

# **Updates to the Alberta Drug Benefit List**

**Effective November 1, 2021**



Inquiries should be directed to:

**Pharmacy Services**

Alberta Blue Cross  
10009 108 Street NW  
Edmonton AB T5J 3C5

Telephone Number: (780) 498-8370 (Edmonton)  
(403) 294-4041 (Calgary)  
1-800-361-9632 (Toll Free)

FAX Number: (780) 498-8406  
1-877-305-9911 (Toll Free)

**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 effective November 1, 2021 for patients covered under Alberta government-sponsored drug programs.

### New Drug Product(s) Available by Special Authorization

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
ENERZAIR BREEZHALER 150 MCG / 50 MCG / 160 MCG INHALATION CAPSULE	INDACATEROL ACETATE/ GLYCOPYRRONIUM BROMIDE/ MOMETASONE FUROATE	00002501244	VLP

### New Drug Product(s) Available by Step Therapy / Special Authorization

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
ATECTURA BREEZHALER 150 MCG / 80 MCG INHALATION CAPSULE	INDACATEROL ACETATE/ MOMETASONE FUROATE	00002498685	VLP
ATECTURA BREEZHALER 150 MCG / 160 MCG INHALATION CAPSULE	INDACATEROL ACETATE/ MOMETASONE FUROATE	00002498707	VLP
ATECTURA BREEZHALER 150 MCG / 320 MCG INHALATION CAPSULE	INDACATEROL ACETATE/ MOMETASONE FUROATE	00002498693	VLP

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

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
CELECOXIB 100 MG CAPSULE	CELECOXIB	00002436299	SNS
M-CELECOXIB 100 MG CAPSULE	CELECOXIB	00002495465	MTR
CELECOXIB 200 MG CAPSULE	CELECOXIB	00002436302	SNS
M-CELECOXIB 200 MG CAPSULE	CELECOXIB	00002495473	MTR
M-DONEPEZIL 5 MG TABLET	DONEPEZIL HCL	00002467453	MTR
M-DONEPEZIL 10 MG TABLET	DONEPEZIL HCL	00002467461	MTR

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

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
MEROPENEM 500 MG / VIAL INJECTION	MEROPENEM	00002493330	STM
M-MONTELUKAST 10 MG TABLET	MONTELUKAST SODIUM	00002488183	MTR
TARO-MEROPENEM 500 MG / VIAL INJECTION	MEROPENEM	00002421518	SPG
TARO-MEROPENEM 1 G / VIAL INJECTION	MEROPENEM	00002421526	SPG

### Drug Product(s) with Changes to Criteria for Coverage

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
SOMATULINE AUTOGEL (0.2 ML SYRINGE) 60 MG / SYRINGE INJECTION	LANREOTIDE ACETATE	00002283395	ISP

**Drug Product(s) with Changes to Criteria for Coverage, continued**

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
SOMATULINE AUTOGEL (0.3 ML SYRINGE) 90 MG / SYRINGE INJECTION	LANREOTIDE ACETATE	00002283409	ISP
SOMATULINE AUTOGEL (0.5 ML SYRINGE) 120 MG / SYRINGE INJECTION	LANREOTIDE ACETATE	00002283417	ISP

**Restricted Benefit(s)**

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

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
MINT-TENOFOVIR 300 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE	00002512939	MPI

**Added Product(s)**

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
ACCEL-HYOSCINE 10 MG TABLET	HYOSCINE BUTYLBROMIDE	00002512335	ACP
AURO-INDOMETHACIN 50 MG CAPSULE	INDOMETHACIN	00002499223	AUR
JAMP KETOROLAC 10 MG TABLET	KETOROLAC TROMETHAMINE	00002510855	JPC
LOSEC MUPS 20 MG DELAYED-RELEASE TABLET	OMEPRAZOLE	00002242462	CAG
M-CLOPIDOGREL 75 MG TABLET	CLOPIDOGREL BISULFATE	00002502283	MTR
M-DULOXETINE 30 MG DELAYED-RELEASE CAPSULE	DULOXETINE HYDROCHLORIDE	00002473208	MTR
M-DULOXETINE 60 MG DELAYED-RELEASE CAPSULE	DULOXETINE HYDROCHLORIDE	00002473216	MTR
M-EZETIMIBE 10 MG TABLET	EZETIMIBE	00002467437	MTR
M-PAROXETINE 20 MG TABLET	PAROXETINE HCL	00002467410	MTR
M-PAROXETINE 30 MG TABLET	PAROXETINE HCL	00002467429	MTR
M-PRAVASTATIN 10 MG TABLET	PRAVASTATIN SODIUM	00002476274	MTR
M-PRAVASTATIN 20 MG TABLET	PRAVASTATIN SODIUM	00002476282	MTR
M-PRAVASTATIN 40 MG TABLET	PRAVASTATIN SODIUM	00002476290	MTR
M-ROSUVASTATIN 5 MG TABLET	ROSUVASTATIN CALCIUM	00002496534	MTR
M-ROSUVASTATIN 10 MG TABLET	ROSUVASTATIN CALCIUM	00002496542	MTR
M-ROSUVASTATIN 20 MG TABLET	ROSUVASTATIN CALCIUM	00002496550	MTR
M-ROSUVASTATIN 40 MG TABLET	ROSUVASTATIN CALCIUM	00002496569	MTR
M-ZOPICLONE 5 MG TABLET	ZOPICLONE	00002467941	MTR
M-ZOPICLONE 7.5 MG TABLET	ZOPICLONE	00002467968	MTR
MAR-METOCLOPRAMIDE 5 MG TABLET	METOCLOPRAMIDE HCL	00002517795	MAR

## Added Product(s), continued

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
MINT-FLUOXETINE 10 MG CAPSULE	FLUOXETINE HCL	00002380560	MPI
MINT-FLUOXETINE 20 MG CAPSULE	FLUOXETINE HCL	00002380579	MPI
NEXPLANON 68 MG SUBDERMAL IMPLANT	ETONOGESTREL	00002499509	ORC
VALSARTAN 80 MG TABLET	VALSARTAN	00002384531	SIV
VALSARTAN 160 MG TABLET	VALSARTAN	00002384558	SIV
VALSARTAN 320 MG TABLET	VALSARTAN	00002384566	SIV

## New Established Interchangeable (IC) Grouping(s)

The following IC Grouping(s) have been established and LCA pricing will be applied effective November 1, 2021.

<u>Generic Description</u>	<u>Strength / Form</u>	<u>New LCA Price</u>
HYOSCINE BUTYLBROMIDE	10 MG TABLET	0.2711
MEROPENEM	500 MG / VIAL	9.2228
METOCLOPRAMIDE HCL	5 MG TABLET	0.0514

## 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 December 1, 2021. Please review the online [Interactive Drug Benefit List](#) for further information.

<u>Generic Description</u>	<u>Strength / Form</u>	<u>New LCA Price</u>
INDOMETHACIN	50 MG CAPSULE	0.1234
KETOROLAC TROMETHAMINE	10 MG TABLET	0.1773

## Product(s) with a Price Change

The following product(s) had a Price Change. The previous higher price will be recognized until November 30, 2021. For products within an established IC Grouping, the LCA price may apply.

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
APO-KETOROLAC 10 MG TABLET	KETOROLAC TROMETHAMINE	00002229080	APX
MAR-KETOROLAC 10 MG TABLET	KETOROLAC TROMETHAMINE	00002465124	MAR
METONIA 5 MG TABLET	METOCLOPRAMIDE HCL	00002230431	PPH
MINT-INDOMETHACIN 50 MG CAPSULE	INDOMETHACIN	00002461536	MPI
NOROMBY (0.3 ML SYRINGE) 30 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002506459	JUN
NOROMBY (0.4 ML SYRINGE) 40 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002506467	JUN

## Product(s) with a Price Change, continued

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
NOROMBY (0.6 ML SYRINGE) 60 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002506475	JUN
NOROMBY (0.8 ML SYRINGE) 80 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002506483	JUN
NOROMBY (1 ML SYRINGE) 100 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002506491	JUN
NOROMBY HP 120 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002506505	JUN
NOROMBY HP 150 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002506513	JUN
REDESCA (0.3 ML SYRINGE) 30 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002509075	VLP
REDESCA (0.4 ML SYRINGE) 40 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002509083	VLP
REDESCA (0.6 ML SYRINGE) 60 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002509091	VLP
REDESCA (0.8 ML SYRINGE) 80 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002509105	VLP
REDESCA (1 ML SYRINGE) 100 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002509113	VLP
REDESCA HP (0.8 ML SYRINGE) 120 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002509148	VLP
REDESCA HP (1 ML SYRINGE) 150 MG / SYRINGE INJECTION	ENOXAPARIN SODIUM	00002509156	VLP
TEVA-INDOMETHACIN 50 MG CAPSULE	INDOMETHACIN	00000337439	TEV
VANCOMYCIN HCL 500 MG / VIAL INJECTION	VANCOMYCIN HCL	00002342855	STM
VANCOMYCIN HCL 1 G / VIAL INJECTION	VANCOMYCIN HCL	00002342863	STM

## 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 November 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 December 1, 2021 claims will no longer pay for these product(s).*

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
MORPHINE SR 60 MG SUSTAINED-RELEASE TABLET	MORPHINE SULFATE	00002350912	SNS
RANITIDINE 300 MG TABLET	RANITIDINE HCL	00002353024	SDZ

## **PART 2**

# Drug Additions



ALBERTA DRUG BENEFIT LIST UPDATE

**CLOPIDOGREL BISULFATE**

75 MG (BASE) ORAL TABLET				
00002252767	APO-CLOPIDOGREL	APX	\$	0.2631
00002416387	AURO-CLOPIDOGREL	AUR	\$	0.2631
00002385813	CLOPIDOGREL	SIV	\$	0.2631
00002400553	CLOPIDOGREL	SNS	\$	0.2631
00002415550	JAMP-CLOPIDOGREL	JPC	\$	0.2631
00002502283	M-CLOPIDOGREL	MTR	\$	0.2631
00002422255	MAR-CLOPIDOGREL	MAR	\$	0.2631
00002482037	NRA-CLOPIDOGREL	NRA	\$	0.2631
00002348004	PMS-CLOPIDOGREL	PMS	\$	0.2631
00002379813	RAN-CLOPIDOGREL	RAN	\$	0.2631
00002293161	TEVA-CLOPIDOGREL	TEV	\$	0.2631
00002238682	PLAVIX	SAV	\$	2.7125

**DULOXETINE HYDROCHLORIDE**

30 MG (BASE) ORAL DELAYED-RELEASE CAPSULE				
00002475308	AG-DULOXETINE	AGP	\$	0.4814
00002440423	APO-DULOXETINE	APX	\$	0.4814
00002436647	AURO-DULOXETINE	AUR	\$	0.4814
00002453630	DULOXETINE	SIV	\$	0.4814
00002490889	DULOXETINE	SNS	\$	0.4814
00002451913	JAMP-DULOXETINE	JPC	\$	0.4814
00002473208	M-DULOXETINE	MTR	\$	0.4814
00002446081	MAR-DULOXETINE	MAR	\$	0.4814
00002438984	MINT-DULOXETINE	MPI	\$	0.4814
00002482126	NRA-DULOXETINE	NRA	\$	0.4814
00002429446	PMS-DULOXETINE	PMS	\$	0.4814
00002438259	RAN-DULOXETINE	RAN	\$	0.4814
00002439948	SANDOZ DULOXETINE	SDZ	\$	0.4814
00002456753	TEVA-DULOXETINE	TEV	\$	0.4814
00002301482	CYMBALTA	LIL	\$	2.0640
60 MG (BASE) ORAL DELAYED-RELEASE CAPSULE				
00002475316	AG-DULOXETINE	AGP	\$	0.9769
00002440431	APO-DULOXETINE	APX	\$	0.9769
00002436655	AURO-DULOXETINE	AUR	\$	0.9769
00002453649	DULOXETINE	SIV	\$	0.9769
00002490897	DULOXETINE	SNS	\$	0.9769
00002451921	JAMP-DULOXETINE	JPC	\$	0.9769
00002473216	M-DULOXETINE	MTR	\$	0.9769
00002446103	MAR-DULOXETINE	MAR	\$	0.9769
00002438992	MINT-DULOXETINE	MPI	\$	0.9769
00002482134	NRA-DULOXETINE	NRA	\$	0.9769
00002429454	PMS-DULOXETINE	PMS	\$	0.9769
00002438267	RAN-DULOXETINE	RAN	\$	0.9769
00002439956	SANDOZ DULOXETINE	SDZ	\$	0.9769
00002456761	TEVA-DULOXETINE	TEV	\$	0.9769
00002301490	CYMBALTA	LIL	\$	4.1890

**ENOXAPARIN SODIUM**

30 MG / SYR INJECTION SYRINGE				
<input checked="" type="checkbox"/> 00002507501	INCLUNOX (0.3 ML SYRINGE)	SDZ	\$	4.9620
<input checked="" type="checkbox"/> 00002506459	NOROMBY (0.3 ML SYRINGE)	JUN	\$	4.9620
<input checked="" type="checkbox"/> 00002509075	REDESCA (0.3 ML SYRINGE)	VLP	\$	4.9620
40 MG / SYR INJECTION SYRINGE				
<input checked="" type="checkbox"/> 00002507528	INCLUNOX (0.4 ML SYRINGE)	SDZ	\$	6.6160
<input checked="" type="checkbox"/> 00002506467	NOROMBY (0.4 ML SYRINGE)	JUN	\$	6.6160
<input checked="" type="checkbox"/> 00002509083	REDESCA (0.4 ML SYRINGE)	VLP	\$	6.6160

ALBERTA DRUG BENEFIT LIST UPDATE

**ENOXAPARIN SODIUM**

**60 MG / SYR INJECTION SYRINGE**

<input checked="" type="checkbox"/>	00002507536	INCLUNOX (0.6 ML SYRINGE)	SDZ	\$	9.9240
<input checked="" type="checkbox"/>	00002506475	NOROMBY (0.6 ML SYRINGE)	JUN	\$	9.9240
<input checked="" type="checkbox"/>	00002509091	REDESCA (0.6 ML SYRINGE)	VLP	\$	9.9240

**80 MG / SYR INJECTION SYRINGE**

<input checked="" type="checkbox"/>	00002507544	INCLUNOX (0.8 ML SYRINGE)	SDZ	\$	13.2320
<input checked="" type="checkbox"/>	00002506483	NOROMBY (0.8 ML SYRINGE)	JUN	\$	13.2320
<input checked="" type="checkbox"/>	00002509105	REDESCA (0.8 ML SYRINGE)	VLP	\$	13.2320

**100 MG / SYR INJECTION SYRINGE**

<input checked="" type="checkbox"/>	00002507552	INCLUNOX (1 ML SYRINGE)	SDZ	\$	16.5400
<input checked="" type="checkbox"/>	00002506491	NOROMBY (1 ML SYRINGE)	JUN	\$	16.5400
<input checked="" type="checkbox"/>	00002509113	REDESCA (1 ML SYRINGE)	VLP	\$	16.5400

**120 MG / SYR INJECTION SYRINGE**

<input checked="" type="checkbox"/>	00002507560	INCLUNOX HP (0.8 ML SYRINGE)	SDZ	\$	19.8480
<input checked="" type="checkbox"/>	00002506505	NOROMBY HP	JUN	\$	19.8480
<input checked="" type="checkbox"/>	00002509148	REDESCA HP (0.8 ML SYRINGE)	VLP	\$	19.8480

**150 MG / SYR INJECTION SYRINGE**

<input checked="" type="checkbox"/>	00002507579	INCLUNOX HP (1 ML SYRINGE)	SDZ	\$	24.8100
<input checked="" type="checkbox"/>	00002506513	NOROMBY HP	JUN	\$	24.8100
<input checked="" type="checkbox"/>	00002509156	REDESCA HP (1 ML SYRINGE)	VLP	\$	24.8100

**ETONOGESTREL**

**68 MG SUBDERMAL IMPLANT**

00002499509	NEXPLANON	ORC	\$	285.0000
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**EZETIMIBE**

**10 MG ORAL TABLET**

00002425610	ACH-EZETIMIBE	AHI	\$	0.1811
00002475898	AG-EZETIMIBE	AGP	\$	0.1811
00002427826	APO-EZETIMIBE	APX	\$	0.1811
00002469286	AURO-EZETIMIBE	AUR	\$	0.1811
00002429659	EZETIMIBE	SIV	\$	0.1811
00002431300	EZETIMIBE	SNS	\$	0.1811
00002460750	GLN-EZETIMIBE	GLM	\$	0.1811
00002423235	JAMP-EZETIMIBE	JPC	\$	0.1811
00002467437	M-EZETIMIBE	MTR	\$	0.1811
00002422662	MAR-EZETIMIBE	MAR	\$	0.1811
00002423243	MINT-EZETIMIBE	MPI	\$	0.1811
00002481669	NRA-EZETIMIBE	NRA	\$	0.1811
00002416409	PMS-EZETIMIBE	PMS	\$	0.1811
00002419548	RAN-EZETIMIBE	RAN	\$	0.1811
00002416778	SANDOZ EZETIMIBE	SDZ	\$	0.1811
00002354101	TEVA-EZETIMIBE	TEV	\$	0.1811
00002247521	EZETROL	ORC	\$	1.9180

ALBERTA DRUG BENEFIT LIST UPDATE

**FLUOXETINE HCL**

<b>10 MG (BASE) ORAL CAPSULE</b>			
00002485052	AG-FLUOXETINE	AGP	\$ 0.3404
00002216353	APO-FLUOXETINE	APX	\$ 0.3404
00002385627	AURO-FLUOXETINE	AUR	\$ 0.3404
00002286068	FLUOXETINE	SNS	\$ 0.3404
00002374447	FLUOXETINE	SIV	\$ 0.3404
00002393441	FLUOXETINE BP	AHI	\$ 0.3404
00002401894	JAMP-FLUOXETINE	JPC	\$ 0.3404
00002380560	MINT-FLUOXETINE	MPI	\$ 0.3404
00002503875	NRA-FLUOXETINE	NRA	\$ 0.3404
00002177579	PMS-FLUOXETINE	PMS	\$ 0.3404
00002479486	SANDOZ FLUOXETINE	SDZ	\$ 0.3404
00002216582	TEVA-FLUOXETINE	TEV	\$ 0.3404
00002018985	PROZAC	LIL	\$ 1.9522
<b>20 MG (BASE) ORAL CAPSULE</b>			
00002485060	AG-FLUOXETINE	AGP	\$ 0.3311
00002216361	APO-FLUOXETINE	APX	\$ 0.3311
00002385635	AURO-FLUOXETINE	AUR	\$ 0.3311
00002448432	BIO-FLUOXETINE	BMD	\$ 0.3311
00002286076	FLUOXETINE	SNS	\$ 0.3311
00002374455	FLUOXETINE	SIV	\$ 0.3311
00002383241	FLUOXETINE BP	AHI	\$ 0.3311
00002386402	JAMP-FLUOXETINE	JPC	\$ 0.3311
00002380579	MINT-FLUOXETINE	MPI	\$ 0.3311
00002503883	NRA-FLUOXETINE	NRA	\$ 0.3311
00002177587	PMS-FLUOXETINE	PMS	\$ 0.3311
00002479494	SANDOZ FLUOXETINE	SDZ	\$ 0.3311
00002216590	TEVA-FLUOXETINE	TEV	\$ 0.3311
00000636622	PROZAC	LIL	\$ 1.9522

**HYOSCINE BUTYLBROMIDE**

<b>10 MG ORAL TABLET</b>			
00002512335	ACCEL-HYOSCINE	ACP	\$ 0.2711
00000363812	BUSCOPAN	SAV	\$ 0.3430

**INDOMETHACIN**

<b>50 MG ORAL CAPSULE</b>			
00002499223	AURO-INDOMETHACIN	AUR	\$ 0.1234
00002461536	MINT-INDOMETHACIN	MPI	\$ 0.1234
00000337439	TEVA-INDOMETHACIN	TEV	\$ 0.1234

**KETOROLAC TROMETHAMINE**

<b>10 MG ORAL TABLET</b>			
00002229080	APO-KETOROLAC	APX	\$ 0.1773
00002510855	JAMP KETOROLAC	JPC	\$ 0.1773
00002465124	MAR-KETOROLAC	MAR	\$ 0.1773
00002162660	TORADOL	AAP	\$ 0.7241

ALBERTA DRUG BENEFIT LIST UPDATE

**MEROPENEM**

RESTRICTED BENEFIT - This product is a benefit when prescribed by a Specialist in Infectious Diseases or Hematology, or a designated prescriber.

(Refer to Section 3 - Criteria for Special Authorization of Select Drug Products of the Alberta Drug Benefit List for eligibility when the prescriber prescribing the medication is not a Specialist in Infectious Diseases or Hematology, or a designated prescriber.)

500 MG / VIAL INJECTION

0000237877	MEROPENEM	SDZ	\$	9.2225
00002493330	MEROPENEM	STM	\$	9.2225
00002421518	TARO-MEROPENEM	SPG	\$	9.2225

1 G / VIAL INJECTION

00002378795	MEROPENEM	SDZ	\$	18.4450
00002493349	MEROPENEM FOR INJECTION	STM	\$	18.4450
00002421526	TARO-MEROPENEM	SPG	\$	18.4450

**METOCLOPRAMIDE HCL**

5 MG ORAL TABLET

00002517795	MAR-METOCLOPRAMIDE	MAR	\$	0.0514
00002230431	METONIA	PPH	\$	0.0514

**MONTELUKAST SODIUM**

10 MG (BASE) ORAL TABLET

00002488183	M-MONTELUKAST	MTR	\$	0.4231
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RESTRICTED BENEFIT - This product is a benefit for patients 6 to 18 years of age inclusive for the prophylaxis and treatment of asthma. (For eligibility in patients over 18 years of age refer to Criteria for Special Authorization of Select Drug Products of the List, and Criteria for Special Authorization of Select Drug Products in the Alberta Human Services Drug Benefit Supplement for eligibility for Alberta Human Services clients.)

**OMEPRAZOLE**

20 MG ORAL DELAYED-RELEASE TABLET

00002242462	LOSEC MUPS	CAG	\$	0.1875	\$	2.3820
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ALBERTA DRUG BENEFIT LIST UPDATE

**PAROXETINE HCL**

**20 MG (BASE) ORAL TABLET**

00002475545	AG-PAROXETINE	AGP	\$	0.3250
00002240908	APO-PAROXETINE	APX	\$	0.3250
00002383284	AURO-PAROXETINE	AUR	\$	0.3250
00002368870	JAMP-PAROXETINE	JPC	\$	0.3250
00002467410	M-PAROXETINE	MTR	\$	0.3250
00002411954	MAR-PAROXETINE	MAR	\$	0.3250
00002421380	MINT-PAROXETINE	MPI	\$	0.3250
00002479761	NRA-PAROXETINE	NRA	\$	0.3250
00002282852	PAROXETINE	SNS	\$	0.3250
00002388235	PAROXETINE	SIV	\$	0.3250
00002247751	PMS-PAROXETINE	PMS	\$	0.3250
00002248557	TEVA-PAROXETINE	TEV	\$	0.3250
00001940481	PAXIL	GSK	\$	1.9357

**30 MG (BASE) ORAL TABLET**

00002475553	AG-PAROXETINE	AGP	\$	0.3453
00002240909	APO-PAROXETINE	APX	\$	0.3453
00002383292	AURO-PAROXETINE	AUR	\$	0.3453
00002368889	JAMP-PAROXETINE	JPC	\$	0.3453
00002467429	M-PAROXETINE	MTR	\$	0.3453
00002411962	MAR-PAROXETINE	MAR	\$	0.3453
00002421399	MINT-PAROXETINE	MPI	\$	0.3453
00002479788	NRA-PAROXETINE	NRA	\$	0.3453
00002282860	PAROXETINE	SNS	\$	0.3453
00002388243	PAROXETINE	SIV	\$	0.3453
00002247752	PMS-PAROXETINE	PMS	\$	0.3453
00001940473	PAXIL	GSK	\$	2.0562

ALBERTA DRUG BENEFIT LIST UPDATE

**PRAVASTATIN SODIUM**

**10 MG ORAL TABLET**

00002440644	ACH-PRAVASTATIN	AHI	\$ 0.1354	\$	0.2916
00002476142	AG-PRAVASTATIN	AGP	\$ 0.1354	\$	0.2916
00002243506	APO-PRAVASTATIN	APX	\$ 0.1354	\$	0.2916
00002458977	AURO-PRAVASTATIN	AUR	\$ 0.1354	\$	0.2916
00002330954	JAMP-PRAVASTATIN	JPC	\$ 0.1354	\$	0.2916
00002476274	M-PRAVASTATIN	MTR	\$ 0.1354	\$	0.2916
00002432048	MAR-PRAVASTATIN	MAR	\$ 0.1354	\$	0.2916
00002317451	MINT-PRAVASTATIN	MPI	\$ 0.1354	\$	0.2916
00002247655	PMS-PRAVASTATIN	PMS	\$ 0.1354	\$	0.2916
00002356546	PRAVASTATIN	SNS	\$ 0.1354	\$	0.2916
00002389703	PRAVASTATIN	SIV	\$ 0.1354	\$	0.2916
00002284421	RAN-PRAVASTATIN	RAN	\$ 0.1354	\$	0.2916
00002468700	SANDOZ PRAVASTATIN	SDZ	\$ 0.1354	\$	0.2916
00002247008	TEVA-PRAVASTATIN	TEV	\$ 0.1354	\$	0.2916

**MAC pricing will be applied based on the LCA Price for Rosuvastatin Calcium 1 x 10 mg tablet or the LCA Price of Atorvastatin 1 x 20 mg tablet whichever is lower.**

**20 MG ORAL TABLET**

00002440652	ACH-PRAVASTATIN	AHI	\$ 0.1354	\$	0.3440
00002476150	AG-PRAVASTATIN	AGP	\$ 0.1354	\$	0.3440
00002243507	APO-PRAVASTATIN	APX	\$ 0.1354	\$	0.3440
00002458985	AURO-PRAVASTATIN	AUR	\$ 0.1354	\$	0.3440
00002330962	JAMP-PRAVASTATIN	JPC	\$ 0.1354	\$	0.3440
00002476282	M-PRAVASTATIN	MTR	\$ 0.1354	\$	0.3440
00002432056	MAR-PRAVASTATIN	MAR	\$ 0.1354	\$	0.3440
00002317478	MINT-PRAVASTATIN	MPI	\$ 0.1354	\$	0.3440
00002247656	PMS-PRAVASTATIN	PMS	\$ 0.1354	\$	0.3440
00002356554	PRAVASTATIN	SNS	\$ 0.1354	\$	0.3440
00002389738	PRAVASTATIN	SIV	\$ 0.1354	\$	0.3440
00002284448	RAN-PRAVASTATIN	RAN	\$ 0.1354	\$	0.3440
00002468719	SANDOZ PRAVASTATIN	SDZ	\$ 0.1354	\$	0.3440
00002247009	TEVA-PRAVASTATIN	TEV	\$ 0.1354	\$	0.3440

**MAC pricing will be applied based on the LCA Price for Rosuvastatin Calcium 1 x 10 mg tablet or the LCA Price of Atorvastatin 1 x 20 mg tablet whichever is lower.**

**40 MG ORAL TABLET**

00002440660	ACH-PRAVASTATIN	AHI	\$ 0.1354	\$	0.4143
00002476169	AG-PRAVASTATIN	AGP	\$ 0.1354	\$	0.4143
00002243508	APO-PRAVASTATIN	APX	\$ 0.1354	\$	0.4143
00002458993	AURO-PRAVASTATIN	AUR	\$ 0.1354	\$	0.4143
00002330970	JAMP-PRAVASTATIN	JPC	\$ 0.1354	\$	0.4143
00002476290	M-PRAVASTATIN	MTR	\$ 0.1354	\$	0.4143
00002432064	MAR-PRAVASTATIN	MAR	\$ 0.1354	\$	0.4143
00002317486	MINT-PRAVASTATIN	MPI	\$ 0.1354	\$	0.4143
00002247657	PMS-PRAVASTATIN	PMS	\$ 0.1354	\$	0.4143
00002356562	PRAVASTATIN	SNS	\$ 0.1354	\$	0.4143
00002389746	PRAVASTATIN	SIV	\$ 0.1354	\$	0.4143
00002284456	RAN-PRAVASTATIN	RAN	\$ 0.1354	\$	0.4143
00002468727	SANDOZ PRAVASTATIN	SDZ	\$ 0.1354	\$	0.4143
00002247010	TEVA-PRAVASTATIN	TEV	\$ 0.1354	\$	0.4143

**MAC pricing will be applied based on the LCA Price for Rosuvastatin Calcium 1 x 10 mg tablet or the LCA Price of Atorvastatin 1 x 20 mg tablet whichever is lower.**

ALBERTA DRUG BENEFIT LIST UPDATE

ROSUVASTATIN CALCIUM

5 MG (BASE) ORAL TABLET				
00002438917	ACH-ROSUVASTATIN	AHI	\$	0.1284
00002477033	AG-ROSUVASTATIN	AGP	\$	0.1284
00002337975	APO-ROSUVASTATIN	APX	\$	0.1284
00002442574	AURO-ROSUVASTATIN	AUR	\$	0.1284
00002498332	JAMP ROSUVASTATIN CALCIUM	JPC	\$	0.1284
00002391252	JAMP-ROSUVASTATIN	JPC	\$	0.1284
00002496534	M-ROSUVASTATIN	MTR	\$	0.1284
00002477483	NRA-ROSUVASTATIN	NRA	\$	0.1284
00002378523	PMS-ROSUVASTATIN	PMS	\$	0.1284
00002405628	ROSUVASTATIN	SNS	\$	0.1284
00002411628	ROSUVASTATIN-5	SIV	\$	0.1284
00002338726	SANDOZ ROSUVASTATIN	SDZ	\$	0.1284
00002382644	TARO-ROSUVASTATIN	SPG	\$	0.1284
00002354608	TEVA-ROSUVASTATIN	TEV	\$	0.1284
00002265540	CRESTOR	AZC	\$	1.3210
10 MG (BASE) ORAL TABLET				
00002438925	ACH-ROSUVASTATIN	AHI	\$	0.1354
00002477041	AG-ROSUVASTATIN	AGP	\$	0.1354
00002337983	APO-ROSUVASTATIN	APX	\$	0.1354
00002442582	AURO-ROSUVASTATIN	AUR	\$	0.1354
00002498340	JAMP ROSUVASTATIN CALCIUM	JPC	\$	0.1354
00002391260	JAMP-ROSUVASTATIN	JPC	\$	0.1354
00002496542	M-ROSUVASTATIN	MTR	\$	0.1354
00002477491	NRA-ROSUVASTATIN	NRA	\$	0.1354
00002378531	PMS-ROSUVASTATIN	PMS	\$	0.1354
00002405636	ROSUVASTATIN	SNS	\$	0.1354
00002411636	ROSUVASTATIN-10	SIV	\$	0.1354
00002338734	SANDOZ ROSUVASTATIN	SDZ	\$	0.1354
00002382652	TARO-ROSUVASTATIN	SPG	\$	0.1354
00002354616	TEVA-ROSUVASTATIN	TEV	\$	0.1354
00002247162	CRESTOR	AZC	\$	1.3722
20 MG (BASE) ORAL TABLET				
00002438933	ACH-ROSUVASTATIN	AHI	\$	0.1692
00002477068	AG-ROSUVASTATIN	AGP	\$	0.1692
00002337991	APO-ROSUVASTATIN	APX	\$	0.1692
00002442590	AURO-ROSUVASTATIN	AUR	\$	0.1692
00002498359	JAMP ROSUVASTATIN CALCIUM	JPC	\$	0.1692
00002391279	JAMP-ROSUVASTATIN	JPC	\$	0.1692
00002496550	M-ROSUVASTATIN	MTR	\$	0.1692
00002477505	NRA-ROSUVASTATIN	NRA	\$	0.1692
00002378558	PMS-ROSUVASTATIN	PMS	\$	0.1692
00002405644	ROSUVASTATIN	SNS	\$	0.1692
00002411644	ROSUVASTATIN-20	SIV	\$	0.1692
00002338742	SANDOZ ROSUVASTATIN	SDZ	\$	0.1692
00002382660	TARO-ROSUVASTATIN	SPG	\$	0.1692
00002354624	TEVA-ROSUVASTATIN	TEV	\$	0.1692
00002247163	CRESTOR	AZC	\$	1.7152

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

**ROSUVASTATIN CALCIUM**

40 MG (BASE)	ORAL TABLET			
00002438941	ACH-ROSUVASTATIN	AHI	\$	0.1990
00002477076	AG-ROSUVASTATIN	AGP	\$	0.1990
00002338009	APO-ROSUVASTATIN	APX	\$	0.1990
00002442604	AURO-ROSUVASTATIN	AUR	\$	0.1990
00002498367	JAMP ROSUVASTATIN CALCIUM	JPC	\$	0.1990
00002391287	JAMP-ROSUVASTATIN	JPC	\$	0.1990
00002496569	M-ROSUVASTATIN	MTR	\$	0.1990
00002477513	NRA-ROSUVASTATIN	NRA	\$	0.1990
00002378566	PMS-ROSUVASTATIN	PMS	\$	0.1990
00002405652	ROSUVASTATIN	SNS	\$	0.1990
00002411652	ROSUVASTATIN-40	SIV	\$	0.1990
00002338750	SANDOZ ROSUVASTATIN	SDZ	\$	0.1990
00002382679	TARO-ROSUVASTATIN	SPG	\$	0.1990
00002354632	TEVA-ROSUVASTATIN	TEV	\$	0.1990
00002247164	CRESTOR	AZC	\$	2.0076

**TENOFOVIR DISOPROXIL FUMARATE**

RESTRICTED BENEFIT - This product is a benefit for the treatment of chronic hepatitis B when prescribed by a Specialist in Internal Medicine or a designated prescriber.

300 MG (BASE)	ORAL TABLET			
00002451980	APO-TENOFOVIR	APX	\$	4.8884
00002460173	AURO-TENOFOVIR	AUR	\$	4.8884
00002479087	JAMP-TENOFOVIR	JPC	\$	4.8884
00002512939	MINT-TENOFOVIR	MPI	\$	4.8884
00002452634	MYLAN-TENOFOVIR DISOPROXIL	MYP	\$	4.8884
00002472511	NAT-TENOFOVIR	NTP	\$	4.8884
00002453940	PMS-TENOFOVIR	PMS	\$	4.8884
00002512327	TENOFOVIR	SNS	\$	4.8884
00002403889	TEVA-TENOFOVIR	TEV	\$	4.8884
00002247128	VIREAD	GIL	\$	18.4879

**VALSARTAN**

80 MG	ORAL TABLET			
00002414228	AURO-VALSARTAN	AUR	\$	0.2159
00002356759	SANDOZ VALSARTAN	SDZ	\$	0.2159
00002363100	TARO-VALSARTAN	SPG	\$	0.2159
00002356651	TEVA-VALSARTAN	TEV	\$	0.2159
00002366959	VALSARTAN	SNS	\$	0.2159
00002384531	VALSARTAN	SIV	\$	0.2159
00002244781	DIOVAN	NOV	\$	1.3150
160 MG	ORAL TABLET			
00002414236	AURO-VALSARTAN	AUR	\$	0.2159
00002356767	SANDOZ VALSARTAN	SDZ	\$	0.2159
00002363119	TARO-VALSARTAN	SPG	\$	0.2159
00002356678	TEVA-VALSARTAN	TEV	\$	0.2159
00002366967	VALSARTAN	SNS	\$	0.2159
00002384558	VALSARTAN	SIV	\$	0.2159
00002244782	DIOVAN	NOV	\$	1.3150
320 MG	ORAL TABLET			
00002414244	AURO-VALSARTAN	AUR	\$	0.2098
00002356775	SANDOZ VALSARTAN	SDZ	\$	0.2098
00002356686	TEVA-VALSARTAN	TEV	\$	0.2098
00002366975	VALSARTAN	SNS	\$	0.2098
00002384566	VALSARTAN	SIV	\$	0.2098
00002289504	DIOVAN	NOV	\$	1.2650



ALBERTA DRUG BENEFIT LIST UPDATE

**VANCOMYCIN HCL**

500 MG / VIAL (BASE)	INJECTION			
00002342855	VANCOMYCIN HCL	STM	\$	9.8669
1 G / VIAL (BASE)	INJECTION			
00002342863	VANCOMYCIN HCL	STM	\$	18.7810

**ZOPICLONE**

<b>5 MG ORAL TABLET</b>				
00002475839	AG-ZOPICLONE	AGP	\$	0.0990
00002245077	APO-ZOPICLONE	APX	\$	0.0990
00002406969	JAMP-ZOPICLONE	JPC	\$	0.0990
00002467941	M-ZOPICLONE	MTR	\$	0.0990
00002386771	MAR-ZOPICLONE	MAR	\$	0.0990
00002391716	MINT-ZOPICLONE	MPI	\$	0.0990
00002477378	NRA-ZOPICLONE	NRA	\$	0.0990
00002243426	PMS-ZOPICLONE	PMS	\$	0.0990
00002267918	RAN-ZOPICLONE	RAN	\$	0.0990
00002246534	RATIO-ZOPICLONE	TEV	\$	0.0990
00002344122	ZOPICLONE	SNS	\$	0.0990
00002385821	ZOPICLONE	SIV	\$	0.0990
00002216167	IMOVANE	SAV	\$	1.0832
<b>7.5 MG ORAL TABLET</b>				
00002218313	APO-ZOPICLONE	APX	\$	0.1250
00002406977	JAMP-ZOPICLONE	JPC	\$	0.1250
00002467968	M-ZOPICLONE	MTR	\$	0.1250
00002386798	MAR-ZOPICLONE	MAR	\$	0.1250
00002391724	MINT-ZOPICLONE	MPI	\$	0.1250
00002477386	NRA-ZOPICLONE	NRA	\$	0.1250
00002240606	PMS-ZOPICLONE	PMS	\$	0.1250
00002267926	RAN-ZOPICLONE	RAN	\$	0.1250
00002242481	RATIO-ZOPICLONE	TEV	\$	0.1250
00002282445	ZOPICLONE	SNS	\$	0.1250
00002385848	ZOPICLONE	SIV	\$	0.1250
00001926799	IMOVANE	SAV	\$	1.3677

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

## **PART 3**

# Special Authorization

**ALBERTA DRUG BENEFIT LIST UPDATE  
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

**CELECOXIB**

"1) For patients who are at high risk of upper gastrointestinal (GI) complications due to a proven history of prior complicated GI events (e.g. GI perforation, obstruction or major bleeding) or

2) For patients who have a documented history of ulcers proven radiographically and/or endoscopically.

Special authorization for both criteria may be granted for 6 months."

All requests for celecoxib must be completed using the Celecoxib Special Authorization Request Form (ABC 60032).

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

**100 MG ORAL CAPSULE**

00002420155	ACT CELECOXIB	APH	\$	0.1279
00002437570	AG-CELECOXIB	AGP	\$	0.1279
00002418932	APO-CELECOXIB	APX	\$	0.1279
00002445670	AURO-CELECOXIB	AUR	\$	0.1279
00002426382	BIO-CELECOXIB	BMD	\$	0.1279
00002429675	CELECOXIB	SIV	\$	0.1279
00002436299	CELECOXIB	SNS	\$	0.1279
00002424533	JAMP-CELECOXIB	JPC	\$	0.1279
00002495465	M-CELECOXIB	MTR	\$	0.1279
00002420058	MAR-CELECOXIB	MAR	\$	0.1279
00002412497	MINT-CELECOXIB	MPI	\$	0.1279
00002479737	NRA-CELECOXIB	NRA	\$	0.1279
00002355442	PMS-CELECOXIB	PMS	\$	0.1279
00002412373	RAN-CELECOXIB	RAN	\$	0.1279
00002239941	CELEBREX	UJC	\$	0.7175

**200 MG ORAL CAPSULE**

00002420163	ACT CELECOXIB	APH	\$	0.2558
00002437589	AG-CELECOXIB	AGP	\$	0.2558
00002418940	APO-CELECOXIB	APX	\$	0.2558
00002445689	AURO-CELECOXIB	AUR	\$	0.2558
00002426390	BIO-CELECOXIB	BMD	\$	0.2558
00002429683	CELECOXIB	SIV	\$	0.2558
00002436302	CELECOXIB	SNS	\$	0.2558
00002424541	JAMP-CELECOXIB	JPC	\$	0.2558
00002495473	M-CELECOXIB	MTR	\$	0.2558
00002420066	MAR-CELECOXIB	MAR	\$	0.2558
00002412500	MINT-CELECOXIB	MPI	\$	0.2558
00002479745	NRA-CELECOXIB	NRA	\$	0.2558
00002355450	PMS-CELECOXIB	PMS	\$	0.2558
00002412381	RAN-CELECOXIB	RAN	\$	0.2558
00002239942	CELEBREX	UJC	\$	1.4352

**ALBERTA DRUG BENEFIT LIST UPDATE  
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

**DONEPEZIL HCL**

"For the treatment of Alzheimer's disease in patients who meet the following criteria:

- a Mini Mental State Exam (MMSE) score between 10-26, or
- a St. Louis University Mental Status Examination (SLUMS) score between 6-26, or
- a Rowland Universal Dementia Assessment Scale (RUDAS) score between 9-22, or
- an InterRAI-Cognitive Performance Scale score between 1-4

Coverage cannot be provided for two or more medications used in the treatment of Alzheimer's disease (donepezil, galantamine, rivastigmine) when these medications are intended for use in combination.

Special Authorization coverage may be granted for a maximum of 24 months per request.

For each request, an updated score (MMSE, SLUMS, RUDAS or InterRAI-Cognitive Performance Scale) and the date on which the exam was administered must be provided.

Renewal requests may be considered for patients where an updated score while on this drug meets the following criteria:

- MMSE score is 10 or higher, or
- SLUMS score is 6 or higher, or
- RUDAS score is 9 or higher, or
- InterRAI-Cognitive Performance Scale is 4 or lower."

All requests (including renewal requests) for donepezil HCl must be completed using the Donepezil/Galantamine/Rivastigmine Special Authorization Request Form (ABC 60034).

**5 MG ORAL TABLET**

00002432684	AG-DONEPEZIL	AGP	\$	0.4586
00002362260	APO-DONEPEZIL	APX	\$	0.4586
00002400561	AURO-DONEPEZIL	AUR	\$	0.4586
00002412853	BIO-DONEPEZIL	BMD	\$	0.4586
00002420597	DONEPEZIL	SIV	\$	0.4586
00002426846	DONEPEZIL	SNS	\$	0.4586
00002475278	DONEPEZIL	RIV	\$	0.4586
00002402645	DONEPEZIL HYDROCHLORIDE	AHI	\$	0.4586
00002416948	JAMP-DONEPEZIL	JPC	\$	0.4586
00002467453	M-DONEPEZIL	MTR	\$	0.4586
00002402092	MAR-DONEPEZIL	MAR	\$	0.4586
00002408600	MINT-DONEPEZIL	MPI	\$	0.4586
00002439557	NAT-DONEPEZIL	NTP	\$	0.4586
00002322331	PMS-DONEPEZIL	PMS	\$	0.4586
00002381508	RAN-DONEPEZIL	RAN	\$	0.4586
00002328666	SANDOZ DONEPEZIL	SDZ	\$	0.4586
00002428482	SEPTA DONEPEZIL	SEP	\$	0.4586
00002340607	TEVA-DONEPEZIL	TEV	\$	0.4586
00002232043	ARICEPT	PFI	\$	5.0779

ALBERTA DRUG BENEFIT LIST UPDATE  
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

**DONEPEZIL HCL**

10 MG ORAL TABLET

00002432692	AG-DONEPEZIL	AGP	\$	0.4586
00002362279	APO-DONEPEZIL	APX	\$	0.4586
00002400588	AURO-DONEPEZIL	AUR	\$	0.4586
00002412861	BIO-DONEPEZIL	BMD	\$	0.4586
00002420600	DONEPEZIL	SIV	\$	0.4586
00002426854	DONEPEZIL	SNS	\$	0.4586
00002475286	DONEPEZIL	RIV	\$	0.4586
00002402653	DONEPEZIL HYDROCHLORIDE	AHI	\$	0.4586
00002416956	JAMP-DONEPEZIL	JPC	\$	0.4586
00002467461	M-DONEPEZIL	MTR	\$	0.4586
00002402106	MAR-DONEPEZIL	MAR	\$	0.4586
00002408619	MINT-DONEPEZIL	MPI	\$	0.4586
00002439565	NAT-DONEPEZIL	NTP	\$	0.4586
00002322358	PMS-DONEPEZIL	PMS	\$	0.4586
00002381516	RAN-DONEPEZIL	RAN	\$	0.4586
00002328682	SANDOZ DONEPEZIL	SDZ	\$	0.4586
00002428490	SEPTA DONEPEZIL	SEP	\$	0.4586
00002340615	TEVA-DONEPEZIL	TEV	\$	0.4586
00002232044	ARICEPT	PFI	\$	5.0779

**INDACATEROL ACETATE/ GLYCOPYRRONIUM BROMIDE/  
MOMETASONE FUROATE**

"For the maintenance treatment of asthma in adult patients (18 years of age or older) who are not controlled on optimal dual inhaled therapy (i.e., long-acting beta-2 agonist [LABA] and a medium or high dose of an inhaled corticosteroid [ICS]) and have experienced one or more asthma exacerbations in the previous 12 months.

Special authorization may be granted for 24 months."

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

All requests for indacaterol acetate + glycopyrronium bromide + mometasone furoate must be completed using the Long-Acting Fixed-Dose Combination Products for Asthma/COPD Special Authorization Request Form (ABC 60025).

150 MCG (BASE) \* 50 MCG \* 160 MCG INHALATION CAPSULE

00002501244	ENERZAIR BREEZHALER	VLP	\$	3.4273
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ALBERTA DRUG BENEFIT LIST UPDATE  
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

**INDACATEROL ACETATE/ MOMETASONE FUROATE**

The drug product(s) listed below are eligible for coverage via the step therapy/special authorization process.

FIRST-LINE DRUG PRODUCT(S): INHALED CORTICOSTEROID (ICS)

"For the treatment of asthma in patients 12 years of age and older uncontrolled on inhaled steroid therapy."

"Special authorization may be granted for 24 months."

Note: If a claim for the Step therapy drug product is rejected, pharmacists can use their professional judgment to determine the appropriateness of using the intervention code(s) noted below to re-submit a claim. The pharmacist is responsible to document on the patient's record the rationale for using the second-line therapy drug.

UP - First-line therapy ineffective

All requests for indacaterol acetate + mometasone furoate must be completed using the Long-Acting Fixed-Dose Combination Products for Asthma/COPD Special Authorization Request Form (ABC 60025).

<b>150 MCG (BASE) * 80 MCG INHALATION CAPSULE</b>			
00002498685	ATECTURA BREEZHALER	VLP	\$ 1.9360
<b>150 MCG (BASE) * 160 MCG INHALATION CAPSULE</b>			
00002498707	ATECTURA BREEZHALER	VLP	\$ 1.9360
<b>150 MCG (BASE) * 320 MCG INHALATION CAPSULE</b>			
00002498693	ATECTURA BREEZHALER	VLP	\$ 1.9360

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**LANREOTIDE ACETATE**

"For the treatment of acromegaly when prescribed by or in consultation with a Specialist in Internal Medicine.

For control of symptoms in patients with metastatic carcinoid tumors when prescribed by or in consultation with a Specialist in Internal Medicine, Palliative Care or General Surgery.

Special authorization may be granted for 12 months."

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

<b>60 MG / SYR INJECTION SYRINGE</b>			
00002283395	SOMATULINE AUTOGEL (0.2 ML SYRINGE) ISP		\$ 1224.6000
<b>90 MG / SYR INJECTION SYRINGE</b>			
00002283409	SOMATULINE AUTOGEL (0.3 ML SYRINGE) ISP		\$ 1633.5400
<b>120 MG / SYR INJECTION SYRINGE</b>			
00002283417	SOMATULINE AUTOGEL (0.5 ML SYRINGE) ISP		\$ 2044.7000

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**ALBERTA DRUG BENEFIT LIST UPDATE  
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

**MEROPENEM**

(Refer to Section 1 - Restricted Benefits of the Alberta Drug Benefit List for coverage of the product when prescribed by a Specialist in Infectious Diseases or Hematology, or a designated prescriber.)

- "1) For second-line therapy of infections due to gram-negative organisms producing inducible beta-lactamases or extended spectrum beta-lactamases where there is resistance to first-line agents or
- 2) For therapy for infections involving multi-resistant *Pseudomonas aeruginosa*, where there is documented susceptibility to meropenem or
- 3) For use in other Health Canada approved indications, in consultation with a specialist in Infectious Diseases."\*

\*Special Authorization is only required when the prescriber prescribing the medication is not a Specialist in Infectious Diseases or Hematology, or a designated prescriber.

In order to comply with all of the above criteria, information is required regarding the type of infection and organisms involved. Also, where the criteria restrict coverage of the requested drug to non-first line therapy, information is required regarding previous first-line antibiotic therapy that has been utilized, the patient's response to therapy, and the first line agents the organism is resistant to or why other first-line therapies cannot be used in this patient. Also, where applicable, the specialist in Infectious Diseases that recommended this drug is required.

**500 MG / VIAL INJECTION**

<b>00002378787</b>	<b>MEROPENEM</b>	<b>SDZ</b>	<b>\$</b>	<b>9.2225</b>
<b>00002493330</b>	<b>MEROPENEM</b>	<b>STM</b>	<b>\$</b>	<b>9.2225</b>
<b>00002421518</b>	<b>TARO-MEROPENEM</b>	<b>SPG</b>	<b>\$</b>	<b>9.2225</b>

**1 G / VIAL INJECTION**

<b>00002378795</b>	<b>MEROPENEM</b>	<b>SDZ</b>	<b>\$</b>	<b>18.4450</b>
<b>00002493349</b>	<b>MEROPENEM FOR INJECTION</b>	<b>STM</b>	<b>\$</b>	<b>18.4450</b>
<b>00002421526</b>	<b>TARO-MEROPENEM</b>	<b>SPG</b>	<b>\$</b>	<b>18.4450</b>

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**ALBERTA DRUG BENEFIT LIST UPDATE  
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

**MONTELUKAST SODIUM**

(Refer to 48:10.24 of the Alberta Drug Benefit List for coverage of patients 6 to 18 years of age inclusive).

"For the prophylaxis and chronic treatment of asthma in patients over the age of 18 who meet one of the following criteria:

- a) when used as adjunctive therapy in patients who do not respond adequately to high doses of inhaled glucocorticosteroids and long-acting beta 2 agonists. Patients must be unable to use long-acting beta 2 agonists or have demonstrated persistent symptoms while on long-acting beta 2 agonists, or
- b) cannot operate inhaler devices."

"For the prophylaxis of exercise-induced bronchoconstriction in patients over the age of 18 where tachyphylaxis exists for long-acting beta 2 agonists."

"Special authorization for both criteria may be granted for 6 months."

In order to comply with the first criteria, information should indicate either

- a) current use of inhaled steroids and contraindications or poor response to long-acting beta 2 agonists (e.g. salmeterol or formoterol) or,
- b) the nature of the patient's difficulties with using inhaler devices.

In order to comply with the second criteria, information should include the nature of the patient's response to long-acting beta 2 agonists (e.g. salmeterol or formoterol).

All requests (including renewal requests) for montelukast 5 mg & 10 mg must be completed using the Montelukast Special Authorization Request Form (ABC 60039).

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

10 MG (BASE)	ORAL TABLET			
00002374609	APO-MONTELUKAST	APX	\$	0.4231
00002401274	AURO-MONTELUKAST	AUR	\$	0.4231
00002391422	JAMP-MONTELUKAST	JPC	\$	0.4231
00002488183	M-MONTELUKAST	MTR	\$	0.4231
00002399997	MAR-MONTELUKAST	MAR	\$	0.4231
00002408643	MINT-MONTELUKAST	MPI	\$	0.4231
00002379333	MONTELUKAST	SNS	\$	0.4231
00002382474	MONTELUKAST	SIV	\$	0.4231
00002379236	MONTELUKAST SODIUM	AHI	\$	0.4231
00002489821	NRA-MONTELUKAST	NRA	\$	0.4231
00002373947	PMS-MONTELUKAST FC	PMS	\$	0.4231
00002389517	RAN-MONTELUKAST	RAN	\$	0.4231
00002328593	SANDOZ MONTELUKAST	SDZ	\$	0.4231
00002355523	TEVA-MONTELUKAST	TEV	\$	0.4231
00002238217	SINGULAIR	ORC	\$	2.4823