

Updates to the Alberta Drug Benefit List

Effective August 1, 2015



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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.

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Special Authorization

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

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
AG-DONEPEZIL 5 MG TABLET	DONEPEZIL HCL	00002432684	AGP
AG-DONEPEZIL 10 MG TABLET	DONEPEZIL HCL	00002432692	AGP
VAN-DONEPEZIL 5 MG TABLET	DONEPEZIL HCL	00002426943	VAN
VAN-DONEPEZIL 10 MG TABLET	DONEPEZIL HCL	00002426951	VAN

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
APO-PIOGLITAZONE 15 MG TABLET	PIOGLITAZONE HCL	00002302942	JPC
APO-PIOGLITAZONE 30 MG TABLET	PIOGLITAZONE HCL	00002302950	JPC
APO-PIOGLITAZONE 45 MG TABLET	PIOGLITAZONE HCL	00002302977	JPC

Optional Special Authorization

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

Please refer to Section 3A of the online Alberta Drug Benefit List at https://www.ab.bluecross.ca/dbl/pdfs/dbl_sec3a.pdf for further information regarding the Optional Special Authorization of Select Drug Products criteria and related forms.

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
VAN-CIPROFLOXACIN 250 MG TABLET	CIPROFLOXACIN HCL	00002426978	VAN
VAN-CIPROFLOXACIN 500 MG TABLET	CIPROFLOXACIN HCL	00002427001	VAN
VAN-CIPROFLOXACIN 750 MG TABLET	CIPROFLOXACIN HCL	00002427028	VAN

Restricted Benefit(s)

Drug Product(s) Added as Restricted Benefit(s)

Trade Name / Strength / Form	Generic Description	DIN	MFR
APO-ADEFOVIR 10 MG TABLET	ADEFOVIR DIPIVOXIL	00002420333	APX
APO-RISPERIDONE 1 MG / ML (BASE) ORAL SOLUTION	RISPERIDONE TARTRATE	00002280396	APX

Added Product(s)

Trade Name / Strength / Form	Generic Description	DIN	MFR
APO-METOPROLOL SR 100 MG SUSTAINED-RELEASE TABLET	METOPROLOL TARTRATE	00002285169	APX
APO-METOPROLOL SR 200 MG SUSTAINED-RELEASE TABLET	METOPROLOL TARTRATE	00002285177	APX
APO-PIROXICAM 10 MG CAPSULE	PIROXICAM	00000642886	APX
APO-PIROXICAM 20 MG CAPSULE	PIROXICAM	00000642894	APX
APO-SUCRALFATE 1 G TABLET	SUCRALFATE	00002125250	APX
MINT-OLANZAPINE ODT 5 MG ORALLY DISINTEGRATING TABLET	OLANZAPINE	00002436965	MPI
MINT-OLANZAPINE ODT 10 MG ORALLY DISINTEGRATING TABLET	OLANZAPINE	00002436973	MPI
RAN-CLARITHROMYCIN 250 MG TABLET	CLARITHROMYCIN	00002361426	RAN
VAN-IRBESARTAN 75 MG TABLET	IRBESARTAN	00002427087	VAN
VAN-IRBESARTAN 150 MG TABLET	IRBESARTAN	00002427095	VAN
VAN-IRBESARTAN 300 MG TABLET	IRBESARTAN	00002427109	VAN
VAN-LOSARTAN 25 MG TABLET	LOSARTAN POTASSIUM	00002426595	VAN
VAN-LOSARTAN 50 MG TABLET	LOSARTAN POTASSIUM	00002426609	VAN
VAN-LOSARTAN 100 MG TABLET	LOSARTAN POTASSIUM	00002426617	VAN
VAN-SERTRALINE 25 MG CAPSULE	SERTRALINE HCL	00002427761	VAN
VAN-SERTRALINE 50 MG CAPSULE	SERTRALINE HCL	00002427788	VAN
VAN-SERTRALINE 100 MG CAPSULE	SERTRALINE HCL	00002427796	VAN

New Established Interchangeable (IC) Grouping(s)

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

Generic Description	Strength / Form	New LCA Price
ADEFOVIR DIPIVOXIL	10 MG TABLET	18.2518
PIROXICAM	10 MG CAPSULE	0.4426
PIROXICAM	20 MG CAPSULE	0.7422

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 September 1, 2015.

Please review the online Alberta Drug Benefit List at https://www.ab.bluecross.ca/dbl/idbl_main1.html for further information.

Generic Description	Strength / Form	New LCA Price
METOPROLOL TARTRATE	100 MG SUSTAINED-RELEASE TABLET	0.1871
METOPROLOL TARTRATE	200 MG SUSTAINED-RELEASE TABLET	0.3396
SUCRALFATE	1 G TABLET	0.3089

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 August 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 August 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 July 31, 2015, claims will no longer pay for these product(s).

Trade Name / Strength / Form	Generic Description	DIN	MFR
HEPARIN LEO 10,000 IU/ML INJECTION	HEPARIN SODIUM	00000579718	LEO
LESCOL 40 MG CAPSULE	FLUVASTATIN SODIUM	00002061570	NOV
LEVAQUIN 750 MG TABLET	LEVOFLOXACIN	00002246804	JAI
RATIO-FINASTERIDE 5 MG TABLET	FINASTERIDE	00002306905	RPH
RATIO-FLUVOXAMINE 50 MG TABLET	FLUVOXAMINE MALEATE	00002218453	RPH