

Updates to the Alberta Health and Wellness Drug Benefit List

Effective May 1, 2012

**Government
of Alberta ■**
Health and
Wellness

UPDATES TO THE ALBERTA HEALTH AND WELLNESS DRUG BENEFIT LIST

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Administered by Alberta Blue Cross
on behalf of Alberta Health and Wellness.

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 Health and Wellness Drug Benefit List* Publication 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.)
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Special Authorization

The following drug products will be considered for coverage by special authorization for patients covered under Alberta Health and Wellness government-sponsored drug programs. Criteria for coverage of Alberta Human Services, Alberta Children's Services and Alberta Seniors (AISH) clients can be found in the May 1, 2012 Updates to section of the Alberta Human Services Drug Benefit Supplement.

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
TEVA-GALANTAMINE ER 8 MG EXTENDED-RELEASE CAPSULE	GALANTAMINE HYDROBROMIDE	00002377950	TEV
TEVA-GALANTAMINE ER 16 MG EXTENDED-RELEASE CAPSULE	GALANTAMINE HYDROBROMIDE	00002377969	TEV
TEVA-GALANTAMINE ER 24 MG EXTENDED-RELEASE CAPSULE	GALANTAMINE HYDROBROMIDE	00002377977	TEV

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
PRADAX 110 MG CAPSULE	DABIGATRAN ETEXILATE	00002312441	BOE
PRADAX 150 MG CAPSULE	DABIGATRAN ETEXILATE	00002358808	BOE
JANUMET 50 MG / 500 MG TABLET	SITAGLIPTIN PHOSPHATE MONOHYDRATE/ METFORMIN HCL	00002333856	MFC
JANUMET 50 MG / 850 MG TABLET	SITAGLIPTIN PHOSPHATE MONOHYDRATE/ METFORMIN HCL	00002333864	MFC
JANUMET 50 MG / 1000 MG TABLET	SITAGLIPTIN PHOSPHATE MONOHYDRATE/ METFORMIN HCL	00002333872	MFC
JANUVIA 100 MG TABLET	SITAGLIPTIN PHOSPHATE MONOHYDRATE	00002303922	MFC
TRAJENTA 5 MG TABLET	LINAGLIPTIN	00002370921	BOE

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
CO RIZATRIPTAN ODT 5 MG ORAL DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002374730	COB
CO RIZATRIPTAN ODT 10 MG ORAL DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002374749	COB

Additional Brand(s) and/or Strength(s) of Drug Products Available by Limited Restricted Benefit / Special Authorization, continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
MONTELUKAST 5 MG CHEWABLE TABLET	MONTELUKAST SODIUM	00002379325	SNS
MONTELUKAST 10 MG TABLET	MONTELUKAST SODIUM	00002379333	SNS
MYLAN-MONTELUKAST 5 MG CHEWABLE TABLET	MONTELUKAST SODIUM	00002380757	MYP
MYLAN-RIZATRIPTAN ODT 5 MG ORAL DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002379198	MYP
MYLAN-RIZATRIPTAN ODT 10 MG ORAL DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002379201	MYP
SANDOZ RIZATRIPTAN ODT 5 MG ORAL DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002351870	SDZ
SANDOZ RIZATRIPTAN ODT 10 MG ORAL DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002351889	SDZ

Optional Special Authorization

The following drug product(s) may be considered for coverage by optional special authorization for Alberta Health and Wellness-sponsored drug programs. Criteria for coverage of Alberta Human Services, Alberta Children's Services and Alberta Seniors (AISH) clients can be found in the April 1, 2012 Full Update of the Alberta Human Services Drug Benefit Supplement.

Please refer to Section 3A of the online Alberta Health and Wellness Drug Benefit List at <http://www.health.alberta.ca/AHCIP/drug-benefit-list.html> 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
MAR-CIPROFLOXACIN 250 MG TABLET	CIPROFLOXACIN HCL	00002379686	MAR
MAR-CIPROFLOXACIN 500 MG TABLET	CIPROFLOXACIN HCL	00002379694	MAR
MAR-CIPROFLOXACIN 750 MG TABLET	CIPROFLOXACIN HCL	00002379708	MAR

Restricted Benefit(s)

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
MONTELUKAST 4 MG CHEWABLE TABLET	MONTELUKAST SODIUM	00002379317	SNS
MYLAN-MONTELUKAST 4 MG CHEWABLE TABLET	MONTELUKAST SODIUM	00002380749	MYP

Added Product(s)

Trade Name / Strength / Form	Generic Description	DIN	MFR
APO-ENTACAPONE 200 MG TABLET	ENTACAPONE	00002321459	APX
APO-HYDROMORPHONE 1 MG TABLET	HYDROMORPHONE HCL	00002364115	APX
APO-HYDROMORPHONE 2 MG TABLET	HYDROMORPHONE HCL	00002364123	APX
APO-HYDROMORPHONE 4 MG TABLET	HYDROMORPHONE HCL	00002364131	APX
APO-HYDROMORPHONE 8 MG TABLET	HYDROMORPHONE HCL	00002364158	APX
APO-LOSARTAN 25 MG TABLET	LOSARTAN POTASSIUM	00002379058	APX
APO-LOSARTAN 50 MG TABLET	LOSARTAN POTASSIUM	00002353504	APX
APO-LOSARTAN 100 MG TABLET	LOSARTAN POTASSIUM	00002353512	APX
APO-LOSARTAN/HCTZ 50 MG / 12.5 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002371235	APX
APO-LOSARTAN/HCTZ 100 MG / 12.5 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002371243	APX
APO-LOSARTAN/HCTZ 100 MG / 25 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002371251	APX
APO-ROSUVASTATIN 5 MG TABLET	ROSUVASTATIN CALCIUM	00002337975	APX
APO-ROSUVASTATIN 10 MG TABLET	ROSUVASTATIN CALCIUM	00002337983	APX
APO-ROSUVASTATIN 20 MG TABLET	ROSUVASTATIN CALCIUM	00002337991	APX
APO-ROSUVASTATIN 40 MG TABLET	ROSUVASTATIN CALCIUM	00002338009	APX
APO-VALSARTAN/HCTZ 80 MG / 12.5 MG TABLET	VALSARTAN/ HYDROCHLOROTHIAZIDE	00002382547	APX
APO-VALSARTAN/HCTZ 160 MG / 12.5 MG TABLET	VALSARTAN/ HYDROCHLOROTHIAZIDE	00002382555	APX

Added Product(s) , continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
APO-VALSARTAN/HCTZ 160 MG / 25 MG TABLET	VALSARTAN/ HYDROCHLOROTHIAZIDE	00002382563	APX
APO-VALSARTAN/HCTZ 320 MG / 12.5 MG TABLET	VALSARTAN/ HYDROCHLOROTHIAZIDE	00002382571	APX
APO-VALSARTAN/HCTZ 320 MG / 25 MG TABLET	VALSARTAN/ HYDROCHLOROTHIAZIDE	00002382598	APX
AURO-LEVETIRACETAM 250 MG TABLET	LEVETIRACETAM	00002375249	APX
AURO-LEVETIRACETAM 500 MG TABLET	LEVETIRACETAM	00002375257	APX
AURO-LEVETIRACETAM 750 MG TABLET	LEVETIRACETAM	00002375265	APX
CANDESARTAN CILEXETIL 8 MG TABLET	CANDESARTAN CILEXETIL	00002379279	AHI
CANDESARTAN CILEXETIL 16 MG TABLET	CANDESARTAN CILEXETIL	00002379287	AHI
CANDESARTAN CILEXETIL 32 MG TABLET	CANDESARTAN CILEXETIL	00002379295	AHI
CEFAZOLIN 500 MG / VIAL INJECTION	CEFAZOLIN SODIUM	00002237137	PPC
CEFAZOLIN 1 G / VIAL INJECTION	CEFAZOLIN SODIUM	00002237138	PPC
CEFAZOLIN 10 G / VIAL INJECTION	CEFAZOLIN SODIUM	00002237140	PPC
CO LOSARTAN 25 MG TABLET	LOSARTAN POTASSIUM	00002354829	COB
CO LOSARTAN 50 MG TABLET	LOSARTAN POTASSIUM	00002354837	COB
CO LOSARTAN 100 MG TABLET	LOSARTAN POTASSIUM	00002354845	COB
CO ROSUVASTATIN 5 MG TABLET	ROSUVASTATIN CALCIUM	00002339765	COB
CO ROSUVASTATIN 10 MG TABLET	ROSUVASTATIN CALCIUM	00002339773	COB
CO ROSUVASTATIN 20 MG TABLET	ROSUVASTATIN CALCIUM	00002339781	COB
CO ROSUVASTATIN 40 MG TABLET	ROSUVASTATIN CALCIUM	00002339803	COB
HYDROCHLOROTHIAZIDE 25 MG TABLET	HYDROCHLOROTHIAZIDE	00002360594	SNS
HYDROCHLOROTHIAZIDE 50 MG TABLET	HYDROCHLOROTHIAZIDE	00002360608	SNS
MAR-METFORMIN 500 MG TABLET	METFORMIN HCL	00002378620	MAR
MAR-METFORMIN 850 MG TABLET	METFORMIN HCL	00002378639	MAR
METFORMIN 500 MG TABLET	METFORMIN HCL	00002378841	MAR
METFORMIN 850 MG TABLET	METFORMIN HCL	00002378868	MAR

Added Product(s) , continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
MINT-FLUOXETINE 10 MG CAPSULE	FLUOXETINE HCL	00002380560	MPI
MINT-FLUOXETINE 20 MG CAPSULE	FLUOXETINE HCL	00002380579	MPI
MYLAN-CANDESARTAN 8 MG TABLET	CANDESARTAN CILEXETIL	00002379139	MYP
MYLAN-CANDESARTAN 16 MG TABLET	CANDESARTAN CILEXETIL	00002379147	MYP
MYLAN-CANDESARTAN 32 MG TABLET	CANDESARTAN CILEXETIL	00002379155	MYP
MYLAN-LOSARTAN 25 MG TABLET	LOSARTAN POTASSIUM	00002368277	MYP
MYLAN-LOSARTAN 50 MG TABLET	LOSARTAN POTASSIUM	00002368285	MYP
MYLAN-LOSARTAN 100 MG TABLET	LOSARTAN POTASSIUM	00002368293	MYP
MYLAN-LOSARTAN HCTZ 50 MG / 12.5 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002378078	MYP
MYLAN-LOSARTAN HCTZ 100 MG / 12.5 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002378086	MYP
MYLAN-LOSARTAN HCTZ 100 MG / 25 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002378094	MYP
MYLAN-OLANZAPINE ODT 5 MG ORAL DISINTEGRATING TABLET	OLANZAPINE	00002382709	MYP
MYLAN-OLANZAPINE ODT 10 MG ORAL DISINTEGRATING TABLET	OLANZAPINE	00002382717	MYP
MYLAN-ROSUVASTATIN 5 MG TABLET	ROSUVASTATIN CALCIUM	00002381265	MYP
MYLAN-ROSUVASTATIN 10 MG TABLET	ROSUVASTATIN CALCIUM	00002381273	MYP
MYLAN-ROSUVASTATIN 20 MG TABLET	ROSUVASTATIN CALCIUM	00002381281	MYP
MYLAN-ROSUVASTATIN 40 MG TABLET	ROSUVASTATIN CALCIUM	00002381303	MYP
MYLAN-TELMISARTAN 40 MG TABLET	TELMISARTAN	00002376717	MYP
MYLAN-TELMISARTAN 80 MG TABLET	TELMISARTAN	00002376725	MYP
MYLAN-TELMISARTAN HCTZ 80 MG / 12.5 MG TABLET	TELMISARTAN/ HYDROCHLOROTHIAZIDE	00002373564	MYP
MYLAN-TELMISARTAN HCTZ 80 MG / 25 MG TABLET	TELMISARTAN/ HYDROCHLOROTHIAZIDE	00002373572	MYP
PMS-LOSARTAN 25 MG TABLET	LOSARTAN POTASSIUM	00002309750	PMS

Added Product(s) , continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
PMS-LOSARTAN 50 MG TABLET	LOSARTAN POTASSIUM	00002309769	PMS
PMS-LOSARTAN 100 MG TABLET	LOSARTAN POTASSIUM	00002309777	PMS
PMS-NABILONE 0.5 MG CAPSULE	NABILONE	00002380900	PMS
PMS-NABILONE 1 MG CAPSULE	NABILONE	00002380919	PMS
PMS-ROSUVASTATIN 5 MG TABLET	ROSUVASTATIN CALCIUM	00002378523	PMS
PMS-ROSUVASTATIN 10 MG TABLET	ROSUVASTATIN CALCIUM	00002378531	PMS
PMS-ROSUVASTATIN 20 MG TABLET	ROSUVASTATIN CALCIUM	00002378558	PMS
PMS-ROSUVASTATIN 40 MG TABLET	ROSUVASTATIN CALCIUM	00002378566	PMS
RAN-NABILONE 0.5 MG CAPSULE	NABILONE	00002358085	RAN
RAN-NABILONE 1 MG CAPSULE	NABILONE	00002358093	RAN
RAN-ROSUVASTATIN 5 MG TABLET	ROSUVASTATIN CALCIUM	00002382644	RAN
RAN-ROSUVASTATIN 10 MG TABLET	ROSUVASTATIN CALCIUM	00002382652	RAN
RAN-ROSUVASTATIN 20 MG TABLET	ROSUVASTATIN CALCIUM	00002382660	RAN
RAN-ROSUVASTATIN 40 MG TABLET	ROSUVASTATIN CALCIUM	00002382679	RAN
RAN-VENLAFAXINE XR 37.5MG EXTENDED-RELEASE CAPSULE	VENLAFAXINE HCL	00002380072	RAN
RAN-VENLAFAXINE XR 75MG EXTENDED-RELEASE CAPSULE	VENLAFAXINE HCL	00002380080	RAN
RAN-VENLAFAXINE XR 150MG EXTENDED-RELEASE CAPSULE	VENLAFAXINE HCL	00002380099	RAN
SANDOZ LATANOPROST 0.005 % OPHTHALMIC SOLUTION	LATANOPROST	00002367335	SDZ
SANDOZ LOSARTAN 25 MG TABLET	LOSARTAN POTASSIUM	00002313332	SDZ
SANDOZ LOSARTAN 50 MG TABLET	LOSARTAN POTASSIUM	00002313340	SDZ
SANDOZ LOSARTAN 100 MG TABLET	LOSARTAN POTASSIUM	00002313359	SDZ
SANDOZ LOSARTAN HCT 50 MG / 12.5 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002313375	SDZ
SANDOZ LOSARTAN HCT 100 MG / 12.5 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002362449	SDZ
SANDOZ LOSARTAN HCT DS 100 MG / 25 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002313383	SDZ

Added Product(s) , continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
SANDOZ ROSUVASTATIN 5 MG TABLET	ROSUVASTATIN CALCIUM	00002338726	SDZ
SANDOZ ROSUVASTATIN 10 MG TABLET	ROSUVASTATIN CALCIUM	00002338734	SDZ
SANDOZ ROSUVASTATIN 20 MG TABLET	ROSUVASTATIN CALCIUM	00002338742	SDZ
SANDOZ ROSUVASTATIN 40 MG TABLET	ROSUVASTATIN CALCIUM	00002338750	SDZ
SANDOZ TELMISARTAN 40 MG TABLET	TELMISARTAN	00002375958	SDZ
SANDOZ TELMISARTAN 80 MG TABLET	TELMISARTAN	00002375966	SDZ
SEPTA-ATENOLOL 50 MG TABLET	ATENOLOL	00002368641	SEP
SEPTA-ATENOLOL 100 MG TABLET	ATENOLOL	00002368668	SEP
SEPTA-ONDANSETRON 4 MG TABLET	ONDANSETRON HCL DIHYDRATE	00002376091	SEP
SEPTA-ONDANSETRON 8 MG TABLET	ONDANSETRON HCL DIHYDRATE	00002376105	SEP
SIMVASTATIN-ODAN 5 MG TABLET	SIMVASTATIN	00002378884	ODN
SIMVASTATIN-ODAN 10 MG TABLET	SIMVASTATIN	00002378892	ODN
SIMVASTATIN-ODAN 20 MG TABLET	SIMVASTATIN	00002378906	ODN
SIMVASTATIN-ODAN 40 MG TABLET	SIMVASTATIN	00002378914	ODN
SIMVASTATIN-ODAN 80 MG TABLET	SIMVASTATIN	00002378922	ODN
SOLU-MEDROL ACT-O-VIAL (PF) 40 MG / VIAL (BASE) INJECTION	METHYLPREDNISOLONE SODIUM SUCCINATE	00002367947	PFI
SOLU-MEDROL ACT-O-VIAL (PF) 125 MG / VIAL (BASE) INJECTION	METHYLPREDNISOLONE SODIUM SUCCINATE	00002367955	PFI
SOLU-MEDROL ACT-O-VIAL (PF) 500 MG / VIAL (BASE) INJECTION	METHYLPREDNISOLONE SODIUM SUCCINATE	00002367963	PFI
SOLU-MEDROL ACT-O-VIAL (PF) 1 G / VIAL (BASE) INJECTION	METHYLPREDNISOLONE SODIUM SUCCINATE	00002367971	PFI
TEVA-CANDESARTAN 8 MG TABLET	CANDESARTAN CILEXETIL	00002366312	TEV
TEVA-CANDESARTAN 16 MG TABLET	CANDESARTAN CILEXETIL	00002366320	TEV
TEVA-CANDESARTAN 32 MG TABLET	CANDESARTAN CILEXETIL	00002366339	TEV
TEVA-ENTACAPONE 200 MG TABLET	ENTACAPONE	00002375559	TEV

Added Product(s) , continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
TEVA-LOSARTAN 25 MG TABLET	LOSARTAN POTASSIUM	00002380838	TEV
TEVA-LOSARTAN 50 MG TABLET	LOSARTAN POTASSIUM	00002357968	TEV
TEVA-LOSARTAN 100 MG TABLET	LOSARTAN POTASSIUM	00002357976	TEV
TEVA-LOSARTAN/HCTZ 50 MG / 12.5 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002358263	TEV
TEVA-LOSARTAN/HCTZ 100 MG / 12.5 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002377144	TEV
TEVA-LOSARTAN/HCTZ 100 MG / 25 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002377152	TEV
TEVA-ROSUVASTATIN 5 MG TABLET	ROSUVASTATIN CALCIUM	00002354608	TEV
TEVA-ROSUVASTATIN 10 MG TABLET	ROSUVASTATIN CALCIUM	00002354616	TEV
TEVA-ROSUVASTATIN 20 MG TABLET	ROSUVASTATIN CALCIUM	00002354624	TEV
TEVA-ROSUVASTATIN 40 MG TABLET	ROSUVASTATIN CALCIUM	00002354632	TEV
TEVA-TELMISARTAN 40 MG TABLET	TELMISARTAN	00002320177	TEV
TEVA-TELMISARTAN 80 MG TABLET	TELMISARTAN	00002320185	TEV
TEVA-TELMISARTAN HCTZ 80 MG / 12.5 MG TABLET	TELMISARTAN/ HYDROCHLOROTHIAZIDE	00002330288	TEV
TEVA-TELMISARTAN HCTZ 80 MG / 25 MG TABLET	TELMISARTAN/ HYDROCHLOROTHIAZIDE	00002379252	TEV

New Established Interchangeable (IC) Grouping(s)

The following IC Grouping(s) have been established and LCA pricing will be applied effective June 1, 2012.

Generic Description	Strength / Form	New LCA Price
ENTACAPONE	200 MG TABLET	0.7759
LOSARTAN POTASSIUM	25 MG TABLET	0.5665
LOSARTAN POTASSIUM	50 MG TABLET	0.5665
LOSARTAN POTASSIUM	100 MG TABLET	0.5665
LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	50 MG / 12.5 MG TABLET	0.5665
LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	100 MG / 12.5 MG TABLET	0.5547
LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	100 MG / 25 MG TABLET	0.5665
NABILONE	0.5 MG ORAL CAPSULE	1.5009
NABILONE	1 MG ORAL CAPSULE	3.0017
TELMISARTAN	40 MG TABLET	0.5083
TELMISARTAN	80 MG TABLET	0.5083
TELMISARTAN/ HYDROCHLOROTHIAZIDE	80 MG / 12.5 MG TABLET	0.5083
TELMISARTAN/ HYDROCHLOROTHIAZIDE	80 MG / 25 MG TABLET	0.5083
RIZATRIPTAN BENZOATE	5 MG ORAL DISINTEGRATING TABLET	6.6690
RIZATRIPTAN BENZOATE	10 MG ORAL DISINTEGRATING TABLET	6.6690
ROSUVASTATIN CALCIUM	5 MG TABLET	0.6241
ROSUVASTATIN CALCIUM	10 MG TABLET	0.6579
ROSUVASTATIN CALCIUM	20 MG TABLET	0.8224
ROSUVASTATIN CALCIUM	40 MG TABLET	0.9626

PART 2

Drug Additions

ATENOLOL**50 MG ORAL TABLET**

00000773689	APO-ATENOL	APX	\$	0.3460
00002255545	CO ATENOLOL	COB	\$	0.3460
00002367564	JAMP-ATENOLOL	JPC	\$	0.3460
00002371987	MAR-ATENOLOL	MAR	\$	0.3460
00002368021	MINT-ATENOL	MPI	\$	0.3460
00002146894	MYLAN-ATENOLOL	MYP	\$	0.3460
00001912062	NOVO-ATENOL	TEV	\$	0.3460
00002238316	PHL-ATENOLOL	PHH	\$	0.3460
00002237600	PMS-ATENOLOL	PMS	\$	0.3460
00002267985	RAN-ATENOLOL	RAN	\$	0.3460
00002171791	RATIO-ATENOLOL	RPH	\$	0.3460
00002231731	SANDOZ ATENOLOL	SDZ	\$	0.3460
00002368641	SEPTA-ATENOLOL	SEP	\$	0.3460
00002039532	TENORMIN	AZC	\$	0.6418

100 MG ORAL TABLET

00000773697	APO-ATENOL	APX	\$	0.5687
00002255553	CO ATENOLOL	COB	\$	0.5687
00002367572	JAMP-ATENOLOL	JPC	\$	0.5687
00002371995	MAR-ATENOLOL	MAR	\$	0.5687
00002368048	MINT-ATENOL	MPI	\$	0.5687
00002147432	MYLAN-ATENOLOL	MYP	\$	0.5687
00001912054	NOVO-ATENOL	TEV	\$	0.5687
00002238318	PHL-ATENOLOL	PHH	\$	0.5687
00002237601	PMS-ATENOLOL	PMS	\$	0.5687
00002267993	RAN-ATENOLOL	RAN	\$	0.5687
00002171805	RATIO-ATENOLOL	RPH	\$	0.5687
00002231733	SANDOZ ATENOLOL	SDZ	\$	0.5687
00002368668	SEPTA-ATENOLOL	SEP	\$	0.5687
00002039540	TENORMIN	AZC	\$	1.0549

CANDESARTAN CILEXETIL**8 MG ORAL TABLET**

00002365359	APO-CANDESARTAN	APX	\$	0.5608
00002379279	CANDESARTAN CILEXETIL	AHI	\$	0.5608
00002376539	CO CANDESARTAN	COB	\$	0.5608
00002379139	MYLAN-CANDESARTAN	MYP	\$	0.5608
00002326965	SANDOZ CANDESARTAN	SDZ	\$	0.5608
00002366312	TEVA-CANDESARTAN	TEV	\$	0.5608
00002239091	ATACAND	AZC	\$	1.2728

16 MG ORAL TABLET

00002365367	APO-CANDESARTAN	APX	\$	0.5608
00002379287	CANDESARTAN CILEXETIL	AHI	\$	0.5608
00002376547	CO CANDESARTAN	COB	\$	0.5608
00002379147	MYLAN-CANDESARTAN	MYP	\$	0.5608
00002326973	SANDOZ CANDESARTAN	SDZ	\$	0.5608
00002366320	TEVA-CANDESARTAN	TEV	\$	0.5608
00002239092	ATACAND	AZC	\$	1.2728

32 MG ORAL TABLET

00002379295	CANDESARTAN CILEXETIL	AHI	\$	0.5608
00002376555	CO CANDESARTAN	COB	\$	0.5608
00002379155	MYLAN-CANDESARTAN	MYP	\$	0.5608
00002366339	TEVA-CANDESARTAN	TEV	\$	0.5608
00002311658	ATACAND	AZC	\$	1.2728

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ALBERTA HEALTH AND WELLNESS DRUG BENEFIT LIST UPDATE

CEFAZOLIN SODIUM

500 MG / VIAL (BASE) INJECTION				
00002237137	CEFAZOLIN	PPC	\$	4.0000
00002308932	CEFAZOLIN	SDZ	\$	4.0000
00002108119	STERILE CEFAZOLIN SODIUM	TEV	\$	4.0000
1 G / VIAL (BASE) INJECTION				
00002237138	CEFAZOLIN	PPC	\$	6.0000
00002297205	CEFAZOLIN	APX	\$	6.0000
00002308959	CEFAZOLIN	SDZ	\$	6.0000
00002108127	STERILE CEFAZOLIN SODIUM	TEV	\$	6.0000
10 G / VIAL (BASE) INJECTION				
00002237140	CEFAZOLIN	PPC	\$	56.0000
00002297213	CEFAZOLIN	APX	\$	56.0000
00002308967	CEFAZOLIN	SDZ	\$	56.0000
00002108135	STERILE CEFAZOLIN SODIUM	TEV	\$	56.0000

ENTACAPONE

200 MG ORAL TABLET				
00002321459	APO-ENTACAPONE	APX	\$	0.7759
00002375559	TEVA-ENTACAPONE	TEV	\$	0.7759
00002243763	COMTAN	NOV	\$	1.7414

FLUOXETINE HCL

10 MG (BASE) ORAL CAPSULE				
00002216353	APO-FLUOXETINE	APX	\$	1.0807
00002242177	CO FLUOXETINE	COB	\$	1.0807
00002286068	FLUOXETINE	SNS	\$	1.0807
00002380560	MINT-FLUOXETINE	MPI	\$	1.0807
00002237813	MYLAN-FLUOXETINE	MYP	\$	1.0807
00002216582	NOVO-FLUOXETINE	TEV	\$	1.0807
00002192756	NU-FLUOXETINE	NXP	\$	1.0807
00002223481	PHL-FLUOXETINE	PHH	\$	1.0807
00002177579	PMS-FLUOXETINE	PMS	\$	1.0807
00002241371	RATIO-FLUOXETINE HYDROCHLORIDE	RPH	\$	1.0807
00002243486	SANDOZ FLUOXETINE	SDZ	\$	1.0807
00002018985	PROZAC	LIL	\$	1.9757
20 MG (BASE) ORAL CAPSULE				
00002216361	APO-FLUOXETINE	APX	\$	1.0112
00002364530	AVA-FLUOXETINE	AVA	\$	1.0112
00002242178	CO FLUOXETINE	COB	\$	1.0112
00002286076	FLUOXETINE	SNS	\$	1.0112
00002380579	MINT-FLUOXETINE	MPI	\$	1.0112
00002237814	MYLAN-FLUOXETINE	MYP	\$	1.0112
00002216590	NOVO-FLUOXETINE	TEV	\$	1.0112
00002192764	NU-FLUOXETINE	NXP	\$	1.0112
00002223503	PHL-FLUOXETINE	PHH	\$	1.0112
00002177587	PMS-FLUOXETINE	PMS	\$	1.0112
00002241374	RATIO-FLUOXETINE HYDROCHLORIDE	RPH	\$	1.0112
00002243487	SANDOZ FLUOXETINE	SDZ	\$	1.0112
00000636622	PROZAC	LIL	\$	1.9772

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ALBERTA HEALTH AND WELLNESS DRUG BENEFIT LIST UPDATE

HYDROCHLOROTHIAZIDE**25 MG ORAL TABLET**

00000326844	APO-HYDRO	APX	\$	0.0395
00002363968	AVA-HYDROCHLOROTHIAZIDE	AVA	\$	0.0395
00002360594	HYDROCHLOROTHIAZIDE	SNS	\$	0.0395
00000021474	NOVO-HYDRAZIDE	TEV	\$	0.0395

50 MG ORAL TABLET

00000312800	APO-HYDRO	APX	\$	0.0551
00002363976	AVA-HYDROCHLOROTHIAZIDE	AVA	\$	0.0551
00002360608	HYDROCHLOROTHIAZIDE	SNS	\$	0.0551
00000021482	NOVO-HYDRAZIDE	TEV	\$	0.0551

HYDROMORPHONE HCL**1 MG ORAL TABLET**

00002364115	APO-HYDROMORPHONE	APX	\$	0.0959
00000885444	PMS-HYDROMORPHONE	PMS	\$	0.0959
00002319403	TEVA-HYDROMORPHONE	TEV	\$	0.0959
00000705438	DILAUDID	PUR	\$	0.1031

2 MG ORAL TABLET

00002364123	APO-HYDROMORPHONE	APX	\$	0.1417
00000885436	PMS-HYDROMORPHONE	PMS	\$	0.1417
00002319411	TEVA-HYDROMORPHONE	TEV	\$	0.1417
00000125083	DILAUDID	PUR	\$	0.1523

4 MG ORAL TABLET

00002364131	APO-HYDROMORPHONE	APX	\$	0.2240
00000885401	PMS-HYDROMORPHONE	PMS	\$	0.2240
00002319438	TEVA-HYDROMORPHONE	TEV	\$	0.2240
00000125121	DILAUDID	PUR	\$	0.2408

8 MG ORAL TABLET

00002364158	APO-HYDROMORPHONE	APX	\$	0.3528
00000885428	PMS-HYDROMORPHONE	PMS	\$	0.3528
00002319446	TEVA-HYDROMORPHONE	TEV	\$	0.3528
00000786543	DILAUDID	PUR	\$	0.3793

LATANOPROST**0.005 % OPHTHALMIC SOLUTION**

00002296527	APO-LATANOPROST	APX	\$	5.3264
00002254786	CO LATANOPROST	COB	\$	5.3264
00002373041	GD-LATANOPROST	GMD	\$	5.3264
00002367335	SANDOZ LATANOPROST	SDZ	\$	5.3264
00002231493	XALATAN	PFI	\$	11.8364

ALBERTA HEALTH AND WELLNESS DRUG BENEFIT LIST UPDATE

LEVETIRACETAM**250 MG ORAL TABLET**

00002285924	APO-LEVETIRACETAM	APX	\$	0.9632
00002375249	AURO-LEVETIRACETAM	AUR	\$	0.9632
00002371677	AVA-LEVETIRACETAM	AVA	\$	0.9632
00002274183	CO LEVETIRACETAM	COB	\$	0.9632
00002353342	LEVETIRACETAM	SNS	\$	0.9632
00002296101	PMS-LEVETIRACETAM	PMS	\$	0.9632
00002247027	KEPPRA	UCB	\$	1.7859

500 MG ORAL TABLET

00002285932	APO-LEVETIRACETAM	APX	\$	1.1739
00002375257	AURO-LEVETIRACETAM	AUR	\$	1.1739
00002371685	AVA-LEVETIRACETAM	AVA	\$	1.1739
00002274191	CO LEVETIRACETAM	COB	\$	1.1739
00002353350	LEVETIRACETAM	SNS	\$	1.1739
00002296128	PMS-LEVETIRACETAM	PMS	\$	1.1739
00002247028	KEPPRA	UCB	\$	2.1959

750 MG ORAL TABLET

00002285940	APO-LEVETIRACETAM	APX	\$	1.6254
00002375265	AURO-LEVETIRACETAM	AUR	\$	1.6254
00002371693	AVA-LEVETIRACETAM	AVA	\$	1.6254
00002274205	CO LEVETIRACETAM	COB	\$	1.6254
00002353369	LEVETIRACETAM	SNS	\$	1.6254
00002296136	PMS-LEVETIRACETAM	PMS	\$	1.6254
00002247029	KEPPRA	UCB	\$	3.0404

LOSARTAN POTASSIUM**25 MG ORAL TABLET**

00002313332	SANDOZ LOSARTAN	SDZ	\$	0.5665
00002379058	APO-LOSARTAN	APX	\$	0.5666
00002354829	CO LOSARTAN	COB	\$	0.5666
00002368277	MYLAN-LOSARTAN	MYP	\$	0.5666
00002309750	PMS-LOSARTAN	PMS	\$	0.5666
00002380838	TEVA-LOSARTAN	TEV	\$	0.5666
00002182815	COZAAR	MFC	\$	1.2590

50 MG ORAL TABLET

00002313340	SANDOZ LOSARTAN	SDZ	\$	0.5665
00002353504	APO-LOSARTAN	APX	\$	0.5666
00002354837	CO LOSARTAN	COB	\$	0.5666
00002368285	MYLAN-LOSARTAN	MYP	\$	0.5666
00002309769	PMS-LOSARTAN	PMS	\$	0.5666
00002357968	TEVA-LOSARTAN	TEV	\$	0.5666
00002182874	COZAAR	MFC	\$	1.2590

100 MG ORAL TABLET

00002313359	SANDOZ LOSARTAN	SDZ	\$	0.5665
00002353512	APO-LOSARTAN	APX	\$	0.5666
00002354845	CO LOSARTAN	COB	\$	0.5666
00002368293	MYLAN-LOSARTAN	MYP	\$	0.5666
00002309777	PMS-LOSARTAN	PMS	\$	0.5666
00002357976	TEVA-LOSARTAN	TEV	\$	0.5666
00002182882	COZAAR	MFC	\$	1.2590

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LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE**50 MG * 12.5 MG ORAL TABLET**

00002313375	SANDOZ LOSARTAN HCT	SDZ	\$	0.5665
00002371235	APO-LOSARTAN/HCTZ	APX	\$	0.5666
00002378078	MYLAN-LOSARTAN HCTZ	MYP	\$	0.5666
00002358263	TEVA-LOSARTAN/HCTZ	TEV	\$	0.5666
00002230047	HYZAAR	MFC	\$	1.2590

100 MG * 12.5 MG ORAL TABLET

00002371243	APO-LOSARTAN/HCTZ	APX	\$	0.5547
00002378086	MYLAN-LOSARTAN HCTZ	MYP	\$	0.5547
00002362449	SANDOZ LOSARTAN HCT	SDZ	\$	0.5547
00002377144	TEVA-LOSARTAN/HCTZ	TEV	\$	0.5547
00002297841	HYZAAR	MFC	\$	1.2327

100 MG * 25 MG ORAL TABLET

00002313383	SANDOZ LOSARTAN HCT DS	SDZ	\$	0.5665
00002371251	APO-LOSARTAN/HCTZ	APX	\$	0.5666
00002378094	MYLAN-LOSARTAN HCTZ	MYP	\$	0.5666
00002377152	TEVA-LOSARTAN/HCTZ	TEV	\$	0.5666
00002241007	HYZAAR DS	MFC	\$	1.2590

METFORMIN HCL**500 MG ORAL TABLET**

00002167786	APO-METFORMIN	APX	\$	0.1216
00002364506	AVA-METFORMIN	AVA	\$	0.1216
00002257726	CO METFORMIN	COB	\$	0.1216
00002378620	MAR-METFORMIN	MAR	\$	0.1216
00002242794	METFORMIN	MEL	\$	0.1216
00002353377	METFORMIN	SNS	\$	0.1216
00002378841	METFORMIN	MAR	\$	0.1216
00002148765	MYLAN-METFORMIN	MYP	\$	0.1216
00002045710	NOVO-METFORMIN	TEV	\$	0.1216
00002162822	NU-METFORMIN	NXP	\$	0.1216
00002223562	PMS-METFORMIN	PMS	\$	0.1216
00002269031	RAN-METFORMIN	RAN	\$	0.1216
00002242974	RATIO-METFORMIN HYDROCHLORIDE	RPH	\$	0.1216
00002246820	SANDOZ METFORMIN FC	SDZ	\$	0.1216
00002099233	GLUCOPHAGE	SAV	\$	0.2920

850 MG ORAL TABLET

00002229785	APO-METFORMIN	APX	\$	0.2040
00002364514	AVA-METFORMIN	AVA	\$	0.2040
00002257734	CO METFORMIN	COB	\$	0.2040
00002378639	MAR-METFORMIN	MAR	\$	0.2040
00002353385	METFORMIN	SNS	\$	0.2040
00002378868	METFORMIN	MAR	\$	0.2040
00002229656	MYLAN-METFORMIN	MYP	\$	0.2040
00002230475	NOVO-METFORMIN	TEV	\$	0.2040
00002229517	NU-METFORMIN	NXP	\$	0.2040
00002242589	PMS-METFORMIN	PMS	\$	0.2040
00002269058	RAN-METFORMIN	RAN	\$	0.2040
00002242931	RATIO-METFORMIN HYDROCHLORIDE	RPH	\$	0.2040
00002246821	SANDOZ METFORMIN FC	SDZ	\$	0.2040
00002162849	GLUCOPHAGE	SAV	\$	0.3803

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METHYLPREDNISOLONE SODIUM SUCCINATE

40 MG / VIAL (BASE) INJECTION				
00002231893	METHYLPREDNISOLONE SOD SUCCIN.	TEV	\$	3.6000
00002367947	SOLU-MEDROL ACT-O-VIAL (PRESERVATIVE PFI FREE)		\$	6.5263
00002063719	SOLU-MEDROL ACT-O-VIAL (WITH PRESERVATIVE)	PFI	\$	6.5263
125 MG / VIAL (BASE) INJECTION				
00002231894	METHYLPREDNISOLONE SOD SUCCIN.	TEV	\$	8.5000
00002063727	SOLU-MEDROL ACT-O-VIAL (WITH PRESERVATIVE)	PFI	\$	15.4939
00002367955	SOLU-MEDROL ACT-O-VIAL (PRESERVATIVE PFI FREE)		\$	15.4940
500 MG / VIAL (BASE) INJECTION				
00002231895	METHYLPREDNISOLONE SOD SUCCIN.	TEV	\$	18.6000
00000030678	SOLU-MEDROL	PFI	\$	38.0670
00002367963	SOLU-MEDROL ACT-O-VIAL (PRESERVATIVE PFI FREE)		\$	38.8312
00002063700	SOLU-MEDROL ACT-O-VIAL (WITH PRESERVATIVE)	PFI	\$	38.8312
1 G / VIAL (BASE) INJECTION				
00002241229	METHYLPREDNISOLONE SOD SUCCIN.	TEV	\$	31.0000
00000036137	SOLU-MEDROL	PFI	\$	58.3510
00002063697	SOLU-MEDROL ACT-O-VIAL (WITH PRESERVATIVE)	PFI	\$	59.5224
00002367971	SOLU-MEDROL ACT-O-VIAL (PRESERVATIVE PFI FREE)		\$	59.5227

MONTELUKAST SODIUM

10 MG (BASE) ORAL TABLET				
00002374609	APO-MONTELUKAST	APX	\$	1.0641
00002379333	MONTELUKAST	SNS	\$	1.0641
00002368226	MYLAN-MONTELUKAST	MYP	\$	1.0641
00002373947	PMS-MONTELUKAST FC	PMS	\$	1.0641
00002328593	SANDOZ MONTELUKAST	SDZ	\$	1.0641
00002355523	TEVA-MONTELUKAST	TEV	\$	1.0641
00002238217	SINGULAIR	MFC	\$	2.4238

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 in Alberta Human Services and Alberta Seniors (AISH) clients.)

4 MG (BASE) ORAL CHEWABLE TABLET				
00002377608	APO-MONTELUKAST	APX	\$	0.6562
00002379317	MONTELUKAST	SNS	\$	0.6562
00002380749	MYLAN-MONTELUKAST	MYP	\$	0.6562
00002354977	PMS-MONTELUKAST	PMS	\$	0.6562
00002330385	SANDOZ MONTELUKAST	SDZ	\$	0.6562
00002355507	TEVA-MONTELUKAST	TEV	\$	0.6562
00002243602	SINGULAIR	MFC	\$	1.4904

RESTRICTED BENEFIT - This product is a benefit for patients 2 to 18 years of age inclusive for the prophylaxis and treatment of asthma.

MONTELUKAST SODIUM

5 MG (BASE) ORAL CHEWABLE TABLET				
00002377616	APO-MONTELUKAST	APX	\$	0.7245
00002379325	MONTELUKAST	SNS	\$	0.7245
00002380757	MYLAN-MONTELUKAST	MYP	\$	0.7245
00002354985	PMS-MONTELUKAST	PMS	\$	0.7245
00002330393	SANDOZ MONTELUKAST	SDZ	\$	0.7245
00002355515	TEVA-MONTELUKAST	TEV	\$	0.7245
00002238216	SINGULAIR	MFC	\$	1.6503

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 in Alberta Human Services and Alberta Seniors (AISH) clients.)

NABILONE

0.5 MG ORAL CAPSULE				
00002380900	PMS-NABILONE	PMS	\$	1.5009
00002358085	RAN-NABILONE	RAN	\$	1.5009
00002256193	CESAMET	VCL	\$	3.3353
1 MG ORAL CAPSULE				
00002380919	PMS-NABILONE	PMS	\$	3.0017
00002358093	RAN-NABILONE	RAN	\$	3.0017
00000548375	CESAMET	VCL	\$	6.6704

OLANZAPINE

5 MG ORAL DISINTEGRATING TABLET				
00002360616	APO-OLANZAPINE ODT	APX	\$	1.6890
00002327562	CO OLANZAPINE ODT	COB	\$	1.6890
00002382709	MYLAN-OLANZAPINE ODT	MYP	\$	1.6890
00002321343	NOVO-OLANZAPINE OD	TEV	\$	1.6890
00002352974	OLANZAPINE ODT	SNS	\$	1.6890
00002303191	PMS-OLANZAPINE ODT	PMS	\$	1.6890
00002327775	SANDOZ OLANZAPINE ODT	SDZ	\$	1.6890
00002243086	ZYPREXA ZYDIS	LIL	\$	3.8427
10 MG ORAL DISINTEGRATING TABLET				
00002360624	APO-OLANZAPINE ODT	APX	\$	3.3750
00002327570	CO OLANZAPINE ODT	COB	\$	3.3750
00002382717	MYLAN-OLANZAPINE ODT	MYP	\$	3.3750
00002321351	NOVO-OLANZAPINE OD	TEV	\$	3.3750
00002352982	OLANZAPINE ODT	SNS	\$	3.3750
00002303205	PMS-OLANZAPINE ODT	PMS	\$	3.3750
00002327783	SANDOZ OLANZAPINE ODT	SDZ	\$	3.3750
00002243087	ZYPREXA ZYDIS	LIL	\$	7.6786

ONDANSETRON HCL DIHYDRATE

4 MG (BASE) ORAL TABLET				
00002288184	APO-ONDANSETRON	APX	\$	7.5450
00002296349	CO ONDANSETRON	COB	\$	7.5450
00002313685	JAMP-ONDANSETRON	JPC	\$	7.5450
00002371731	MAR-ONDANSETRON	MAR	\$	7.5450
00002305259	MINT-ONDANSETRON	MPI	\$	7.5450
00002297868	MYLAN-ONDANSETRON	MYP	\$	7.5450
00002264056	NOVO-ONDANSETRON	TEV	\$	7.5450
00002306212	ONDANSETRON-ODAN	ODN	\$	7.5450
00002278618	PHL-ONDANSETRON	PHH	\$	7.5450
00002258188	PMS-ONDANSETRON	PMS	\$	7.5450
00002312247	RAN-ONDANSETRON	RAN	\$	7.5450
00002278529	RATIO-ONDANSETRON	RPH	\$	7.5450
00002274310	SANDOZ ONDANSETRON	SDZ	\$	7.5450
00002376091	SEPTA-ONDANSETRON	SEP	\$	7.5450
00002213567	ZOFRAN	GSK	\$	14.4028
8 MG (BASE) ORAL TABLET				
00002288192	APO-ONDANSETRON	APX	\$	11.5166
00002296357	CO ONDANSETRON	COB	\$	11.5166
00002313693	JAMP-ONDANSETRON	JPC	\$	11.5166
00002371758	MAR-ONDANSETRON	MAR	\$	11.5166
00002305267	MINT-ONDANSETRON	MPI	\$	11.5166
00002297876	MYLAN-ONDANSETRON	MYP	\$	11.5166
00002264064	NOVO-ONDANSETRON	TEV	\$	11.5166
00002306220	ONDANSETRON-ODAN	ODN	\$	11.5166
00002278626	PHL-ONDANSETRON	PHH	\$	11.5166
00002258196	PMS-ONDANSETRON	PMS	\$	11.5166
00002312255	RAN-ONDANSETRON	RAN	\$	11.5166
00002278537	RATIO-ONDANSETRON	RPH	\$	11.5166
00002274329	SANDOZ ONDANSETRON	SDZ	\$	11.5166
00002376105	SEPTA-ONDANSETRON	SEP	\$	11.5166
00002213575	ZOFRAN	GSK	\$	21.9773

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 and Alberta Seniors (AISH) clients.)

5 MG (BASE) ORAL DISINTEGRATING TABLET				
00002374730	CO RIZATRIPTAN ODT	COB	\$	6.6690
00002379198	MYLAN-RIZATRIPTAN ODT	MYP	\$	6.6690
00002351870	SANDOZ RIZATRIPTAN ODT	SDZ	\$	6.6690
00002240518	MAXALT RPD	MFC	\$	15.2201
10 MG (BASE) ORAL DISINTEGRATING TABLET				
00002374749	CO RIZATRIPTAN ODT	COB	\$	6.6690
00002379201	MYLAN-RIZATRIPTAN ODT	MYP	\$	6.6690
00002351889	SANDOZ RIZATRIPTAN ODT	SDZ	\$	6.6690
00002240519	MAXALT RPD	MFC	\$	15.2201

ALBERTA HEALTH AND WELLNESS DRUG BENEFIT LIST UPDATE

ROSUVASTATIN CALCIUM

5 MG (BASE) ORAL TABLET			
00002337975	APO-ROSUVASTATIN	APX	\$ 0.6241
00002339765	CO ROSUVASTATIN	COB	\$ 0.6241
00002381265	MYLAN-ROSUVASTATIN	MYP	\$ 0.6241
00002378523	PMS-ROSUVASTATIN	PMS	\$ 0.6241
00002382644	RAN-ROSUVASTATIN	RAN	\$ 0.6241
00002338726	SANDOZ ROSUVASTATIN	SDZ	\$ 0.6241
00002354608	TEVA-ROSUVASTATIN	TEV	\$ 0.6241
00002265540	CRESTOR	AZC	\$ 1.3868
10 MG (BASE) ORAL TABLET			
00002337983	APO-ROSUVASTATIN	APX	\$ 0.6579
00002339773	CO ROSUVASTATIN	COB	\$ 0.6579
00002381273	MYLAN-ROSUVASTATIN	MYP	\$ 0.6579
00002378531	PMS-ROSUVASTATIN	PMS	\$ 0.6579
00002382652	RAN-ROSUVASTATIN	RAN	\$ 0.6579
00002338734	SANDOZ ROSUVASTATIN	SDZ	\$ 0.6579
00002354616	TEVA-ROSUVASTATIN	TEV	\$ 0.6579
00002247162	CRESTOR	AZC	\$ 1.4620
20 MG (BASE) ORAL TABLET			
00002337991	APO-ROSUVASTATIN	APX	\$ 0.8224
00002339781	CO ROSUVASTATIN	COB	\$ 0.8224
00002381281	MYLAN-ROSUVASTATIN	MYP	\$ 0.8224
00002378558	PMS-ROSUVASTATIN	PMS	\$ 0.8224
00002382660	RAN-ROSUVASTATIN	RAN	\$ 0.8224
00002338742	SANDOZ ROSUVASTATIN	SDZ	\$ 0.8224
00002354624	TEVA-ROSUVASTATIN	TEV	\$ 0.8224
00002247163	CRESTOR	AZC	\$ 1.8275
40 MG (BASE) ORAL TABLET			
00002338009	APO-ROSUVASTATIN	APX	\$ 0.9626
00002339803	CO ROSUVASTATIN	COB	\$ 0.9626
00002381303	MYLAN-ROSUVASTATIN	MYP	\$ 0.9626
00002378566	PMS-ROSUVASTATIN	PMS	\$ 0.9626
00002382679	RAN-ROSUVASTATIN	RAN	\$ 0.9626
00002338750	SANDOZ ROSUVASTATIN	SDZ	\$ 0.9626
00002354632	TEVA-ROSUVASTATIN	TEV	\$ 0.9626
00002247164	CRESTOR	AZC	\$ 2.1392

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ALBERTA HEALTH AND WELLNESS DRUG BENEFIT LIST UPDATE

SIMVASTATIN

5 MG ORAL TABLET

00002247011	APO-SIMVASTATIN	APX	\$	0.5670
00002248103	CO SIMVASTATIN	COB	\$	0.5670
00002331020	JAMP-SIMVASTATIN	JPC	\$	0.5670
00002375036	MAR-SIMVASTATIN	MAR	\$	0.5670
00002372932	MINT-SIMVASTATIN	MPI	\$	0.5670
00002246582	MYLAN-SIMVASTATIN	MYP	\$	0.5670
00002250144	NOVO-SIMVASTATIN	TEV	\$	0.5670
00002281546	PHL-SIMVASTATIN	PHH	\$	0.5670
00002269252	PMS-SIMVASTATIN	PMS	\$	0.5670
00002329131	RAN-SIMVASTATIN	RAN	\$	0.5670
00002284723	SIMVASTATIN	SNS	\$	0.5670
00002331969	SIMVASTATIN	RAN	\$	0.5670
00002378884	SIMVASTATIN-ODAN	ODN	\$	0.5670
00000884324	ZOCOR	MFC	\$	1.0584

10 MG ORAL TABLET

00002247012	APO-SIMVASTATIN	APX	\$	1.1214
00002248104	CO SIMVASTATIN	COB	\$	1.1214
00002331039	JAMP-SIMVASTATIN	JPC	\$	1.1214
00002375044	MAR-SIMVASTATIN	MAR	\$	1.1214
00002372940	MINT-SIMVASTATIN	MPI	\$	1.1214
00002246583	MYLAN-SIMVASTATIN	MYP	\$	1.1214
00002250152	NOVO-SIMVASTATIN	TEV	\$	1.1214
00002281554	PHL-SIMVASTATIN	PHH	\$	1.1214
00002269260	PMS-SIMVASTATIN	PMS	\$	1.1214
00002329158	RAN-SIMVASTATIN	RAN	\$	1.1214
00002247828	SANDOZ SIMVASTATIN	SDZ	\$	1.1214
00002284731	SIMVASTATIN	SNS	\$	1.1214
00002331985	SIMVASTATIN	RAN	\$	1.1214
00002378892	SIMVASTATIN-ODAN	ODN	\$	1.1214
00000884332	ZOCOR	MFC	\$	2.0819

20 MG ORAL TABLET

00002247013	APO-SIMVASTATIN	APX	\$	1.3860
00002248105	CO SIMVASTATIN	COB	\$	1.3860
00002331047	JAMP-SIMVASTATIN	JPC	\$	1.3860
00002375052	MAR-SIMVASTATIN	MAR	\$	1.3860
00002372959	MINT-SIMVASTATIN	MPI	\$	1.3860
00002246737	MYLAN-SIMVASTATIN	MYP	\$	1.3860
00002250160	NOVO-SIMVASTATIN	TEV	\$	1.3860
00002281562	PHL-SIMVASTATIN	PHH	\$	1.3860
00002269279	PMS-SIMVASTATIN	PMS	\$	1.3860
00002329166	RAN-SIMVASTATIN	RAN	\$	1.3860
00002247830	SANDOZ SIMVASTATIN	SDZ	\$	1.3860
00002284758	SIMVASTATIN	SNS	\$	1.3860
00002331993	SIMVASTATIN	RAN	\$	1.3860
00002378906	SIMVASTATIN-ODAN	ODN	\$	1.3860
00000884340	ZOCOR	MFC	\$	2.5729

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

SIMVASTATIN**40 MG ORAL TABLET**

00002247014	APO-SIMVASTATIN	APX	\$	1.3860
00002248106	CO SIMVASTATIN	COB	\$	1.3860
00002331055	JAMP-SIMVASTATIN	JPC	\$	1.3860
00002375060	MAR-SIMVASTATIN	MAR	\$	1.3860
00002372967	MINT-SIMVASTATIN	MPI	\$	1.3860
00002246584	MYLAN-SIMVASTATIN	MYP	\$	1.3860
00002250179	NOVO-SIMVASTATIN	TEV	\$	1.3860
00002281570	PHL-SIMVASTATIN	PHH	\$	1.3860
00002269287	PMS-SIMVASTATIN	PMS	\$	1.3860
00002329174	RAN-SIMVASTATIN	RAN	\$	1.3860
00002247831	SANDOZ SIMVASTATIN	SDZ	\$	1.3860
00002284766	SIMVASTATIN	SNS	\$	1.3860
00002332000	SIMVASTATIN	RAN	\$	1.3860
00002378914	SIMVASTATIN-ODAN	ODN	\$	1.3860
00000884359	ZOCOR	MFC	\$	2.5729

80 MG ORAL TABLET

00002247015	APO-SIMVASTATIN	APX	\$	1.3860
00002248107	CO SIMVASTATIN	COB	\$	1.3860
00002331063	JAMP-SIMVASTATIN	JPC	\$	1.3860
00002375079	MAR-SIMVASTATIN	MAR	\$	1.3860
00002372975	MINT-SIMVASTATIN	MPI	\$	1.3860
00002246585	MYLAN-SIMVASTATIN	MYP	\$	1.3860
00002250187	NOVO-SIMVASTATIN	TEV	\$	1.3860
00002281589	PHL-SIMVASTATIN	PHH	\$	1.3860
00002269295	PMS-SIMVASTATIN	PMS	\$	1.3860
00002329182	RAN-SIMVASTATIN	RAN	\$	1.3860
00002247833	SANDOZ SIMVASTATIN	SDZ	\$	1.3860
00002284774	SIMVASTATIN	SNS	\$	1.3860
00002332019	SIMVASTATIN	RAN	\$	1.3860
00002378922	SIMVASTATIN-ODAN	ODN	\$	1.3860
00002240332	ZOCOR	MFC	\$	2.5729

TELMISARTAN**40 MG ORAL TABLET**

00002376717	MYLAN-TELMISARTAN	MYP	\$	0.5083
00002375958	SANDOZ TELMISARTAN	SDZ	\$	0.5083
00002320177	TEVA-TELMISARTAN	TEV	\$	0.5083
00002240769	MICARDIS	BOE	\$	1.1657

80 MG ORAL TABLET

00002376725	MYLAN-TELMISARTAN	MYP	\$	0.5083
00002375966	SANDOZ TELMISARTAN	SDZ	\$	0.5083
00002320185	TEVA-TELMISARTAN	TEV	\$	0.5083
00002240770	MICARDIS	BOE	\$	1.1657

TELMISARTAN/ HYDROCHLOROTHIAZIDE**80 MG * 12.5 MG ORAL TABLET**

00002373564	MYLAN-TELMISARTAN HCTZ	MYP	\$	0.5083
00002330288	TEVA-TELMISARTAN HCTZ	TEV	\$	0.5083
00002244344	MICARDIS PLUS	BOE	\$	1.1657

80 MG * 25 MG ORAL TABLET

00002373572	MYLAN-TELMISARTAN HCTZ	MYP	\$	0.5083
00002379252	TEVA-TELMISARTAN HCTZ	TEV	\$	0.5083
00002318709	MICARDIS PLUS	BOE	\$	1.1657

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VALSARTAN/ HYDROCHLOROTHIAZIDE**80 MG * 12.5 MG ORAL TABLET**

00002382547	APO-VALSARTAN/HCTZ	APX	\$	0.5724
00002367068	AVA-VALSARTAN HCT	AVA	\$	0.5724
00002373734	MYLAN-VALSARTAN HCTZ	MYP	\$	0.5724
00002356694	SANDOZ VALSARTAN HCT	SDZ	\$	0.5724
00002356996	TEVA-VALSARTAN/HCTZ	TEV	\$	0.5724
00002241900	DIOVAN-HCT	NOV	\$	1.2834

160 MG * 12.5 MG ORAL TABLET

00002382555	APO-VALSARTAN/HCTZ	APX	\$	0.5724
00002367076	AVA-VALSARTAN HCT	AVA	\$	0.5724
00002373742	MYLAN-VALSARTAN HCTZ	MYP	\$	0.5724
00002356708	SANDOZ VALSARTAN HCT	SDZ	\$	0.5724
00002357003	TEVA-VALSARTAN/HCTZ	TEV	\$	0.5724
00002241901	DIOVAN-HCT	NOV	\$	1.2869

160 MG * 25 MG ORAL TABLET

00002382563	APO-VALSARTAN/HCTZ	APX	\$	0.5724
00002367084	AVA-VALSARTAN HCT	AVA	\$	0.5724
00002373750	MYLAN-VALSARTAN HCTZ	MYP	\$	0.5724
00002356716	SANDOZ VALSARTAN HCT	SDZ	\$	0.5724
00002357011	TEVA-VALSARTAN/HCTZ	TEV	\$	0.5724
00002246955	DIOVAN-HCT	NOV	\$	1.2912

320 MG * 12.5 MG ORAL TABLET

00002382571	APO-VALSARTAN/HCTZ	APX	\$	0.5633
00002367092	AVA-VALSARTAN HCT	AVA	\$	0.5633
00002373769	MYLAN-VALSARTAN HCTZ	MYP	\$	0.5633
00002357038	TEVA-VALSARTAN/HCTZ	TEV	\$	0.5633
00002356724	SANDOZ VALSARTAN HCT	SDZ	\$	0.5634
00002308908	DIOVAN-HCT	NOV	\$	1.2719

320 MG * 25 MG ORAL TABLET

00002382598	APO-VALSARTAN/HCTZ	APX	\$	0.5633
00002367106	AVA-VALSARTAN HCT	AVA	\$	0.5633
00002373777	MYLAN-VALSARTAN HCTZ	MYP	\$	0.5633
00002357046	TEVA-VALSARTAN/HCTZ	TEV	\$	0.5633
00002356732	SANDOZ VALSARTAN HCT	SDZ	\$	0.5634
00002308916	DIOVAN-HCT	NOV	\$	1.2719

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ALBERTA HEALTH AND WELLNESS DRUG BENEFIT LIST UPDATE

VENLAFAXINE HCL

37.5 MG (BASE) ORAL EXTENDED-RELEASE CAPSULE			
00002331683	APO-VENLAFAXINE XR	APX	\$ 0.5438
00002304317	CO VENLAFAXINE XR	COB	\$ 0.5438
00002360020	GD-VENLAFAXINE XR	GMD	\$ 0.5438
00002310279	MYLAN-VENLAFAXINE XR	MYP	\$ 0.5438
00002275023	NOVO-VENLAFAXINE XR	TEV	\$ 0.5438
00002278545	PMS-VENLAFAXINE XR	PMS	\$ 0.5438
00002380072	RAN-VENLAFAXINE XR	RAN	\$ 0.5438
00002273969	RATIO-VENLAFAXINE XR	RPH	\$ 0.5438
00002310317	SANDOZ VENLAFAXINE XR	SDZ	\$ 0.5438
00002354713	VENLAFAXINE XR	SNS	\$ 0.5438
00002237279	EFFEXOR XR	WAY	\$ 0.9935
75 MG (BASE) ORAL EXTENDED-RELEASE CAPSULE			
00002331691	APO-VENLAFAXINE XR	APX	\$ 1.0876
00002304325	CO VENLAFAXINE XR	COB	\$ 1.0876
00002360039	GD-VENLAFAXINE XR	GMD	\$ 1.0876
00002310287	MYLAN-VENLAFAXINE XR	MYP	\$ 1.0876
00002275031	NOVO-VENLAFAXINE XR	TEV	\$ 1.0876
00002278553	PMS-VENLAFAXINE XR	PMS	\$ 1.0876
00002380080	RAN-VENLAFAXINE XR	RAN	\$ 1.0876
00002273977	RATIO-VENLAFAXINE XR	RPH	\$ 1.0876
00002310325	SANDOZ VENLAFAXINE XR	SDZ	\$ 1.0876
00002354721	VENLAFAXINE XR	SNS	\$ 1.0876
00002237280	EFFEXOR XR	WAY	\$ 1.9875
150 MG (BASE) ORAL EXTENDED-RELEASE CAPSULE			
00002331705	APO-VENLAFAXINE XR	APX	\$ 1.1483
00002304333	CO VENLAFAXINE XR	COB	\$ 1.1483
00002360047	GD-VENLAFAXINE XR	GMD	\$ 1.1483
00002310295	MYLAN-VENLAFAXINE XR	MYP	\$ 1.1483
00002275058	NOVO-VENLAFAXINE XR	TEV	\$ 1.1483
00002278561	PMS-VENLAFAXINE XR	PMS	\$ 1.1483
00002380099	RAN-VENLAFAXINE XR	RAN	\$ 1.1483
00002273985	RATIO-VENLAFAXINE XR	RPH	\$ 1.1483
00002310333	SANDOZ VENLAFAXINE XR	SDZ	\$ 1.1483
00002354748	VENLAFAXINE XR	SNS	\$ 1.1483
00002237282	EFFEXOR XR	WAY	\$ 2.0981

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 HEALTH AND WELLNESS DRUG BENEFIT LIST UPDATE
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

DABIGATRAN ETEXILATE

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

FIRST-LINE DRUG PRODUCT(S): WARFARIN

For at-risk patients (CHADS2 score of greater than or equal to 1) with non-valvular atrial fibrillation (AF) for the prevention of stroke and systemic embolism AND in whom:

- a) Anticoagulation is inadequate (at least 35% of INR testing results outside the desired range) following a reasonable trial on warfarin (minimum two months of therapy); OR
- b) Anticoagulation with warfarin is contraindicated as per the product monograph or not possible due to inability to regularly monitor via International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).

Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate less than 30mL/min) OR hemodynamically significant rheumatic valvular heart disease, especially mitral stenosis; OR prosthetic heart valves should not receive dabigatran.

Patients 75 years of age and greater should have documented stable renal function (creatinine clearance or estimated glomerular filtration rate maintained for at least three months of 30-49 ml/min for 110mg twice daily dosing or greater than or equal to 50 ml/min for 150mg twice daily dosing).

Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see Drug Product Monograph).

Patients starting the drug product should have ready access to appropriate medical services to manage a major bleeding event.

There is currently no data to support that the Drug Product provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves, so Drug Product is not recommended in these populations.

Special Authorization may be granted for 24 months.

110 MG ORAL CAPSULE				
00002312441	PRADAX	BOE	\$	1.6000
150 MG ORAL CAPSULE				
00002358808	PRADAX	BOE	\$	1.6000

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

GALANTAMINE HYDROBROMIDE

"For the treatment of Alzheimer's disease in patients with an MMSE (Mini Mental State Exam) score between 10-26 and/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 MMSE score or InterRAI-Cognitive Performance Scale score and the date on which the exam was administered must be provided.

Renewal requests may be considered for patients where the updated MMSE score is 10 or higher or the InterRAI-Cognitive Performance Scale is 4 or lower while on this drug."

All requests (including renewal requests) for galantamine hydrobromide must be completed using the Donepezil/Galantamine/Rivastigmine Special Authorization Request Form (ABC 30776).

8 MG (BASE)	ORAL	EXTENDED-RELEASE CAPSULE			
00002339439		MYLAN-GALANTAMINE ER	MYP	\$	2.1970
00002316943		PAT-GALANTAMINE ER	PAT	\$	2.1970
00002377950		TEVA-GALANTAMINE ER	TEV	\$	2.1970
00002266717		REMINYL ER	JAI	\$	5.4018
16 MG (BASE)	ORAL	EXTENDED-RELEASE CAPSULE			
00002339447		MYLAN-GALANTAMINE ER	MYP	\$	2.1970
00002316951		PAT-GALANTAMINE ER	PAT	\$	2.1970
00002377969		TEVA-GALANTAMINE ER	TEV	\$	2.1970
00002266725		REMINYL ER	JAI	\$	5.4018
24 MG (BASE)	ORAL	EXTENDED-RELEASE CAPSULE			
00002339455		MYLAN-GALANTAMINE ER	MYP	\$	2.1970
00002316978		PAT-GALANTAMINE ER	PAT	\$	2.1970
00002377977		TEVA-GALANTAMINE ER	TEV	\$	2.1970
00002266733		REMINYL ER	JAI	\$	5.4018

LINAGLIPTIN

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

FIRST-LINE DRUG PRODUCT(S): METFORMIN
SECOND-LINE DRUG PRODUCT(S): SULFONYLUREAS
AND WHERE INSULIN IS NOT AN OPTION

As add-on therapy for the treatment of Type 2 diabetes in patients with intolerance to and/or inadequate glycemic control on:

- a sufficient trial (i.e. a minimum of 6 months) of metformin, AND
- a sulfonylurea, AND
- for whom insulin is not an option.

Or, for whom these products are contraindicated.

Special authorization may be granted for 24 months.

5 MG	ORAL	TABLET			
00002370921		TRAJENTA	BOE	\$	2.5500

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

MONTELUKAST SODIUM

(Refer to 48:10.24 of the Alberta Health and Wellness 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 must be completed using the Montelukast/Zafirlukast Special Authorization Request Form (ABC 31313).

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

10 MG (BASE)	ORAL TABLET			
00002374609	APO-MONTELUKAST	APX	\$	1.0641
00002379333	MONTELUKAST	SNS	\$	1.0641
00002368226	MYLAN-MONTELUKAST	MYP	\$	1.0641
00002373947	PMS-MONTELUKAST FC	PMS	\$	1.0641
00002328593	SANDOZ MONTELUKAST	SDZ	\$	1.0641
00002355523	TEVA-MONTELUKAST	TEV	\$	1.0641
00002238217	SINGULAIR	MFC	\$	2.4238
5 MG (BASE)	ORAL CHEWABLE TABLET			
00002377616	APO-MONTELUKAST	APX	\$	0.7245
00002379325	MONTELUKAST	SNS	\$	0.7245
00002380757	MYLAN-MONTELUKAST	MYP	\$	0.7245
00002354985	PMS-MONTELUKAST	PMS	\$	0.7245
00002330393	SANDOZ MONTELUKAST	SDZ	\$	0.7245
00002355515	TEVA-MONTELUKAST	TEV	\$	0.7245
00002238216	SINGULAIR	MFC	\$	1.6503

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

RIZATRIPTAN BENZOATE

(Refer to 28:32.28 of the Alberta Health and Wellness 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			
00002374730	CO RIZATRIPTAN ODT	COB	\$	6.6690
00002379198	MYLAN-RIZATRIPTAN ODT	MYP	\$	6.6690
00002351870	SANDOZ RIZATRIPTAN ODT	SDZ	\$	6.6690
00002240518	MAXALT RPD	MFC	\$	15.2201
10 MG (BASE)	ORAL DISINTEGRATING TABLET			
00002374749	CO RIZATRIPTAN ODT	COB	\$	6.6690
00002379201	MYLAN-RIZATRIPTAN ODT	MYP	\$	6.6690
00002351889	SANDOZ RIZATRIPTAN ODT	SDZ	\$	6.6690
00002240519	MAXALT RPD	MFC	\$	15.2201

SITAGLIPTIN PHOSPHATE MONOHYDRATE

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

FIRST-LINE DRUG PRODUCT(S): METFORMIN
SECOND-LINE DRUG PRODUCT(S): SULFONYLUREAS
AND WHERE INSULIN IS NOT AN OPTION

As add-on therapy for the treatment of Type 2 diabetes in patients with intolerance to and/or inadequate glycemc control on:

- a sufficient trial (i.e. a minimum of 6 months) of metformin, AND
- a sulfonylurea, AND
- for whom insulin is not an option.

Or, for whom these products are contraindicated.

Special authorization may be granted for 24 months.

100 MG	ORAL TABLET			
00002303922	JANUVIA	MFC	\$	2.8863

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

SITAGLIPTIN PHOSPHATE MONOHYDRATE/ METFORMIN HCL

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

FIRST-LINE DRUG PRODUCT(S): METFORMIN
SECOND-LINE DRUG PRODUCT(S): SULFONYLUREAS
AND WHERE INSULIN IS NOT AN OPTION

As add-on therapy for the treatment of Type 2 diabetes in patients with intolerance to and/or inadequate glycemc control on:

- a sufficient trial (i.e. a minimum of 6 months) of metformin, AND
- a sulfonylurea, AND
- for whom insulin is not an option.

Or, for whom these products are contraindicated.

Special authorization may be granted for 24 months.

50 MG * 500 MG ORAL TABLET				
00002333856	JANUMET	MFC	\$	1.5641
50 MG * 850 MG ORAL TABLET				
00002333864	JANUMET	MFC	\$	1.5641
50 MG * 1,000 MG ORAL TABLET				
00002333872	JANUMET	MFC	\$	1.5641

PART 3A

Optional Special Authorization

Criteria For Optional Special Authorization Of Select Drug Products

Patient claims for select quinolone prescriptions written by a non-designated prescriber will be subject to a first forgiveness rule, meaning the first claim will be paid. Subsequent claims for the same product (irrespective of strength, route and form) within a 90-day period would require the prescriber to apply for special authorization for coverage on the patient's behalf.

CIPROFLOXACIN HCL

"For the treatment of

1) Respiratory Tract Infections:

- end stage COPD with or without bronchiectasis, where there has been documentation of previous *Pseudomonas aeruginosa* colonization/infection; or
- pneumonic illness in cystic fibrosis; or

2) Genitourinary Tract Infections:

- urinary tract infections; or
- prostatitis; or
- prophylaxis of urinary tract surgical procedures; or
- gonococcal infections; or

3) Skin and Soft Tissue/Bone and Joint Infections:

- malignant/invasive otitis externa; or
- bone/joint infections due to gram negative organisms; or
- therapy/step-down therapy of polymicrobial infections in combination with clindamycin or metronidazole e.g. diabetic foot infection, decubitus ulcers; or

4) Gastrointestinal Tract Infections:

- bacterial gastroenteritis where antimicrobial therapy is indicated; or
- typhoid fever (enteric fever); or
- therapy/step-down therapy of polymicrobial infections in combination with clindamycin or metronidazole e.g. intra-abdominal infections; or

5) Other:

- prophylaxis of adult contacts of cases of invasive meningococcal disease; or
- therapy/step-down therapy of hospital acquired gram negative infections; or
- empiric therapy of febrile neutropenia in combination with other appropriate agents; or
- exceptional case of allergy or intolerance to all other appropriate therapies as defined by relevant guidelines/references i.e. AMA CPGs or Bugs and Drugs; or
- for use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases."

All requests for Ciprofloxacin must be completed using the Select Quinolones Special Authorization Request Form (ABC 30966).

250 MG (BASE)	ORAL	TABLET			
00002229521	APX	APO-CIPROFLOX		\$	1.3992
00002332132	RAN	CIPROFLOXACIN		\$	1.3992
00002353318	SNS	CIPROFLOXACIN		\$	1.3992
00002247339	COB	CO CIPROFLOXACIN		\$	1.3992
00002379686	MAR	MAR-CIPROFLOXACIN		\$	1.3992
00002317427	MPI	MINT-CIPROFLOXACIN		\$	1.3992
00002245647	MYP	MYLAN-CIPROFLOXACIN		\$	1.3992
00002161737	TEV	NOVO-CIPROFLOXACIN		\$	1.3992
00002248437	PMS	PMS-CIPROFLOXACIN		\$	1.3992
00002303728	RAN	RAN-CIPROFLOX		\$	1.3992
00002246825	RPH	RATIO-CIPROFLOXACIN		\$	1.3992
00002248756	SDZ	SANDOZ CIPROFLOXACIN		\$	1.3992
00002155958	BAI	CIPRO		\$	2.6598

ALBERTA HEALTH AND WELLNESS DRUG BENEFIT LIST UPDATE
 CRITERIA FOR OPTIONAL SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

CIPROFLOXACIN HCL

500 MG (BASE) ORAL TABLET				
00002229522	APO-CIPROFLOX	APX	\$	1.5786
00002332140	CIPROFLOXACIN	RAN	\$	1.5786
00002353326	CIPROFLOXACIN	SNS	\$	1.5786
00002247340	CO CIPROFLOXACIN	COB	\$	1.5786
00002379694	MAR-CIPROFLOXACIN	MAR	\$	1.5786
00002317435	MINT-CIPROFLOXACIN	MPI	\$	1.5786
00002245648	MYLAN-CIPROFLOXACIN	MYP	\$	1.5786
00002161745	NOVO-CIPROFLOXACIN	TEV	\$	1.5786
00002248438	PMS-CIPROFLOXACIN	PMS	\$	1.5786
00002303736	RAN-CIPROFLOX	RAN	\$	1.5786
00002246826	RATIO-CIPROFLOXACIN	RPH	\$	1.5786
00002248757	SANDOZ CIPROFLOXACIN	SDZ	\$	1.5786
00002155966	CIPRO	BAI	\$	3.0009
750 MG (BASE) ORAL TABLET				
00002229523	APO-CIPROFLOX	APX	\$	2.9774
00002332159	CIPROFLOXACIN	RAN	\$	2.9774
00002353334	CIPROFLOXACIN	SNS	\$	2.9774
00002247341	CO CIPROFLOXACIN	COB	\$	2.9774
00002379708	MAR-CIPROFLOXACIN	MAR	\$	2.9774
00002317443	MINT-CIPROFLOXACIN	MPI	\$	2.9774
00002245649	MYLAN-CIPROFLOXACIN	MYP	\$	2.9774
00002161753	NOVO-CIPROFLOXACIN	TEV	\$	2.9774
00002248439	PMS-CIPROFLOXACIN	PMS	\$	2.9774
00002303744	RAN-CIPROFLOX	RAN	\$	2.9774
00002246827	RATIO-CIPROFLOXACIN	RPH	\$	2.9774
00002248758	SANDOZ CIPROFLOXACIN	SDZ	\$	2.9774
00002155974	CIPRO	BAI	\$	5.4952

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

PRODUCT IS NOT INTERCHANGEABLE

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EFFECTIVE MAY 1, 2012