

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

**Effective October 1, 2021**



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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

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The following drug product(s) will be considered for coverage by Special Authorization effective September 24, 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>
TRIKAFTA 100 MG / 50 MG / 75 MG / 150 MG TABLET	ELEXACAFITOR/ TEZACAFITOR/ IVACAFITOR/ IVACAFITOR	00002517140	VER

## Restricted Benefit(s)

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### 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>
JAMP LAMIVUDINE HBV 100 MG TABLET	LAMIVUDINE	00002512467	JPC
TENOFOVIR 300 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE	00002512327	SNS

## Drug Product(s) with Changes to Benefit Status

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The following drug product(s) previously covered as regular benefits will now be covered as restricted benefits effective October 1, 2021.

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
NOVORAPID 100 UNIT / ML INJECTION	INSULIN ASPART	00002245397	NNA
NOVORAPID CARTRIDGE 100 UNIT / ML INJECTION	INSULIN ASPART	00002244353	NNA
NOVORAPID FLEXTOUCH 100 UNIT / ML INJECTION	INSULIN ASPART	00002377209	NNA

## Added Product(s)

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<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
ACH-PREGABALIN 150 MG CAPSULE	PREGABALIN	00002449870	AHI
AG-OLANZAPINE FC 2.5 MG TABLET	OLANZAPINE	00002487608	AGP
AG-OLANZAPINE FC 5 MG TABLET	OLANZAPINE	00002487616	AGP
AG-OLANZAPINE FC 10 MG TABLET	OLANZAPINE	00002487632	AGP
AG-ZOPICLONE 5 MG TABLET	ZOPICLONE	00002475839	AGP
APO-QUETIAPINE FUMARATE 25 MG TABLET	QUETIAPINE FUMARATE	00002501635	APX
APO-QUETIAPINE FUMARATE 100 MG TABLET	QUETIAPINE FUMARATE	00002501643	APX
APO-QUETIAPINE FUMARATE 200 MG TABLET	QUETIAPINE FUMARATE	00002501651	APX
APO-QUETIAPINE FUMARATE 300 MG TABLET	QUETIAPINE FUMARATE	00002501678	APX

## Added Product(s), continued

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
CLARITHROMYCIN 500 MG TABLET	CLARITHROMYCIN	00002466139	SNS
M-AMLODIPINE 5 MG TABLET	AMLODIPINE BESYLATE	00002468026	MTR
M-AMLODIPINE 10 MG TABLET	AMLODIPINE BESYLATE	00002468034	MTR
M-ATORVASTATIN 10 MG TABLET	ATORVASTATIN CALCIUM	00002471167	MTR
M-ATORVASTATIN 20 MG TABLET	ATORVASTATIN CALCIUM	00002471175	MTR
M-ATORVASTATIN 40 MG TABLET	ATORVASTATIN CALCIUM	00002471183	MTR
M-ATORVASTATIN 80 MG TABLET	ATORVASTATIN CALCIUM	00002471191	MTR
M-CLARITHROMYCIN 250 MG TABLET	CLARITHROMYCIN	00002471388	MTR
M-CLARITHROMYCIN 500 MG TABLET	CLARITHROMYCIN	00002471396	MTR
M-CLINDAMYCIN 150 MG CAPSULE	CLINDAMYCIN HCL	00002479923	MTR
M-CLINDAMYCIN 300 MG CAPSULE	CLINDAMYCIN HCL	00002479931	MTR
M-PERINDOPRIL ERBUMINE 2 MG TABLET	PERINDOPRIL ERBUMINE	00002482924	MTR
M-PERINDOPRIL ERBUMINE 4 MG TABLET	PERINDOPRIL ERBUMINE	00002482932	MTR
M-PERINDOPRIL ERBUMINE 8 MG TABLET	PERINDOPRIL ERBUMINE	00002482940	MTR
M-VENLAFAXINE XR 37.5 MG EXTENDED- RELEASE CAPSULE	VENLAFAXINE HCL	00002471280	MTR
M-VENLAFAXINE XR 75 MG EXTENDED- RELEASE CAPSULE	VENLAFAXINE HCL	00002471299	MTR
M-VENLAFAXINE XR 150 MG EXTENDED- RELEASE CAPSULE	VENLAFAXINE HCL	00002471302	MTR
NRA-OLMESARTAN HCTZ 20 MG / 12.5 MG TABLET	OLMESARTAN MEDOXOMIL/ HYDROCHLOROTHIAZIDE	00002508273	NRA
NRA-OLMESARTAN HCTZ 40 MG / 12.5 MG TABLET	OLMESARTAN MEDOXOMIL/ HYDROCHLOROTHIAZIDE	00002508281	NRA
NRA-OLMESARTAN HCTZ 40 MG / 25 MG TABLET	OLMESARTAN MEDOXOMIL/ HYDROCHLOROTHIAZIDE	00002508303	NRA
NRA-QUETIAPINE XR 50 MG EXTENDED- RELEASE TABLET	QUETIAPINE FUMARATE	00002510677	NRA
NRA-QUETIAPINE XR 150 MG EXTENDED- RELEASE TABLET	QUETIAPINE FUMARATE	00002510685	NRA
NRA-QUETIAPINE XR 200 MG EXTENDED- RELEASE TABLET	QUETIAPINE FUMARATE	00002510693	NRA
NRA-QUETIAPINE XR 300 MG EXTENDED- RELEASE TABLET	QUETIAPINE FUMARATE	00002510707	NRA
NRA-QUETIAPINE XR 400 MG EXTENDED- RELEASE TABLET	QUETIAPINE FUMARATE	00002510715	NRA
ODAN-METHADONE (CHERRY FLAVOUR) 10 MG / ML ORAL LIQUID	METHADONE HCL	00002495872	ODN

## Added Product(s), continued

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
PMS-AMLODIPINE 5 MG TABLET	AMLODIPINE BESYLATE	00002284065	PMS
PMS-AMLODIPINE 10 MG TABLET	AMLODIPINE BESYLATE	00002284073	PMS
PMS-DESMOPRESSIN 0.1 MG TABLET	DESMOPRESSIN ACETATE	00002304368	PMS
RIVA-CITALOPRAM 10 MG TABLET	CITALOPRAM HYDROBROMIDE	00002303256	RIV
TRURAPI CARTRIDGE 100 UNIT / ML INJECTION DEFAULT	INSULIN ASPART	00002506564	SAV
TRURAPI SOLOSTAR PEN 100 UNIT / ML INJECTION DEFAULT	INSULIN ASPART	00002506572	SAV

## 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 November 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>
ATENOLOL/ CHLORTHALIDONE	50 MG/ 25 MG TABLET	0.5342
ATENOLOL/ CHLORTHALIDONE	100 MG/ 25 MG TABLET	0.8755
LAMIVUDINE	100 MG TABLET	2.6154
MEDROXYPROGESTERONE ACETATE	5 MG TABLET	0.2365
VERAPAMIL HCL	240 MG SUSTAINED-RELEASE TABLET	1.7143

## Product(s) with a Price Change

The following product(s) had a Price Change. The previous higher price will be recognized until October 31, 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>
AA-ATENIDONE 50 MG / 25 MG TABLET	ATENOLOL/ CHLORTHALIDONE	00002248763	AAP
AA-ATENIDONE 100 MG / 25 MG TABLET	ATENOLOL/ CHLORTHALIDONE	00002248764	AAP
APO-LAMIVUDINE HBV 100 MG TABLET	LAMIVUDINE	00002393239	APX
APO-MEDROXY 5 MG TABLET	MEDROXYPROGESTERONE ACETATE	00002244727	APX
APO-VERAP SR 240 MG SUSTAINED-RELEASE TABLET	VERAPAMIL HCL	00002246895	APX
MYLAN-VERAPAMIL SR 240 MG SUSTAINED- RELEASE TABLET	VERAPAMIL HCL	00002450496	MYP
TEVA-MEDROXYPROGESTERONE 5 MG TABLET	MEDROXYPROGESTERONE ACETATE	00002221292	TEV

## **Discontinued Listing(s)**

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*Notification of discontinuation has been received from the manufacturer(s). The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective October 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 November 1, 2021 claims will no longer pay for these product(s).*

<b><u>Trade Name / Strength / Form</u></b>	<b><u>Generic Description</u></b>	<b><u>DIN</u></b>	<b><u>MFR</u></b>
MACROBID 100 MG CAPSULE	NITROFURANTOIN	00002063662	ALL
SANDOZ DICLOFENAC SR 75 MG EXTENDED-RELEASE TABLET	DICLOFENAC SODIUM	00002261901	SDZ
SANDOZ SERTRALINE 25 MG CAPSULE	SERTRALINE HCL	00002245159	SDZ
SANDOZ SERTRALINE 50 MG CAPSULE	SERTRALINE HCL	00002245160	SDZ
SANDOZ SERTRALINE 100 MG CAPSULE	SERTRALINE HCL	00002245161	SDZ
SDZ CELECOXIB 100 MG CAPSULE	CELECOXIB	00002442639	SDZ
SDZ CELECOXIB 200 MG CAPSULE	CELECOXIB	00002442647	SDZ
TOBRAMYCIN 60 MG / ML INHALATION SOLUTION	TOBRAMYCIN SULFATE	00002443368	SDZ

## **PART 2**

# Drug Additions



ALBERTA DRUG BENEFIT LIST UPDATE

**AMLODIPINE BESYLATE**

5 MG (BASE) ORAL TABLET				
00002297485	ACT AMLODIPINE	APH	\$	0.1343
00002331284	AMLODIPINE	SNS	\$	0.1343
00002385791	AMLODIPINE	SIV	\$	0.1343
00002429217	AMLODIPINE	JPC	\$	0.1343
00002419564	AMLODIPINE BESYLATE	AHI	\$	0.1343
00002273373	APO-AMLODIPINE	APX	\$	0.1343
00002397072	AURO-AMLODIPINE	AUR	\$	0.1343
00002357194	JAMP-AMLODIPINE	JPC	\$	0.1343
00002468026	M-AMLODIPINE	MTR	\$	0.1343
00002371715	MAR-AMLODIPINE	MAR	\$	0.1343
00002362651	MINT-AMLODIPINE	MPI	\$	0.1343
00002272113	MYLAN-AMLODIPINE	MYP	\$	0.1343
00002476460	NRA-AMLODIPINE	NRA	\$	0.1343
00002469030	PHARMA-AMLODIPINE	PMS	\$	0.1343
00002284065	PMS-AMLODIPINE	PMS	\$	0.1343
00002321858	RAN-AMLODIPINE	RAN	\$	0.1343
00002284383	SANDOZ AMLODIPINE	SDZ	\$	0.1343
00002357712	SEPTA-AMLODIPINE	SEP	\$	0.1343
00000878928	NORVASC	UJC	\$	1.4345
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
00002468034	M-AMLODIPINE	MTR	\$	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
00002284073	PMS-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

**ATENOLOL/ CHLORTHALIDONE**

50 MG * 25 MG ORAL TABLET				
00002248763	AA-ATENIDONE	AAP	\$	0.5342
100 MG * 25 MG ORAL TABLET				
00002248764	AA-ATENIDONE	AAP	\$	0.8755

ALBERTA DRUG BENEFIT LIST UPDATE

**ATORVASTATIN CALCIUM**

**10 MG (BASE) ORAL TABLET**

00002457741	ACH-ATORVASTATIN	AHI	\$	0.1743
00002478145	AG-ATORVASTATIN	AGP	\$	0.1743
00002295261	APO-ATORVASTATIN	APX	\$	0.1743
00002475022	ATORVASTATIN	RIV	\$	0.1743
00002411350	ATORVASTATIN-10	SIV	\$	0.1743
00002407256	AURO-ATORVASTATIN	AUR	\$	0.1743
00002391058	JAMP-ATORVASTATIN	JPC	\$	0.1743
00002471167	M-ATORVASTATIN	MTR	\$	0.1743
00002454017	MAR-ATORVASTATIN	MAR	\$	0.1743
00002479508	MINT-ATORVASTATIN	MPI	\$	0.1743
00002392933	MYLAN-ATORVASTATIN	MYP	\$	0.1743
00002476517	NRA-ATORVASTATIN	NRA	\$	0.1743
00002399377	PMS-ATORVASTATIN	PMS	\$	0.1743
00002477149	PMS-ATORVASTATIN	PMS	\$	0.1743
00002313707	RAN-ATORVASTATIN	RAN	\$	0.1743
00002417936	REDDY-ATORVASTATIN	DRL	\$	0.1743
00002324946	SANDOZ ATORVASTATIN	SDZ	\$	0.1743
00002310899	TEVA-ATORVASTATIN	TEV	\$	0.1743
00002230711	LIPITOR	UJC	\$	1.8588

**20 MG (BASE) ORAL TABLET**

00002457768	ACH-ATORVASTATIN	AHI	\$	0.2179
00002478153	AG-ATORVASTATIN	AGP	\$	0.2179
00002295288	APO-ATORVASTATIN	APX	\$	0.2179
00002475030	ATORVASTATIN	RIV	\$	0.2179
00002411369	ATORVASTATIN-20	SIV	\$	0.2179
00002407264	AURO-ATORVASTATIN	AUR	\$	0.2179
00002391066	JAMP-ATORVASTATIN	JPC	\$	0.2179
00002471175	M-ATORVASTATIN	MTR	\$	0.2179
00002454025	MAR-ATORVASTATIN	MAR	\$	0.2179
00002479516	MINT-ATORVASTATIN	MPI	\$	0.2179
00002392941	MYLAN-ATORVASTATIN	MYP	\$	0.2179
00002476525	NRA-ATORVASTATIN	NRA	\$	0.2179
00002399385	PMS-ATORVASTATIN	PMS	\$	0.2179
00002477157	PMS-ATORVASTATIN	PMS	\$	0.2179
00002313715	RAN-ATORVASTATIN	RAN	\$	0.2179
00002417944	REDDY-ATORVASTATIN	DRL	\$	0.2179
00002324954	SANDOZ ATORVASTATIN	SDZ	\$	0.2179
00002310902	TEVA-ATORVASTATIN	TEV	\$	0.2179
00002230713	LIPITOR	UJC	\$	2.3234

**40 MG (BASE) ORAL TABLET**

00002457776	ACH-ATORVASTATIN	AHI	\$	0.2342
00002478161	AG-ATORVASTATIN	AGP	\$	0.2342
00002295296	APO-ATORVASTATIN	APX	\$	0.2342
00002475049	ATORVASTATIN	RIV	\$	0.2342
00002411377	ATORVASTATIN-40	SIV	\$	0.2342
00002407272	AURO-ATORVASTATIN	AUR	\$	0.2342
00002391074	JAMP-ATORVASTATIN	JPC	\$	0.2342
00002471183	M-ATORVASTATIN	MTR	\$	0.2342
00002454033	MAR-ATORVASTATIN	MAR	\$	0.2342
00002479524	MINT-ATORVASTATIN	MPI	\$	0.2342
00002392968	MYLAN-ATORVASTATIN	MYP	\$	0.2342
00002476533	NRA-ATORVASTATIN	NRA	\$	0.2342
00002399393	PMS-ATORVASTATIN	PMS	\$	0.2342
00002477165	PMS-ATORVASTATIN	PMS	\$	0.2342
00002313723	RAN-ATORVASTATIN	RAN	\$	0.2342
00002417952	REDDY-ATORVASTATIN	DRL	\$	0.2342
00002324962	SANDOZ ATORVASTATIN	SDZ	\$	0.2342
00002310910	TEVA-ATORVASTATIN	TEV	\$	0.2342
00002230714	LIPITOR	UJC	\$	2.4973

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

ALBERTA DRUG BENEFIT LIST UPDATE

**ATORVASTATIN CALCIUM**

80 MG (BASE)	ORAL TABLET			
00002457784	ACH-ATORVASTATIN	AHI	\$	0.2342
00002478188	AG-ATORVASTATIN	AGP	\$	0.2342
00002295318	APO-ATORVASTATIN	APX	\$	0.2342
00002475057	ATORVASTATIN	RIV	\$	0.2342
00002411385	ATORVASTATIN-80	SIV	\$	0.2342
00002407280	AURO-ATORVASTATIN	AUR	\$	0.2342
00002391082	JAMP-ATORVASTATIN	JPC	\$	0.2342
00002471191	M-ATORVASTATIN	MTR	\$	0.2342
00002454041	MAR-ATORVASTATIN	MAR	\$	0.2342
00002392976	MYLAN-ATORVASTATIN	MYP	\$	0.2342
00002476541	NRA-ATORVASTATIN	NRA	\$	0.2342
00002477173	PMS-ATORVASTATIN	PMS	\$	0.2342
00002313758	RAN-ATORVASTATIN	RAN	\$	0.2342
00002417960	REDDY-ATORVASTATIN	DRL	\$	0.2342
00002324970	SANDOZ ATORVASTATIN	SDZ	\$	0.2342
00002310929	TEVA-ATORVASTATIN	TEV	\$	0.2342
00002243097	LIPITOR	UJC	\$	2.4973

**CITALOPRAM HYDROBROMIDE**

10 MG (BASE)	ORAL TABLET			
00002387948	CITALOPRAM	SIV	\$	0.0796
00002430517	CITALOPRAM	JPC	\$	0.0796
00002445719	CITALOPRAM	SNS	\$	0.0796
00002371871	MAR-CITALOPRAM	MAR	\$	0.0796
00002429691	MINT-CITALOPRAM	MPI	\$	0.0796
00002409003	NAT-CITALOPRAM	NTP	\$	0.0796
00002270609	PMS-CITALOPRAM	PMS	\$	0.0796
00002303256	RIVA-CITALOPRAM	RIV	\$	0.0796
00002312336	TEVA-CITALOPRAM	TEV	\$	0.0796

**CLARITHROMYCIN**

250 MG	ORAL TABLET			
00002442469	CLARITHROMYCIN	SIV	\$	0.4122
00002466120	CLARITHROMYCIN	SNS	\$	0.4122
00002471388	M-CLARITHROMYCIN	MTR	\$	0.4122
00002247573	PMS-CLARITHROMYCIN	PMS	\$	0.4122
00002361426	RAN-CLARITHROMYCIN	RAN	\$	0.4122
00002266539	SANDOZ CLARITHROMYCIN	SDZ	\$	0.4122
00001984853	BIAXIN BID	BGP	\$	1.6833
500 MG	ORAL TABLET			
00002442485	CLARITHROMYCIN	SIV	\$	0.8318
00002466139	CLARITHROMYCIN	SNS	\$	0.8318
00002471396	M-CLARITHROMYCIN	MTR	\$	0.8318
00002247574	PMS-CLARITHROMYCIN	PMS	\$	0.8318
00002361434	RAN-CLARITHROMYCIN	RAN	\$	0.8318
00002346532	RIVA-CLARITHROMYCIN	RIV	\$	0.8318
00002266547	SANDOZ CLARITHROMYCIN	SDZ	\$	0.8318
00002126710	BIAXIN BID	BGP	\$	3.3271

ALBERTA DRUG BENEFIT LIST UPDATE

**CLINDAMYCIN HCL**

150 MG (BASE) ORAL CAPSULE				
00002436906	AURO-CLINDAMYCIN	AUR	\$	0.2217
00002483734	JAMP CLINDAMYCIN	JPC	\$	0.2217
00002479923	M-CLINDAMYCIN	MTR	\$	0.2217
00002493748	NRA-CLINDAMYCIN	NRA	\$	0.2217
00002241709	TEVA-CLINDAMYCIN	TEV	\$	0.2217
300 MG (BASE) ORAL CAPSULE				
00002436914	AURO-CLINDAMYCIN	AUR	\$	0.4434
00002483742	JAMP CLINDAMYCIN	JPC	\$	0.4434
00002479931	M-CLINDAMYCIN	MTR	\$	0.4434
00002493756	NRA-CLINDAMYCIN	NRA	\$	0.4434
00002241710	TEVA-CLINDAMYCIN	TEV	\$	0.4434

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**DESMOPRESSIN ACETATE**

0.1 MG ORAL TABLET				
00002284030	DESMOPRESSIN	AAP	\$	0.6609
00002304368	PMS-DESMOPRESSIN	PMS	\$	0.6609
00000824305	DDAVP	FEI	\$	1.3336

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**INSULIN ASPART****100 UNIT / ML INJECTION**

<input checked="" type="checkbox"/>	00002506564	TRURAPI CARTRIDGE	SAV	\$	3.0000
<input checked="" type="checkbox"/>	00002506572	TRURAPI SOLOSTAR PEN	SAV	\$	3.0000
<input checked="" type="checkbox"/>	00002245397	NOVORAPID	NNA	\$	3.0190

"Effective October 1, 2021, existing patients currently using the originator biologic drug, NovoRapid, will have to transition to the biosimilar by April 1, 2022 in order to maintain coverage for the molecule through their Alberta government sponsored drug plan. All new patient starts for insulin aspart will be covered for the biosimilar. NovoRapid will not be eligible for coverage for new insulin aspart starts.

Please note: patients that require access to NovoRapid because their insulin pump has not yet been approved for use with the biosimilar should have their physician submit an exception request. Patients enrolled in the Alberta Insulin Pump Therapy Program (IPTP) and on an insulin pump do not need to submit an exception request as an exemption will be in place until the biosimilar is approved for use."

<input checked="" type="checkbox"/>	00002244353	NOVORAPID CARTRIDGE	NNA	\$	4.0820
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"Effective October 1, 2021, existing patients currently using the originator biologic drug, NovoRapid, will have to transition to the biosimilar by April 1, 2022 in order to maintain coverage for the molecule through their Alberta government sponsored drug plan. All new patient starts for insulin aspart will be covered for the biosimilar. NovoRapid will not be eligible for coverage for new insulin aspart starts.

Please note: patients that require access to NovoRapid because their insulin pump has not yet been approved for use with the biosimilar should have their physician submit an exception request. Patients enrolled in the Alberta Insulin Pump Therapy Program (IPTP) and on an insulin pump do not need to submit an exception request as an exemption will be in place until the biosimilar is approved for use."

<input checked="" type="checkbox"/>	00002377209	NOVORAPID FLEXTOUCH	NNA	\$	4.3307
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"Effective October 1, 2021, existing patients currently using the originator biologic drug, NovoRapid, will have to transition to the biosimilar by April 1, 2022 in order to maintain coverage for the molecule through their Alberta government sponsored drug plan. All new patient starts for insulin aspart will be covered for the biosimilar. NovoRapid will not be eligible for coverage for new insulin aspart starts.

Please note: patients that require access to NovoRapid because their insulin pump has not yet been approved for use with the biosimilar should have their physician submit an exception request. Patients enrolled in the Alberta Insulin Pump Therapy Program (IPTP) and on an insulin pump do not need to submit an exception request as an exemption will be in place until the biosimilar is approved for use."

**LAMIVUDINE**

RESTRICTED BENEFIT - This product is a benefit when initiated by a Specialist in Internal Medicine or a designated prescriber.

**100 MG ORAL TABLET**

	00002393239	APO-LAMIVUDINE HBV	APX	\$	2.6154
	00002512467	JAMP LAMIVUDINE HBV	JPC	\$	2.6154
	00002239193	HEPTOVIR	GSK	\$	5.0810

**MEDROXYPROGESTERONE ACETATE****5 MG ORAL TABLET**

	00002244727	APO-MEDROXY	APX	\$	0.2365
	00002221292	TEVA-MEDROXYPROGESTERONE	TEV	\$	0.2365

ALBERTA DRUG BENEFIT LIST UPDATE

**METHADONE HCL**

**10 MG / ML ORAL LIQUID**

<input checked="" type="checkbox"/>	00002481979	METHADONE HYDROCHLORIDE	SDZ	\$	0.0525
<input checked="" type="checkbox"/>	00002495872	ODAN-METHADONE (CHERRY FLAVOUR)	ODN	\$	0.0525
<input checked="" type="checkbox"/>	00002495880	ODAN-METHADONE (UNFLAVOURED)	ODN	\$	0.0525
<input checked="" type="checkbox"/>	00002394596	METHADOSE	MAL	\$	0.1125
<input checked="" type="checkbox"/>	00002394618	METHADOSE SUGAR FREE	MAL	\$	0.1125
<input checked="" type="checkbox"/>	00002244290	METADOL-D	PAL	\$	0.1500
<input checked="" type="checkbox"/>	00002241377	METADOL CONCENTRATE	PAL	\$	0.4198

**OLANZAPINE**

**2.5 MG ORAL TABLET**

00002487608	AG-OLANZAPINE FC	AGP	\$	0.1772
00002281791	APO-OLANZAPINE	APX	\$	0.1772
00002417243	JAMP OLANZAPINE FC	JPC	\$	0.1772
00002410141	MINT-OLANZAPINE	MPI	\$	0.1772
00002372819	OLANZAPINE	SNS	\$	0.1772
00002385864	OLANZAPINE	SIV	\$	0.1772
00002303116	PMS-OLANZAPINE	PMS	\$	0.1772
00002310341	SANDOZ OLANZAPINE	SDZ	\$	0.1772
00002276712	TEVA-OLANZAPINE	TEV	\$	0.1772
00002229250	ZYPREXA	LIL	\$	1.9361

**5 MG ORAL TABLET**

00002487616	AG-OLANZAPINE FC	AGP	\$	0.3544
00002281805	APO-OLANZAPINE	APX	\$	0.3544
00002417251	JAMP OLANZAPINE FC	JPC	\$	0.3544
00002410168	MINT-OLANZAPINE	MPI	\$	0.3544
00002372827	OLANZAPINE	SNS	\$	0.3544
00002385872	OLANZAPINE	SIV	\$	0.3544
00002303159	PMS-OLANZAPINE	PMS	\$	0.3544
00002310368	SANDOZ OLANZAPINE	SDZ	\$	0.3544
00002276720	TEVA-OLANZAPINE	TEV	\$	0.3544
00002229269	ZYPREXA	LIL	\$	3.8081

**10 MG (BASE) ORAL TABLET**

00002487632	AG-OLANZAPINE FC	AGP	\$	0.7088
00002281821	APO-OLANZAPINE	APX	\$	0.7088
00002417286	JAMP OLANZAPINE FC	JPC	\$	0.7088
00002410184	MINT-OLANZAPINE	MPI	\$	0.7088
00002372843	OLANZAPINE	SNS	\$	0.7088
00002385899	OLANZAPINE	SIV	\$	0.7088
00002303175	PMS-OLANZAPINE	PMS	\$	0.7088
00002310384	SANDOZ OLANZAPINE	SDZ	\$	0.7088
00002276747	TEVA-OLANZAPINE	TEV	\$	0.7088
00002229285	ZYPREXA	LIL	\$	7.6163

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

PRODUCT IS NOT INTERCHANGEABLE

**OLMESARTAN MEDOXOMIL/ HYDROCHLOROTHIAZIDE****20 MG \* 12.5 MG ORAL TABLET**

00002468948	ACH-OLMESARTAN HCTZ	AHI	\$	0.3019
00002443112	ACT OLMESARTAN HCT	APH	\$	0.3019
00002453606	APO-OLMESARTAN/HCTZ	APX	\$	0.3019
00002476487	AURO-OLMESARTAN HCTZ	AUR	\$	0.3019
00002475707	GLN-OLMESARTAN HCTZ	GLM	\$	0.3019
00002508273	NRA-OLMESARTAN HCTZ	NRA	\$	0.3019
00002509601	OLMESARTAN/HCTZ	SNS	\$	0.3019
00002319616	OLMETEC PLUS	ORC	\$	1.1607

**40 MG \* 12.5 MG ORAL TABLET**

00002468956	ACH-OLMESARTAN HCTZ	AHI	\$	0.3019
00002443120	ACT OLMESARTAN HCT	APH	\$	0.3019
00002453614	APO-OLMESARTAN/HCTZ	APX	\$	0.3019
00002476495	AURO-OLMESARTAN HCTZ	AUR	\$	0.3019
00002475715	GLN-OLMESARTAN HCTZ	GLM	\$	0.3019
00002508281	NRA-OLMESARTAN HCTZ	NRA	\$	0.3019
00002509636	OLMESARTAN/HCTZ	SNS	\$	0.3019
00002319624	OLMETEC PLUS	ORC	\$	1.1607

**40 MG \* 25 MG ORAL TABLET**

00002468964	ACH-OLMESARTAN HCTZ	AHI	\$	0.3019
00002443139	ACT OLMESARTAN HCT	APH	\$	0.3019
00002453622	APO-OLMESARTAN/HCTZ	APX	\$	0.3019
00002476509	AURO-OLMESARTAN HCTZ	AUR	\$	0.3019
00002475723	GLN-OLMESARTAN HCTZ	GLM	\$	0.3019
00002508303	NRA-OLMESARTAN HCTZ	NRA	\$	0.3019
00002509628	OLMESARTAN/HCTZ	SNS	\$	0.3019
00002319632	OLMETEC PLUS	ORC	\$	1.1607

**PERINDOPRIL ERBUMINE****2 MG ORAL TABLET**

00002481677	AG-PERINDOPRIL	AGP	\$	0.1632
00002289261	APO-PERINDOPRIL	APX	\$	0.1632
00002459817	AURO-PERINDOPRIL	AUR	\$	0.1632
00002477009	JAMP PERINDOPRIL	JPC	\$	0.1632
00002482924	M-PERINDOPRIL ERBUMINE	MTR	\$	0.1632
00002474824	MAR-PERINDOPRIL	MAR	\$	0.1632
00002476762	MINT-PERINDOPRIL	MPI	\$	0.1632
00002489015	NRA-PERINDOPRIL	NRA	\$	0.1632
00002479877	PERINDOPRIL ERBUMINE	SIV	\$	0.1632
00002481634	PERINDOPRIL ERBUMINE	SNS	\$	0.1632
00002470675	PMS-PERINDOPRIL	PMS	\$	0.1632
00002470225	SANDOZ PERINDOPRIL ERBUMINE	SDZ	\$	0.1632
00002464985	TEVA-PERINDOPRIL	TEV	\$	0.1632
00002123274	COVERSYL	SEV	\$	0.7154

**4 MG ORAL TABLET**

00002481685	AG-PERINDOPRIL	AGP	\$ <b>0.1945</b>	\$ 0.2042
00002289288	APO-PERINDOPRIL	APX	\$ <b>0.1945</b>	\$ 0.2042
00002459825	AURO-PERINDOPRIL	AUR	\$ <b>0.1945</b>	\$ 0.2042
00002477017	JAMP PERINDOPRIL	JPC	\$ <b>0.1945</b>	\$ 0.2042
00002482932	M-PERINDOPRIL ERBUMINE	MTR	\$ <b>0.1945</b>	\$ 0.2042
00002474832	MAR-PERINDOPRIL	MAR	\$ <b>0.1945</b>	\$ 0.2042
00002476770	MINT-PERINDOPRIL	MPI	\$ <b>0.1945</b>	\$ 0.2042
00002489023	NRA-PERINDOPRIL	NRA	\$ <b>0.1945</b>	\$ 0.2042
00002479885	PERINDOPRIL ERBUMINE	SIV	\$ <b>0.1945</b>	\$ 0.2042
00002481642	PERINDOPRIL ERBUMINE	SNS	\$ <b>0.1945</b>	\$ 0.2042
00002470683	PMS-PERINDOPRIL	PMS	\$ <b>0.1945</b>	\$ 0.2042
00002470233	SANDOZ PERINDOPRIL ERBUMINE	SDZ	\$ <b>0.1945</b>	\$ 0.2042
00002464993	TEVA-PERINDOPRIL	TEV	\$ <b>0.1945</b>	\$ 0.2042
00002123282	COVERSYL	SEV	\$ <b>0.1945</b>	\$ 0.8957

**MAC pricing will be applied based on the LCA Price for Lisinopril 1 x 20 mg tablet.**

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

ALBERTA DRUG BENEFIT LIST UPDATE

**PERINDOPRIL ERBUMINE**

**8 MG ORAL TABLET**

00002481693	AG-PERINDOPRIL	AGP	\$ 0.1945	\$	0.2831
00002289296	APO-PERINDOPRIL	APX	\$ 0.1945	\$	0.2831
00002459833	AURO-PERINDOPRIL	AUR	\$ 0.1945	\$	0.2831
00002477025	JAMP PERINDOPRIL	JPC	\$ 0.1945	\$	0.2831
00002482940	M-PERINDOPRIL ERBUMINE	MTR	\$ 0.1945	\$	0.2831
00002474840	MAR-PERINDOPRIL	MAR	\$ 0.1945	\$	0.2831
00002476789	MINT-PERINDOPRIL	MPI	\$ 0.1945	\$	0.2831
00002489031	NRA-PERINDOPRIL	NRA	\$ 0.1945	\$	0.2831
00002479893	PERINDOPRIL ERBUMINE	SIV	\$ 0.1945	\$	0.2831
00002481650	PERINDOPRIL ERBUMINE	SNS	\$ 0.1945	\$	0.2831
00002470691	PMS-PERINDOPRIL	PMS	\$ 0.1945	\$	0.2831
00002470241	SANDOZ PERINDOPRIL ERBUMINE	SDZ	\$ 0.1945	\$	0.2831
00002465000	TEVA-PERINDOPRIL	TEV	\$ 0.1945	\$	0.2831
00002246624	COVERSYL	SEV	\$ 0.1945	\$	1.2541

*MAC pricing will be applied based on the LCA Price for Lisinopril 1 x 20 mg tablet.*

**PREGABALIN**

**150 MG ORAL CAPSULE**

00002449870	ACH-PREGABALIN	AHI	\$	0.4145
00002480751	AG-PREGABALIN	AGP	\$	0.4145
00002394278	APO-PREGABALIN	APX	\$	0.4145
00002433907	AURO-PREGABALIN	AUR	\$	0.4145
00002436000	JAMP-PREGABALIN	JPC	\$	0.4145
00002467321	M-PREGABALIN	MTR	\$	0.4145
00002424207	MINT-PREGABALIN	MPI	\$	0.4145
00002494884	NAT-PREGABALIN	NTP	\$	0.4145
00002479168	NRA-PREGABALIN	NRA	\$	0.4145
00002359634	PMS-PREGABALIN	PMS	\$	0.4145
00002403722	PREGABALIN	SIV	\$	0.4145
00002405563	PREGABALIN	SNS	\$	0.4145
00002392844	RAN-PREGABALIN	RAN	\$	0.4145
00002390841	SANDOZ PREGABALIN	SDZ	\$	0.4145
00002361205	TEVA-PREGABALIN	TEV	\$	0.4145



ALBERTA DRUG BENEFIT LIST UPDATE

QUETIAPINE FUMARATE

25 MG (BASE) ORAL TABLET				
00002316080	ACT QUETIAPINE	APH	\$	0.0494
00002475979	AG-QUETIAPINE	AGP	\$	0.0494
00002313901	APO-QUETIAPINE	APX	\$	0.0494
00002501635	APO-QUETIAPINE FUMARATE	APX	\$	0.0494
00002390205	AURO-QUETIAPINE	AUR	\$	0.0494
00002447193	BIO-QUETIAPINE	BMD	\$	0.0494
00002330415	JAMP-QUETIAPINE	JPC	\$	0.0494
00002399822	MAR-QUETIAPINE	MAR	\$	0.0494
00002438003	MINT-QUETIAPINE	MPI	\$	0.0494
00002439158	NAT-QUETIAPINE	NTP	\$	0.0494
00002486237	NRA-QUETIAPINE	NRA	\$	0.0494
00002296551	PMS-QUETIAPINE	PMS	\$	0.0494
00002317893	QUETIAPINE	SIV	\$	0.0494
00002353164	QUETIAPINE	SNS	\$	0.0494
00002387794	QUETIAPINE	AHI	\$	0.0494
00002397099	RAN-QUETIAPINE	RAN	\$	0.0494
00002236951	SEROQUEL	AZC	\$	0.5195
100 MG (BASE) ORAL TABLET				
00002316099	ACT QUETIAPINE	APH	\$	0.1318
00002313928	APO-QUETIAPINE	APX	\$	0.1318
00002501643	APO-QUETIAPINE FUMARATE	APX	\$	0.1318
00002390213	AURO-QUETIAPINE	AUR	\$	0.1318
00002447207	BIO-QUETIAPINE	BMD	\$	0.1318
00002330423	JAMP-QUETIAPINE	JPC	\$	0.1318
00002399830	MAR-QUETIAPINE	MAR	\$	0.1318
00002438011	MINT-QUETIAPINE	MPI	\$	0.1318
00002439166	NAT-QUETIAPINE	NTP	\$	0.1318
00002296578	PMS-QUETIAPINE	PMS	\$	0.1318
00002317907	QUETIAPINE	SIV	\$	0.1318
00002353172	QUETIAPINE	SNS	\$	0.1318
00002387808	QUETIAPINE	AHI	\$	0.1318
00002397102	RAN-QUETIAPINE	RAN	\$	0.1318
00002236952	SEROQUEL	AZC	\$	1.3860
200 MG (BASE) ORAL TABLET				
00002316110	ACT QUETIAPINE	APH	\$	0.2647
00002313936	APO-QUETIAPINE	APX	\$	0.2647
00002501651	APO-QUETIAPINE FUMARATE	APX	\$	0.2647
00002390248	AURO-QUETIAPINE	AUR	\$	0.2647
00002447223	BIO-QUETIAPINE	BMD	\$	0.2647
00002330458	JAMP-QUETIAPINE	JPC	\$	0.2647
00002399849	MAR-QUETIAPINE	MAR	\$	0.2647
00002438046	MINT-QUETIAPINE	MPI	\$	0.2647
00002439182	NAT-QUETIAPINE	NTP	\$	0.2647
00002296594	PMS-QUETIAPINE	PMS	\$	0.2647
00002317923	QUETIAPINE	SIV	\$	0.2647
00002353199	QUETIAPINE	SNS	\$	0.2647
00002387824	QUETIAPINE	AHI	\$	0.2647
00002397110	RAN-QUETIAPINE	RAN	\$	0.2647
00002236953	SEROQUEL	AZC	\$	2.7830


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

ALBERTA DRUG BENEFIT LIST UPDATE

**QUETIAPINE FUMARATE**

<b>300 MG (BASE) ORAL TABLET</b>			
00002316129	ACT-QUETIAPINE	APH	\$ 0.3863
00002313944	APO-QUETIAPINE	APX	\$ 0.3863
00002501678	APO-QUETIAPINE FUMARATE	APX	\$ 0.3863
00002390256	AURO-QUETIAPINE	AUR	\$ 0.3863
00002447258	BIO-QUETIAPINE	BMD	\$ 0.3863
00002330466	JAMP-QUETIAPINE	JPC	\$ 0.3863
00002399857	MAR-QUETIAPINE	MAR	\$ 0.3863
00002438054	MINT-QUETIAPINE	MPI	\$ 0.3863
00002439190	NAT-QUETIAPINE	NTP	\$ 0.3863
00002296608	PMS-QUETIAPINE	PMS	\$ 0.3863
00002317931	QUETIAPINE	SIV	\$ 0.3863
00002353202	QUETIAPINE	SNS	\$ 0.3863
00002387832	QUETIAPINE	AHI	\$ 0.3863
00002397129	RAN-QUETIAPINE	RAN	\$ 0.3863
00002244107	SEROQUEL	AZC	\$ 4.0610
<b>50 MG (BASE) ORAL EXTENDED-RELEASE TABLET</b>			
00002450860	ACH-QUETIAPINE FUMARATE XR	AHI	\$ 0.2501
00002457229	APO-QUETIAPINE XR	APX	\$ 0.2501
00002510677	NRA-QUETIAPINE XR	NRA	\$ 0.2501
00002417359	QUETIAPINE XR	SIV	\$ 0.2501
00002407671	SANDOZ QUETIAPINE XRT	SDZ	\$ 0.2501
00002395444	TEVA-QUETIAPINE XR	TEV	\$ 0.2501
00002300184	SEROQUEL XR	AZC	\$ 1.0003
<b>150 MG (BASE) ORAL EXTENDED-RELEASE TABLET</b>			
00002450879	ACH-QUETIAPINE FUMARATE XR	AHI	\$ 0.4926
00002457237	APO-QUETIAPINE XR	APX	\$ 0.4926
00002510685	NRA-QUETIAPINE XR	NRA	\$ 0.4926
00002417367	QUETIAPINE XR	SIV	\$ 0.4926
00002407698	SANDOZ QUETIAPINE XRT	SDZ	\$ 0.4926
00002395452	TEVA-QUETIAPINE XR	TEV	\$ 0.4926
00002321513	SEROQUEL XR	AZC	\$ 1.9701
<b>200 MG (BASE) ORAL EXTENDED-RELEASE TABLET</b>			
00002450887	ACH-QUETIAPINE FUMARATE XR	AHI	\$ 0.6661
00002457245	APO-QUETIAPINE XR	APX	\$ 0.6661
00002510693	NRA-QUETIAPINE XR	NRA	\$ 0.6661
00002417375	QUETIAPINE XR	SIV	\$ 0.6661
00002407701	SANDOZ QUETIAPINE XRT	SDZ	\$ 0.6661
00002395460	TEVA-QUETIAPINE XR	TEV	\$ 0.6661
00002300192	SEROQUEL XR	AZC	\$ 2.6641
<b>300 MG (BASE) ORAL EXTENDED-RELEASE TABLET</b>			
00002450895	ACH-QUETIAPINE FUMARATE XR	AHI	\$ 0.9776
00002457253	APO-QUETIAPINE XR	APX	\$ 0.9776
00002510707	NRA-QUETIAPINE XR	NRA	\$ 0.9776
00002417383	QUETIAPINE XR	SIV	\$ 0.9776
00002407728	SANDOZ QUETIAPINE XRT	SDZ	\$ 0.9776
00002395479	TEVA-QUETIAPINE XR	TEV	\$ 0.9776
00002300206	SEROQUEL XR	AZC	\$ 3.9101
<b>400 MG (BASE) ORAL EXTENDED-RELEASE TABLET</b>			
00002450909	ACH-QUETIAPINE FUMARATE XR	AHI	\$ 1.3270
00002457261	APO-QUETIAPINE XR	APX	\$ 1.3270
00002510715	NRA-QUETIAPINE XR	NRA	\$ 1.3270
00002417391	QUETIAPINE XR	SIV	\$ 1.3270
00002407736	SANDOZ QUETIAPINE XRT	SDZ	\$ 1.3270
00002395487	TEVA-QUETIAPINE XR	TEV	\$ 1.3270
00002300214	SEROQUEL XR	AZC	\$ 5.3080

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

 PRODUCT IS NOT INTERCHANGEABLE

**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
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

**VENLAFAXINE HCL****37.5 MG (BASE) ORAL EXTENDED-RELEASE CAPSULE**

00002304317	ACT VENLAFAXINE XR	TEV	\$	0.0913
00002331683	APO-VENLAFAXINE XR	APX	\$	0.0913
00002452839	AURO-VENLAFAXINE XR	AUR	\$	0.0913
00002471280	M-VENLAFAXINE XR	MTR	\$	0.0913
00002278545	PMS-VENLAFAXINE XR	PMS	\$	0.0913
00002310317	SANDOZ VENLAFAXINE XR	SDZ	\$	0.0913
00002380072	TARO-VENLAFAXINE XR	SPG	\$	0.0913
00002275023	TEVA-VENLAFAXINE XR	TEV	\$	0.0913
00002354713	VENLAFAXINE XR	SNS	\$	0.0913
00002385929	VENLAFAXINE XR	SIV	\$	0.0913
00002237279	EFFEXOR XR	UJC	\$	1.0159

**75 MG (BASE) ORAL EXTENDED-RELEASE CAPSULE**

00002304325	ACT VENLAFAXINE XR	TEV	\$	0.1825
00002331691	APO-VENLAFAXINE XR	APX	\$	0.1825
00002452847	AURO-VENLAFAXINE XR	AUR	\$	0.1825
00002471299	M-VENLAFAXINE XR	MTR	\$	0.1825
00002278553	PMS-VENLAFAXINE XR	PMS	\$	0.1825
00002310325	SANDOZ VENLAFAXINE XR	SDZ	\$	0.1825
00002380080	TARO-VENLAFAXINE XR	SPG	\$	0.1825
00002354721	VENLAFAXINE XR	SNS	\$	0.1825
00002385937	VENLAFAXINE XR	SIV	\$	0.1825
00002237280	EFFEXOR XR	UJC	\$	2.0410

**150 MG (BASE) ORAL EXTENDED-RELEASE CAPSULE**

00002304333	ACT VENLAFAXINE XR	TEV	\$	0.1927
00002331705	APO-VENLAFAXINE XR	APX	\$	0.1927
00002452855	AURO-VENLAFAXINE XR	AUR	\$	0.1927
00002471302	M-VENLAFAXINE XR	MTR	\$	0.1927
00002278561	PMS-VENLAFAXINE XR	PMS	\$	0.1927
00002310333	SANDOZ VENLAFAXINE XR	SDZ	\$	0.1927
00002380099	TARO-VENLAFAXINE XR	SPG	\$	0.1927
00002275058	TEVA-VENLAFAXINE XR	TEV	\$	0.1927
00002354748	VENLAFAXINE XR	SNS	\$	0.1927
00002385945	VENLAFAXINE XR	SIV	\$	0.1927
00002237282	EFFEXOR XR	UJC	\$	2.1547

**VERAPAMIL HCL****240 MG ORAL SUSTAINED-RELEASE TABLET**

00002246895	APO-VERAP SR	APX	\$	1.7143
00002450496	MYLAN-VERAPAMIL SR	MYP	\$	1.7143
00000742554	ISOPTIN SR	BGP	\$	2.2944

ALBERTA DRUG BENEFIT LIST UPDATE

ZOPICLONE

5 MG ORAL TABLET

00002475839	AG-ZOPICLONE	AGP	\$	0.0990
00002245077	APO-ZOPICLONE	APX	\$	0.0990
00002406969	JAMP-ZOPICLONE	JPC	\$	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

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## **PART 3**

# Special Authorization

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

**ELEXACAFTOR/ TEZACAFTOR/ IVACAFTOR/ IVACAFTOR**

For the treatment of cystic fibrosis (CF) in patients age twelve (12) years and older who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene. Patients should be optimized with best supportive care for their CF at the time of initiation.

For initial coverage, the following pre-treatment information must be provided:

1. Baseline spirometry measurement of FEV1 % predicted (within the last 3 months), AND
2. Number of days treated with oral and/or IV antibiotics for pulmonary exacerbations in the previous 6 months or number of pulmonary exacerbations requiring oral and/or IV antibiotics in the previous 6 months, AND
3. Number of CF-related hospitalizations in the previous 6 months, AND
4. Baseline Body Mass Index (BMI)

This drug must be prescribed by a prescriber affiliated with one of the following Alberta Cystic Fibrosis Clinics:

- Cystic Fibrosis Clinic, Adult: Kaye Edmonton Clinic
- Cystic Fibrosis Services - Adult Outpatient: Foothills Medical Centre
- Cystic Fibrosis Clinic, Pediatric: Stollery Children's Hospital
- Pediatric Cystic Fibrosis Clinic: Alberta Children's Hospital

For coverage, dosing will be approved as follows:

Two tablets (each containing elexacaftor 100 mg, tezacaftor 50 mg and ivacaftor 75 mg) in the morning and one tablet (ivacaftor 150 mg) in the evening.

Patients will be limited to receiving a one-month supply per prescription at their pharmacy.

Initial coverage may be approved for 6 months.

Subsequent renewal of coverage may be approved for 12 months.

For continued coverage beyond the initial 6-month authorization, patients must demonstrate a benefit in at least ONE of the following:

1. Documented improvement in % predicted FEV1 of at least 5% compared with the baseline measurement, OR
2. A decrease in the total number of days for which the patient received treatment with oral and/or IV antibiotics for pulmonary exacerbations in the previous 6 months compared with the 6-month period prior to initiating treatment; or, a decrease in the total number of pulmonary exacerbations requiring oral and/or IV antibiotics in the previous 6 months compared with the 6-month period prior to initiating treatment, OR
3. Decreased number of CF-related hospitalizations in the previous 6 months compared with the 6-month period prior to initiating treatment, OR
4. No decline in BMI compared with the baseline BMI assessment

Ongoing coverage may be considered only if patients have maintained a benefit in at least ONE of the parameters noted above at the end of each 12-month period.

Coverage cannot be provided for elexacaftor/tezacaftor/ivacaftor and ivacaftor for the following:

1. When intended for use in combination with other CFTR modulators; OR
2. Patient is the previous recipient of a double lung transplant.

All requests (including renewal requests) for elexacaftor/tezacaftor/ivacaftor + ivacaftor must be completed using the Combination CFTR Modulators Special Authorization Request Form (ABC 60090).

**100 MG \* 50 MG \* 75 MG \* 150 MG ORAL TABLET**

00002517140 TRIKAFTA

VER

\$ 280.0000