

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

**Effective July 1, 2015**



Inquiries should be directed to:

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**Website:** <http://www.health.alberta.ca/services/drug-benefit-list.html>

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.

Copies of the *Alberta Drug Benefit List* are available from Pharmacy Services, Alberta Blue Cross at the address shown above.

Binder and contents: **\$42.00** (\$40.00 + \$2.00 G.S.T.)  
Contents only: **\$36.75** (\$35.00 + \$1.75 G.S.T.)

A cheque or money order must accompany the request for copies.

## Table of Contents

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Special Authorization.....	1
■ New Drug Product(s) Available by Special Authorization .....	1
■ Additional Brand(s) and/or Strength(s) of Drug Product(s) Available by Special Authorization.....	1
■ Additional Brand(s) and/or Strength(s) of Drug Product(s) Available by Step Therapy / Special Authorization .....	1
■ Additional Brand(s) and/or Strength(s) of Drug Product(s) Available by Restricted Benefit / Special Authorization .....	1
■ Drug Product(s) with Changes to Criteria for Coverage .....	1
Added Product(s) .....	2
New Established Interchangeable (IC) Groupings(s).....	3
Least Cost Alternative (LCA) Price Change(s).....	4
Product(s) with a Price Change.....	4
Discontinued Listing(s) .....	4
Product(s) Removed from the ADBL as Price Policy Requirements Not Satisfied .....	5
Part 2 Drug Additions .....	2-1
Part 3 Special Authorization .....	3-1

## Special Authorization

The following drug product(s) will be considered for coverage by special authorization for patients covered under Alberta government-sponsored drug programs. Criteria for coverage of Alberta Human Services can be found in the July 1, 2015 Updates To the Alberta Human Services Drug Benefit Supplement.

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
CUBICIN 500 MG / VIAL INJECTION	DAPTOMYCIN	00002299909	CUB

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
APO-LINEZOLID 600 MG TABLET	LINEZOLID	00002426552	APX
MINT-EZETIMIBE 10 MG TABLET	EZETIMIBE	00002423243	MPI

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
JAMP-PIOGLITAZONE 15 MG TABLET	PIOGLITAZONE HCL	00002397307	JPC
JAMP-PIOGLITAZONE 30 MG TABLET	PIOGLITAZONE HCL	00002365529	JPC
JAMP-PIOGLITAZONE 45 MG TABLET	PIOGLITAZONE HCL	00002365537	JPC

### 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
TEVA-RIZATRIPTAN ODT 5 MG DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002396661	TEV
TEVA-RIZATRIPTAN ODT 10 MG DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002396688	TEV

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
JAMP-VANCOMYCIN 125 MG CAPSULE	VANCOMYCIN HCL	00002407744	JPC

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

<b>Trade Name / Strength / Form</b>	<b>Generic Description</b>	<b>DIN</b>	<b>MFR</b>
JAMP-VANCOMYCIN 250 MG CAPSULE	VANCOMYCIN HCL	00002407752	JPC
VANOCIN 125 MG CAPSULE	VANCOMYCIN HCL	00000800430	MLI
VANOCIN 250 MG CAPSULE	VANCOMYCIN HCL	00000788716	MLI
VANCOMYCIN HYDROCHLORIDE 125 MG CAPSULE	VANCOMYCIN HCL	00002377470	PPC
VANCOMYCIN HYDROCHLORIDE 250 MG CAPSULE	VANCOMYCIN HCL	00002377489	PPC

**Added Product(s)**

<b>Trade Name / Strength / Form</b>	<b>Generic Description</b>	<b>DIN</b>	<b>MFR</b>
ACT GLICLAZIDE MR 30 MG SUSTAINED-RELEASE TABLET	GLICLAZIDE	00002429764	APH
AURO-METFORMIN 500 MG TABLET	METFORMIN HCL	00002438275	AUR
AURO-METFORMIN 850 MG TABLET	METFORMIN HCL	00002438283	AUR
CALCITRIOL 1 MCG / ML INJECTION	CALCITRIOL	00002399334	STM
CALCITRIOL 2 MCG / ML INJECTION	CALCITRIOL	00002399342	STM
CEFOTAXIME SODIUM 1 G / VIAL INJECTION	CEFOTAXIME SODIUM	00002434091	STM
CEFOTAXIME SODIUM 2 G / VIAL INJECTION	CEFOTAXIME SODIUM	00002434105	STM
DIVIGEL (0.25 MG PACK) 0.1% TRANSDERMAL GEL	ESTRADIOL-17B	00002424924	TEV
DIVIGEL (0.5 MG PACK) 0.1% TRANSDERMAL GEL	ESTRADIOL-17B	00002424835	TEV
DIVIGEL (1 MG PACK) 0.1% TRANSDERMAL GEL	ESTRADIOL-17B	00002424843	TEV
MAR-DOMPERIDONE 10 MG TABLET	DOMPERIDONE MALEATE	00002403870	MAR
MAR-LOSARTAN 25 MG TABLET	LOSARTAN POTASSIUM	00002422468	MAR
MAR-LOSARTAN 50 MG TABLET	LOSARTAN POTASSIUM	00002422476	MAR
MAR-LOSARTAN 100 MG TABLET	LOSARTAN POTASSIUM	00002422484	MAR

## Added Product(s), continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
METADOL-D 1 MG / ML SOLUTION	METHADONE HCL	00002247374	PAL
METADOL-D 10 MG / ML LIQUID	METHADONE HCL	00002244290	PAL
MYLAN-BISOPROLOL 5 MG TABLET	BISOPROLOL FUMARATE	00002384418	MYP
MYLAN-BISOPROLOL 10 MG TABLET	BISOPROLOL FUMARATE	00002384426	MYP
MYLAN-BUPRENORPHINE NALOXONE 2 MG / 0.5 MG SUBLINGUAL TABLET	BUPRENORPHINE HCL/ NALOXONE HYDROCHLORIDE DIHYDRATE	00002408090	MYP
MYLAN-BUPRENORPHINE NALOXONE 8 MG / 2 MG SUBLINGUAL TABLET	BUPRENORPHINE HCL/ NALOXONE HYDROCHLORIDE DIHYDRATE	00002408104	MYP
PANTOPRAZOLE 40 MG ENTERIC- COATED TABLET	PANTOPRAZOLE	00002437945	PMS
TEVA-BUPRENORPHINE/ NALOXONE 2 MG / 0.5 MG SUBLINGUAL TABLET	BUPRENORPHINE HCL/ NALOXONE HYDROCHLORIDE DIHYDRATE	00002424851	TEV
TEVA-BUPRENORPHINE/ NALOXONE 8 MG / 2 MG SUBLINGUAL TABLET	BUPRENORPHINE HCL/ NALOXONE HYDROCHLORIDE DIHYDRATE	00002424878	TEV

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

*The following IC Grouping(s) have been established and LCA pricing will be applied effective August 1, 2015.*

Generic Description	Strength / Form	New LCA Price
BUPRENORPHINE HCL/ NALOXONE HYDROCHLORIDE DIHYDRATE	2 MG / 0.5 MG SUBLINGUAL TABLET	1.3350
BUPRENORPHINE HCL/ NALOXONE HYDROCHLORIDE DIHYDRATE	8 MG / 2 MG SUBLINGUAL TABLET	2.3650
CALCITRIOL	1 MCG / ML INJECTION	8.9845
CALCITRIOL	2 MCG / ML INJECTION	16.2962
CEFOTAXIME SODIUM	1 G / VIAL INJECTION	8.3300
CEFOTAXIME SODIUM	2 G / VIAL INJECTION	16.6855

## 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, 2015.

Please review the online Alberta Drug Benefit List at [https://www.ab.bluecross.ca/dbl/idbl\\_main1.html](https://www.ab.bluecross.ca/dbl/idbl_main1.html) for further information.

Generic Description	Strength / Form	New LCA Price
GLICLAZIDE	30 MG SUSTAINED-RELEASE TABLET	0.0931

## Product(s) With A Price Change

The following product(s) had a Price Decrease. The previous higher price will be recognized until July 31, 2015. For products within an established IC Grouping, the LCA price may apply.

Trade Name / Strength / Form	Generic Description	DIN	MFR
APO-GLICLAZIDE MR 30 MG SUSTAINED-RELEASE TABLET	GLICLAZIDE	00002297795	APX
MINT-GLICLAZIDE MR 30 MG SUSTAINED-RELEASE TABLET	GLICLAZIDE	00002423286	MPI
FLOVENT DISKUS 500 MCG / DOSE INHALATION METERED INHALATION POWDER	FLUTICASONE PROPIONATE	00002237247	GSK

## Discontinued Listing(s)

Notification of discontinuation has been received from the manufacturers. The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective July 1, 2015, the listed product(s) will no longer be a benefit and will not be considered for coverage by special authorization. A transition period will be applied and, as of July 31, 2015 claims will no longer pay for these product(s). Please note, for product(s) that were covered by Special Authorization, no transition period will be applied, and as of June 30, 2015, claims will no longer pay for these product(s).

Trade Name / Strength / Form	Generic Description	DIN	MFR
APO-CEFPROZIL 25 MG / ML SUSPENSION	CEFPROZIL	00002293943	APX
APO-PROPRANOLOL 120 MG TABLET	PROPRANOLOL HCL	00000504335	APH
CO TEMAZEPAM 30 MG CAPSULE	TEMAZEPAM	00002244815	JAI
LEVAQUIN 500 MG TABLET	LEVOFLOXACIN	00002236842	MPI
MINT-CIPROFLOXACIN 250 MG TABLET	CIPROFLOXACIN	00002317427	MPI
MINT-CIPROFLOXACIN 500 MG TABLET	CIPROFLOXACIN	00002317435	MPI

## Discontinued Listing(s), continued

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TEVA-ENALAPRIL 2.5 MG TABLET	ENALAPRIL MALEATE	00002300680	TEV
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## Product(s) Removed from the ADBL as Price Policy Requirements Not Satisfied

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*The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective July 1, 2015, the listed product(s) will no longer be a benefit and will not be considered for coverage by special authorization. A transition period will be applied and, as of July 31, 2015 claims will no longer pay for these product(s). Please note, for product(s) that were covered by Special Authorization, no transition period will be applied, and as of June 30, 2015, claims will no longer pay for these product(s).*

<b>Trade Name / Strength / Form</b>	<b>Generic Description</b>	<b>DIN</b>	<b>MFR</b>
SYNACTHEN DEPOT 1 MG / VIAL INJECTION	COSYNTROPIN ZINC HYDROXIDE COMPLEX	00000253952	QST



## **PART 2**

# Drug Additions

ALBERTA DRUG BENEFIT LIST UPDATE

**BISOPROLOL FUMARATE**

5 MG ORAL TABLET

00002256134	APO-BISOPROLOL	APX	\$	0.0994
00002383055	BISOPROLOL	SIV	\$	0.0994
00002391589	BISOPROLOL	SNS	\$	0.0994
00002384418	MYLAN-BISOPROLOL	MYP	\$	0.0994
00002302632	PMS-BISOPROLOL	PMS	\$	0.0994
00002247439	SANDOZ BISOPROLOL	SDZ	\$	0.0994
00002267470	TEVA-BISOPROLOL	TEV	\$	0.0994

10 MG ORAL TABLET

00002256177	APO-BISOPROLOL	APX	\$	0.1450
00002383063	BISOPROLOL	SIV	\$	0.1450
00002391597	BISOPROLOL	SNS	\$	0.1450
00002384426	MYLAN-BISOPROLOL	MYP	\$	0.1450
00002302640	PMS-BISOPROLOL	PMS	\$	0.1450
00002247440	SANDOZ BISOPROLOL	SDZ	\$	0.1450
00002267489	TEVA-BISOPROLOL	TEV	\$	0.1450

**BUPRENORPHINE HCL/ NALOXONE HYDROCHLORIDE DIHYDRATE**

2 MG (BASE) \* 0.5 MG (BASE) ORAL SUBLINGUAL TABLET

00002408090	MYLAN-BUPRENORPHINE NALOXONE	MYP	\$	1.3350
00002424851	TEVA-BUPRENORPHINE/NALOXONE	TEV	\$	1.3350
00002295695	SUBOXONE	RBC	\$	2.6700

8 MG (BASE) \* 2 MG (BASE) ORAL SUBLINGUAL TABLET

00002408104	MYLAN-BUPRENORPHINE NALOXONE	MYP	\$	2.3650
00002424878	TEVA-BUPRENORPHINE/NALOXONE	TEV	\$	2.3650
00002295709	SUBOXONE	RBC	\$	4.7300

**CALCITRIOL**

1 MCG / ML INJECTION

00002399334	CALCITRIOL	STM	\$	8.9845
00000891738	CALCIJEX	ABV	\$	10.5700

2 MCG / ML INJECTION

00002399342	CALCITRIOL	STM	\$	16.2962
00000891746	CALCIJEX	ABV	\$	19.1720

**CEFOTAXIME SODIUM**

1 G / VIAL (BASE) INJECTION

00002434091	CEFOTAXIME SODIUM	STM	\$	8.3300
00002225093	CLAFORAN	SAV	\$	9.8000

2 G / VIAL (BASE) INJECTION

00002434105	CEFOTAXIME SODIUM	STM	\$	16.6855
00002225107	CLAFORAN	SAV	\$	19.6300

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ALBERTA DRUG BENEFIT LIST UPDATE

**DOMPERIDONE MALEATE**

10 MG (BASE)	ORAL TABLET			
00002103613	APO-DOMPERIDONE	APX	\$	0.0594
00002238341	DOMPERIDONE	SIV	\$	0.0594
00002350440	DOMPERIDONE	SNS	\$	0.0594
00002369206	JAMP-DOMPERIDONE	JPC	\$	0.0594
00002403870	MAR-DOMPERIDONE	MAR	\$	0.0594
00002278669	MYLAN-DOMPERIDONE	MYP	\$	0.0594
00002236466	PMS-DOMPERIDONE	PMS	\$	0.0594
00002268078	RAN-DOMPERIDONE	RAN	\$	0.0594
00001912070	RATIO-DOMPERIDONE MALEATE	RPH	\$	0.0594
00002157195	TEVA-DOMPERIDONE	TEV	\$	0.0594

**ESTRADIOL-17B**

0.1 %	TRANSDERMAL GEL			
<input checked="" type="checkbox"/>	00002377098 DIVIGEL	TEV	\$	0.7500
<input checked="" type="checkbox"/>	00002424924 DIVIGEL (0.25 MG PACK)	TEV	\$	0.7500
<input checked="" type="checkbox"/>	00002424835 DIVIGEL (0.5 MG PACK)	TEV	\$	0.7500
<input checked="" type="checkbox"/>	00002424843 DIVIGEL (1 MG PACK)	TEV	\$	0.7500

**FLUTICASONE PROPIONATE**

500 MCG / DOSE	INHALATION METERED INHALATION POWDER			
00002237247	FLOVENT DISKUS	GSK	\$	1.0700

**GLICLAZIDE**

30 MG	ORAL SUSTAINED-RELEASE TABLET			
00002429764	ACT GLICLAZIDE MR	APH	\$	0.0931
00002297795	APO-GLICLAZIDE MR	APX	\$	0.0931
00002423286	MINT-GLICLAZIDE MR	MPI	\$	0.0931
00002242987	DIAMICRON MR	SEV	\$	0.1405

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ALBERTA DRUG BENEFIT LIST UPDATE

**LOSARTAN POTASSIUM**

**25 MG ORAL TABLET**

<b>00002424967</b>	<b>SEPTA-LOSARTAN</b>	<b>SEP</b>	<b>\$</b>	<b>0.2321</b>
00002398834	JAMP-LOSARTAN	JPC	\$	0.3147
00002422468	MAR-LOSARTAN	MAR	\$	0.3147
00002405733	MINT-LOSARTAN	MPI	\$	0.3147
00002354829	ACT LOSARTAN	APH	\$	0.3609
00002379058	APO-LOSARTAN	APX	\$	0.3609
00002403323	AURO-LOSARTAN	AUR	\$	0.3609
00002388790	LOSARTAN	SIV	\$	0.3609
00002388863	LOSARTAN	SNS	\$	0.3609
00002368277	MYLAN-LOSARTAN	MYP	\$	0.3609
00002309750	PMS-LOSARTAN	PMS	\$	0.3609
00002404451	RAN-LOSARTAN	RAN	\$	0.3609
00002313332	SANDOZ LOSARTAN	SDZ	\$	0.3609
00002380838	TEVA-LOSARTAN	TEV	\$	0.3609
00002182815	COZAAR	MFC	\$	1.3075

**50 MG ORAL TABLET**

<b>00002424975</b>	<b>SEPTA-LOSARTAN</b>	<b>SEP</b>	<b>\$</b>	<b>0.2321</b>
00002398842	JAMP-LOSARTAN	JPC	\$	0.3147
00002422476	MAR-LOSARTAN	MAR	\$	0.3147
00002405741	MINT-LOSARTAN	MPI	\$	0.3147
00002354837	ACT LOSARTAN	APH	\$	0.3609
00002353504	APO-LOSARTAN	APX	\$	0.3609
00002403331	AURO-LOSARTAN	AUR	\$	0.3609
00002388804	LOSARTAN	SIV	\$	0.3609
00002388871	LOSARTAN	SNS	\$	0.3609
00002368285	MYLAN-LOSARTAN	MYP	\$	0.3609
00002309769	PMS-LOSARTAN	PMS	\$	0.3609
00002404478	RAN-LOSARTAN	RAN	\$	0.3609
00002313340	SANDOZ LOSARTAN	SDZ	\$	0.3609
00002357968	TEVA-LOSARTAN	TEV	\$	0.3609
00002182874	COZAAR	MFC	\$	1.3075

**100 MG ORAL TABLET**

<b>00002424983</b>	<b>SEPTA-LOSARTAN</b>	<b>SEP</b>	<b>\$</b>	<b>0.2321</b>
00002398850	JAMP-LOSARTAN	JPC	\$	0.3147
00002422484	MAR-LOSARTAN	MAR	\$	0.3147
00002405768	MINT-LOSARTAN	MPI	\$	0.3147
00002354845	ACT LOSARTAN	APH	\$	0.3609
00002353512	APO-LOSARTAN	APX	\$	0.3609
00002403358	AURO-LOSARTAN	AUR	\$	0.3609
00002388812	LOSARTAN	SIV	\$	0.3609
00002388898	LOSARTAN	SNS	\$	0.3609
00002368293	MYLAN-LOSARTAN	MYP	\$	0.3609
00002309777	PMS-LOSARTAN	PMS	\$	0.3609
00002404486	RAN-LOSARTAN	RAN	\$	0.3609
00002313359	SANDOZ LOSARTAN	SDZ	\$	0.3609
00002357976	TEVA-LOSARTAN	TEV	\$	0.3609
00002182882	COZAAR	MFC	\$	1.3075

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ALBERTA DRUG BENEFIT LIST UPDATE

**METFORMIN HCL**

**500 MG ORAL TABLET**

00002257726	ACT METFORMIN	APH	\$	0.0444
00002167786	APO-METFORMIN	APX	\$	0.0444
00002438275	AURO-METFORMIN	AUR	\$	0.0444
00002421828	ECL-METFORMIN	ECL	\$	0.0444
00002380196	JAMP-METFORMIN	JPC	\$	0.0444
00002380722	JAMP-METFORMIN BLACKBERRY	JPC	\$	0.0444
00002378620	MAR-METFORMIN	MAR	\$	0.0444
00002353377	METFORMIN	SNS	\$	0.0444
00002378841	METFORMIN	MAR	\$	0.0444
00002385341	METFORMIN FC	SIV	\$	0.0444
00002148765	MYLAN-METFORMIN	MYP	\$	0.0444
00002223562	PMS-METFORMIN	PMS	\$	0.0444
00002269031	RAN-METFORMIN	RAN	\$	0.0444
00002242974	RATIO-METFORMIN HYDROCHLORIDE	RPH	\$	0.0444
00002246820	SANDOZ METFORMIN FC	SDZ	\$	0.0444
00002379767	SEPTA-METFORMIN	SEP	\$	0.0444
00002045710	TEVA-METFORMIN	TEV	\$	0.0444
00002099233	GLUCOPHAGE	SAV	\$	0.2716

**850 MG ORAL TABLET**

00002257734	ACT METFORMIN	APH	\$	0.0610
00002229785	APO-METFORMIN	APX	\$	0.0610
00002438283	AURO-METFORMIN	AUR	\$	0.0610
00002421836	ECL-METFORMIN	ECL	\$	0.0610
00002380218	JAMP-METFORMIN	JPC	\$	0.0610
00002380730	JAMP-METFORMIN BLACKBERRY	JPC	\$	0.0610
00002378639	MAR-METFORMIN	MAR	\$	0.0610
00002353385	METFORMIN	SNS	\$	0.0610
00002378868	METFORMIN	MAR	\$	0.0610
00002385368	METFORMIN FC	SIV	\$	0.0610
00002229656	MYLAN-METFORMIN	MYP	\$	0.0610
00002242589	PMS-METFORMIN	PMS	\$	0.0610
00002269058	RAN-METFORMIN	RAN	\$	0.0610
00002242931	RATIO-METFORMIN HYDROCHLORIDE	RPH	\$	0.0610
00002246821	SANDOZ METFORMIN FC	SDZ	\$	0.0610
00002379775	SEPTA-METFORMIN	SEP	\$	0.0610
00002230475	TEVA-METFORMIN	TEV	\$	0.0610
00002162849	GLUCOPHAGE	SAV	\$	0.3673

**METHADONE HCL**

**1 MG / ML ORAL SOLUTION**

<input checked="" type="checkbox"/>	00002247374	METADOL-D	PAL	\$	0.0540
<input checked="" type="checkbox"/>	00002247694	METADOL	PAL	\$	0.1062

**10 MG / ML ORAL LIQUID**

<input checked="" type="checkbox"/>	00002244290	METADOL-D	PAL	\$	0.1500
<input checked="" type="checkbox"/>	00002394596	METHADOSE	MAL	\$	0.1500
<input checked="" type="checkbox"/>	00002394618	METHADOSE SUGAR FREE	MAL	\$	0.1500
<input checked="" type="checkbox"/>	00002241377	METADOL CONCENTRATE	PAL	\$	0.3838

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ALBERTA DRUG BENEFIT LIST UPDATE

**PANTOPRAZOLE**

40 MG ORAL ENTERIC-COATED TABLET

00002412969	ABBOTT-PANTOPRAZOLE	ABB	\$	0.3628
00002300486	ACT PANTOPRAZOLE	APH	\$	0.3628
00002292920	APO-PANTOPRAZOLE	APX	\$	0.3628
00002415208	AURO-PANTOPRAZOLE	AUR	\$	0.3628
00002357054	JAMP-PANTOPRAZOLE	JPC	\$	0.3628
00002416565	MAR-PANTOPRAZOLE	MAR	\$	0.3628
00002417448	MINT-PANTOPRAZOLE	MPI	\$	0.3628
00002299585	MYLAN-PANTOPRAZOLE	MYP	\$	0.3628
00002370808	PANTOPRAZOLE	SNS	\$	0.3628
00002385759	PANTOPRAZOLE	SIV	\$	0.3628
00002437945	PANTOPRAZOLE	PMS	\$	0.3628
00002307871	PMS-PANTOPRAZOLE	PMS	\$	0.3628
00002305046	RAN-PANTOPRAZOLE	RAN	\$	0.3628
00002301083	SANDOZ PANTOPRAZOLE	SDZ	\$	0.3628
00002285487	TEVA-PANTOPRAZOLE	TEV	\$	0.3628
<input checked="" type="checkbox"/> 00002267233	TECTA	TAK	\$	0.7500
00002229453	PANTOLOC	TAK	\$	2.0803

**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

00002374730	ACT RIZATRIPTAN ODT	APH	\$	4.1300
00002393484	APO-RIZATRIPTAN RPD	APX	\$	4.1300
00002379198	MYLAN-RIZATRIPTAN ODT	MYP	\$	4.1300
00002393360	PMS-RIZATRIPTAN RDT	PMS	\$	4.1300
00002351870	SANDOZ RIZATRIPTAN ODT	SDZ	\$	4.1300
00002396661	TEVA-RIZATRIPTAN ODT	TEV	\$	4.1300
00002240518	MAXALT RPD	MFC	\$	15.8056

10 MG (BASE) ORAL DISINTEGRATING TABLET

00002374749	ACT RIZATRIPTAN ODT	APH	\$	4.1300
00002393492	APO-RIZATRIPTAN RPD	APX	\$	4.1300
00002379201	MYLAN-RIZATRIPTAN ODT	MYP	\$	4.1300
00002393379	PMS-RIZATRIPTAN RDT	PMS	\$	4.1300
00002351889	SANDOZ RIZATRIPTAN ODT	SDZ	\$	4.1300
00002396688	TEVA-RIZATRIPTAN ODT	TEV	\$	4.1300
00002240519	MAXALT RPD	MFC	\$	15.8056

## **PART 3**

# Special Authorization

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

**DAPTOMYCIN**

For the treatment of:

- Culture confirmed gram-positive infections from sterile sites, specifically Methicillin-resistant Staphylococcus aureus (MRSA), AND
- In patients who do not respond to, or exhibit multidrug intolerance to, or allergy to vancomycin, AND
- to facilitate patient discharge from hospital where it otherwise would not be possible.

This product must be prescribed in consultation with a specialist in Infectious Diseases in all instances.

Special Authorization may be granted for 12 months.

**500 MG / VIAL INJECTION**

00002299909 CUBICIN CUB \$ 179.0000

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

**EZETIMIBE**

"For the treatment of hypercholesterolemia in patients who are intolerant to statins or in whom a statin is contraindicated and who are at high cardiovascular risk\*; or

For the treatment of hypercholesterolemia when used in combination with a statin in patients failing to achieve target LDL with a statin at maximum tolerable dose or maximum recommended dose as per respective product monograph and who are at high cardiovascular risk\*:

\* High cardiovascular risk is defined as possessing one of the following:

- 1) Pre-existing cardiovascular disease and/or cerebrovascular disease, or
- 2) Diabetes, or
- 3) Familial hypercholesterolemia, or
- 4) Greater than or equal to 20% risk as defined by the Framingham Risk Assessment Tool, or
- 5) Three or more of the following risk factors:
  - Family history of premature cardiovascular disease
  - Smoking
  - Hypertension
  - Obesity
  - Glucose intolerance
  - Renal disease.

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

All requests for ezetimibe must be completed using the Ezetimibe Special Authorization Request Form (ABC 30925).

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

**10 MG ORAL TABLET**

<b>00002425610</b>	<b>ACH-EZETIMIBE</b>	<b>AHI</b>	<b>\$</b>	<b>0.4549</b>
<b>00002423243</b>	<b>MINT-EZETIMIBE</b>	<b>MPI</b>	<b>\$</b>	<b>0.4549</b>
00002414716	ACT EZETIMIBE	APH	\$	0.4612
00002427826	APO-EZETIMIBE	APX	\$	0.4612
00002429659	EZETIMIBE	SIV	\$	0.4612
00002431300	EZETIMIBE	SNS	\$	0.4612
00002423235	JAMP-EZETIMIBE	JPC	\$	0.4612
00002422662	MAR-EZETIMIBE	MAR	\$	0.4612
00002378035	MYLAN-EZETIMIBE	MYP	\$	0.4612
00002416409	PMS-EZETIMIBE	PMS	\$	0.4612
00002419548	RAN-EZETIMIBE	RAN	\$	0.4612
00002416778	SANDOZ EZETIMIBE	SDZ	\$	0.4612
00002354101	TEVA-EZETIMIBE	TEV	\$	0.4612
00002247521	EZETROL	MFC	\$	1.8360

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

**LINEZOLID**

"For the treatment of:

- 1) Vancomycin-resistant enterococcus infections or
- 2) Methicillin-resistant Staphylococcus aureus (MRSA)/methicillin-resistant coagulase-negative Staphylococcus infections in patients who are unresponsive to or intolerant of vancomycin or
- 3) Susceptible organisms in patients severely intolerant or allergic to all other appropriate alternatives (e.g. beta-lactam antibiotics, clindamycin, trimethoprim/sulfamethoxazole and vancomycin) or to facilitate patient discharge from hospital where it otherwise would not be possible.

This product must be prescribed in consultation with a specialist in Infectious Diseases in all instances."

In order to comply with the above criteria, information is required regarding the type of infection and organisms involved. Information is also required regarding previous antibiotic therapy that has been utilized and 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. The specialist in Infectious Diseases that recommended this drug is also required.

**600 MG ORAL TABLET**

<b>00002426552</b>	<b>APO-LINEZOLID</b>	<b>APX</b>	<b>\$</b>	<b>38.6083</b>
<b>00002422689</b>	<b>SANDOZ LINEZOLID</b>	<b>SDZ</b>	<b>\$</b>	<b>38.6083</b>
00002243684	ZYVOXAM	PFI	\$	74.2180

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**PIOGLITAZONE HCL**

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

**FIRST-LINE DRUG PRODUCT(S): METFORMIN**

"For the treatment of Type 2 diabetes in patients who have an inadequate response to a sufficient trial (i.e. a minimum of 6 months) of metformin or who are intolerant to metformin (e.g. dermatologic reactions) or for whom the product is contraindicated."

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
- UQ - First-line therapy not tolerated

**15 MG (BASE) ORAL TABLET**

<b>00002303442</b>	<b>ACCEL-PIOGLITAZONE</b>	<b>ACP</b>	<b>\$</b>	<b>0.3610</b>
00002397307	JAMP-PIOGLITAZONE	JPC	\$	0.6225
00002242572	ACTOS	TAK	\$	2.3518

**30 MG (BASE) ORAL TABLET**

<b>00002303450</b>	<b>ACCEL-PIOGLITAZONE</b>	<b>ACP</b>	<b>\$</b>	<b>0.5090</b>
00002365529	JAMP-PIOGLITAZONE	JPC	\$	0.8721
00002242573	ACTOS	TAK	\$	3.2949

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

**PIOGLITAZONE HCL**

**45 MG (BASE) ORAL TABLET**

<b>00002303469</b>	<b>ACCEL-PIOGLITAZONE</b>	<b>ACP</b>	<b>\$</b>	<b>0.7670</b>
00002365537	JAMP-PIOGLITAZONE	JPC	\$	1.3113
00002242574	ACTOS	TAK	\$	4.9542

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**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.

**5 MG (BASE) ORAL DISINTEGRATING TABLET**

<b>00002374730</b>	<b>ACT RIZATRIPTAN ODT</b>	<b>APH</b>	<b>\$</b>	<b>4.1300</b>
<b>00002393484</b>	<b>APO-RIZATRIPTAN RPD</b>	<b>APX</b>	<b>\$</b>	<b>4.1300</b>
<b>00002379198</b>	<b>MYLAN-RIZATRIPTAN ODT</b>	<b>MYP</b>	<b>\$</b>	<b>4.1300</b>
<b>00002393360</b>	<b>PMS-RIZATRIPTAN RDT</b>	<b>PMS</b>	<b>\$</b>	<b>4.1300</b>
<b>00002351870</b>	<b>SANDOZ RIZATRIPTAN ODT</b>	<b>SDZ</b>	<b>\$</b>	<b>4.1300</b>
<b>00002396661</b>	<b>TEVA-RIZATRIPTAN ODT</b>	<b>TEV</b>	<b>\$</b>	<b>4.1300</b>
00002240518	MAXALT RPD	MFC	\$	15.8056

**10 MG (BASE) ORAL DISINTEGRATING TABLET**

<b>00002374749</b>	<b>ACT RIZATRIPTAN ODT</b>	<b>APH</b>	<b>\$</b>	<b>4.1300</b>
<b>00002393492</b>	<b>APO-RIZATRIPTAN RPD</b>	<b>APX</b>	<b>\$</b>	<b>4.1300</b>
<b>00002379201</b>	<b>MYLAN-RIZATRIPTAN ODT</b>	<b>MYP</b>	<b>\$</b>	<b>4.1300</b>
<b>00002393379</b>	<b>PMS-RIZATRIPTAN RDT</b>	<b>PMS</b>	<b>\$</b>	<b>4.1300</b>
<b>00002351889</b>	<b>SANDOZ RIZATRIPTAN ODT</b>	<b>SDZ</b>	<b>\$</b>	<b>4.1300</b>
<b>00002396688</b>	<b>TEVA-RIZATRIPTAN ODT</b>	<b>TEV</b>	<b>\$</b>	<b>4.1300</b>
00002240519	MAXALT RPD	MFC	\$	15.8056

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

**VANCOMYCIN HCL**

"For the treatment of:

- 1) Clostridium difficile enteritis if there is clinical deterioration or documented failure on metronidazole therapy. Documented failure is defined as no clinical improvement after 5 days of therapy or
- 2) Laboratory confirmed relapse of Clostridium difficile enteritis with symptoms after 2 courses of metronidazole therapy or
- 3) Clostridium difficile enteritis if there is documented or impending toxic megacolon or
- 4) Clostridium difficile enteritis if there is intolerance or side effects to metronidazole therapy.

Special authorization for all criteria may be granted for 3 months."

**125 MG (BASE) ORAL CAPSULE**

<b>00002407744</b>	<b>JAMP-VANCOMYCIN</b>	<b>JPC</b>	<b>\$</b>	<b>5.1800</b>
<b>00000800430</b>	<b>VANCOCIN</b>	<b>MLI</b>	<b>\$</b>	<b>5.1800</b>
<b>00002377470</b>	<b>VANCOMYCIN HYDROCHLORIDE</b>	<b>PPC</b>	<b>\$</b>	<b>5.1800</b>

**250 MG (BASE) ORAL CAPSULE**

<b>00002407752</b>	<b>JAMP-VANCOMYCIN</b>	<b>JPC</b>	<b>\$</b>	<b>10.3600</b>
<b>00000788716</b>	<b>VANCOCIN</b>	<b>MLI</b>	<b>\$</b>	<b>10.3600</b>
<b>00002377489</b>	<b>VANCOMYCIN HYDROCHLORIDE</b>	<b>PPC</b>	<b>\$</b>	<b>10.3600</b>

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