOL TABLETS USP**	**GLM**	$	**0.7242**
00002245894	URSO DS	AXC	$	2.9345

PART 3

Special Authorization

BARICITINIB

Rheumatoid Arthritis

"Special authorization coverage may be provided for use in combination with methotrexate for the reduction in signs and symptoms of severely active Rheumatoid Arthritis (RA) in adult patients (18 years of age or older) who are refractory or intolerant to:
- Methotrexate at 20 mg (PO, SC or IM) or greater total weekly dosage (15 mg or greater if patient is 65 years of age or older) for more than 12 weeks. Patients who do not exhibit a clinical response to PO methotrexate or experience gastrointestinal intolerance to PO methotrexate must have a trial of parenteral methotrexate before being accepted as refractory; AND
- Methotrexate with other disease modifying anti-rheumatic agent(s) (minimum 4 month trial) [e.g., methotrexate with hydroxychloroquine or methotrexate with sulfasalazine]; AND
- Leflunomide (minimum 10 week trial at 20 mg daily).

Special authorization coverage of this agent may be provided for use as monotherapy in adult patients for whom methotrexate is contraindicated and/or for those patients who have experienced serious adverse effects.

'Refractory' is defined as lack of effect at the recommended doses and for duration of treatments specified above.
'Intolerant' is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs.

For coverage, this drug must be initiated by a Specialist in Rheumatology ("RA Specialist").

- Initial coverage may be approved for 2 mg once daily for three months.
- Patients will be limited to receiving a one-month supply of baricitinib per prescription at their pharmacy.
- Patients will not be permitted to switch back to baricitinib if they were deemed unresponsive to therapy.

For continued coverage beyond three months, the patient must meet the following criteria:
1) The patient must be assessed by an RA Specialist after the initial three months to determine response.
2) The RA Specialist must confirm in writing that the patient is a 'responder' that meets the following criteria:
- ACR20 OR an improvement of 1.2 units in the DAS28 score [reported to one (1) decimal place]; AND
- An improvement of 0.22 in HAQ score [reported to two (2) decimal places].
It should be noted that the initial score for the DAS28 or HAQ score on record will be rounded to the correct number of decimal places as indicated above.

Following this assessment, continued coverage may be approved for 2 mg once daily for a period of 12 months. Ongoing coverage may be considered only if the following criteria are met at the end of each 12-month period:
1) The patient has been assessed by an RA Specialist to determine response;
2) The RA Specialist must confirm in writing that the patient has maintained a response to therapy as indicated by:
- confirmation of maintenance of ACR20, or
- maintenance of a minimum improvement of 1.2 units in DAS28 score [reported to one (1) decimal place] from baseline.
3) A current HAQ score [reported to two (2) decimal places] must be included with all renewal requests.
It should be noted that the initial score for the DAS28 or HAQ score on record will be rounded to the correct number of decimal places as indicated above.

Coverage cannot be provided for baricitinib when intended for use in combination with a biologic agent or other Janus kinase (JAK) inhibitors."

All requests (including renewal requests) for baricitinib for Rheumatoid Arthritis must be completed using the

BARICITINIB

Abatacept/Adalimumab/Anakinra/Baricitinib/Certolizumab/Etanercept/Golimumab/Infliximab/Sarilumab/Tocilizumab/Tofacitinib for Rheumatoid Arthritis Special Authorization Request Form (ABC 60027).

2 MG ORAL TABLET

00002480018	OLUMIANT	LIL	$	50.8997

FEBUXOSTAT

"For the treatment of symptomatic gout in patients with a documented hypersensitivity to allopurinol.

Special authorization may be granted for 6 months."

Please note: Hypersensitivity to allopurinol is a rare condition that is characterized by a major skin manifestation, fever, multi-organ involvement, lymphadenopathy and hematological abnormalities (eosinophilia, atypical lymphocytes). Intolerance or lack of response to allopurinol will not be covered by this criteria.

All requests for febuxostat must be completed using the Febuxostat Special Authorization Request Form (ABC 60037).

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

80 MG ORAL TABLET

00002490870	**JAMP-FEBUXOSTAT**	**JPC**	$	**0.3975**
00002473607	**MAR-FEBUXOSTAT**	**MAR**	$	**0.3975**
00002466198	**TEVA-FEBUXOSTAT**	**TEV**	$	**0.3975**
00002357380	ULORIC	TAK	$	1.5900

RIZATRIPTAN BENZOATE

(Refer to 28:32.28 of the Alberta Drug Benefit List for coverage of patients 18 to 64 years of age inclusive.)

"For the treatment of acute migraine attacks in patients 65 years of age and older where other standard therapy has failed."

"For the treatment of acute migraine attacks in patients 65 years of age and older who have been using rizatriptan benzoate prior to turning 65."

"Special authorization for both criteria may be granted for 24 months."

In order to comply with the first criteria, information is required regarding previous medications utilized and the patient's response to therapy.

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

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00002379198	MYLAN-RIZATRIPTAN ODT	MYP	$	2.9633
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00002351889	SANDOZ RIZATRIPTAN ODT	SDZ	$	3.7050
00002396688	TEVA-RIZATRIPTAN ODT	TEV	$	3.7050
00002240519	MAXALT RPD	MFC	$	16.5163