52:00

Eye, Ear, Nose and Throat (EENT) Preparations

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:04.04 ANTI-INFECTIVES (ANTIBACTERIALS)

CIPROFLOXACIN HCL

0.3 % (BASE) OPHTHALMIC SOLUTION

00002387131	**SANDOZ CIPROFLOXACIN**	**SDZ**	$	**1.7600**
00001945270	CILOXAN	NOV	$	2.2240

ERYTHROMYCIN

0.5 % OPHTHALMIC OINTMENT

00002141574	**ERYTHROMYCIN**	**PSL**	$	**4.2000**
00001912755	**PDP-ERYTHROMYCIN**	**PPH**	$	**4.2000**

OFLOXACIN

0.3 % OPHTHALMIC SOLUTION

00002143291	OCUFLOX	ABV	$	2.7245

TOBRAMYCIN

0.3 % OPHTHALMIC SOLUTION

00002241755	**SANDOZ TOBRAMYCIN**	**SDZ**	$	**1.3620**
00000513962	TOBREX	NOV	$	1.8580

0.3 % OPHTHALMIC OINTMENT

00000614254	TOBREX	NOV	$	2.6343

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:08.08 ANTI-INFLAMMATORY AGENTS (CORTICOSTEROIDS)

BECLOMETHASONE DIPROPIONATE

50 MCG / DOSE NASAL METERED DOSE SPRAY

00002238796	**APO-BECLOMETHASONE**	**APX**	$	**0.0613**
00002172712	**MYLAN-BECLO AQ.**	**MYP**	$	**0.0613**

BUDESONIDE

100 MCG / DOSE NASAL METERED DOSE SPRAY

00002230648	MYLAN-BUDESONIDE AQ	MYP	$	0.1006

CIPROFLOXACIN HCL/ DEXAMETHASONE

0.3 % * 0.1 % OTIC SUSPENSION

00002506882	**SANDOZ CIPROFLOXACIN/DEXAMETHASONE**	**SDZ**	$	**1.9227**
00002481901	**TARO-CIPROFLOXACIN/DEXAMETHASONE**	**TAR**	$	**1.9227**
00002252716	CIPRODEX	NOV	$	4.1026

DEXAMETHASONE

0.1 % OPHTHALMIC SUSPENSION

00000042560	MAXIDEX	NOV	$	1.7180

0.1 % OPHTHALMIC OINTMENT

00000042579	MAXIDEX	NOV	$	2.6600

FLUOROMETHOLONE

0.1 % OPHTHALMIC SUSPENSION

00000432814	SANDOZ FLUOROMETHOLONE	SDZ	$	1.8774

FLUOROMETHOLONE ACETATE

0.1 % OPHTHALMIC SUSPENSION

00000756784	FLAREX	NOV	$	1.9920

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:08.08 ANTI-INFLAMMATORY AGENTS (CORTICOSTEROIDS)

FLUTICASONE FUROATE

100 MCG / DOSE INHALATION METERED INHALATION POWDER

00002446561	ARNUITY ELLIPTA	GSK	$	1.4877

200 MCG / DOSE INHALATION METERED INHALATION POWDER

00002446588	ARNUITY ELLIPTA	GSK	$	2.9753

MOMETASONE FUROATE

50 MCG / DOSE NASAL METERED DOSE SPRAY

00002403587	**APO-MOMETASONE**	**APX**	$	**0.0752**
00002519127	**MOMETASONE**	**SNS**	$	**0.0752**
00002449811	**SANDOZ MOMETASONE**	**SDZ**	$	**0.0752**
00002475863	**TEVA-MOMETASONE**	**TEV**	$	**0.0752**
00002238465	NASONEX	ORC	$	0.2199

PREDNISOLONE ACETATE

1 % OPHTHALMIC SUSPENSION

00001916203	**SANDOZ PREDNISOLONE ACETATE**	**SDZ**	$	**1.9400**
00000700401	**TEVA-PREDNISOLONE**	**TEV**	$	**1.9400**
00000301175	PRED FORTE	ABV	$	5.2880

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:08.08.00 ANTI-INFLAMMATORY AGENTS CORTICOSTEROIDS (COMBINATION ANTI-INFECTIVE/CORTICOSTEROID AGENTS)

DEXAMETHASONE/ FRAMYCETIN SULFATE/ GRAMICIDIN

0.5 MG / ML * 5 MG / ML * 0.05 MG / ML OTIC/OPHTHALMIC SOLUTION

00002224623	SOFRACORT	CAG	$	2.1773

DEXAMETHASONE/ NEOMYCIN SULFATE/ POLYMYXIN B SULFATE

1 MG / ML * 3.5 MG / ML (BASE) * 6,000 UNIT / ML OPHTHALMIC SUSPENSION

00000042676	MAXITROL	NOV	$	2.3580

1 MG / G * 3.5 MG / G (BASE) * 6,000 UNIT / G OPHTHALMIC OINTMENT

00000358177	MAXITROL	NOV	$	3.2885

DEXAMETHASONE/ TOBRAMYCIN

0.1 % * 0.3 % OPHTHALMIC SUSPENSION

00000778907	TOBRADEX	NOV	$	2.1720

0.1 % * 0.3 % OPHTHALMIC OINTMENT

00000778915	TOBRADEX	NOV	$	3.2057

FLUMETHASONE PIVALATE/ CLIOQUINOL

0.02 % * 1 % OTIC SOLUTION

00000074454	LOCACORTEN VIOFORM	PAL	$	1.8477

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:08.20 ANTI-INFLAMMATORY AGENTS (NONSTEROIDAL ANTI-INFLAMMATORY AGENTS)

DICLOFENAC SODIUM

0.1 % OPHTHALMIC SOLUTION				
00002441020	**APO-DICLOFENAC OPHTHALMIC**	**APX**	$	**1.2397**
00002475065	**DICLOFENAC**	**PSL**	$	**1.2397**
00002534525	**JAMP DICLOFENAC**	**JPC**	$	**1.2397**
00002475197	**MINT-DICLOFENAC**	**MPI**	$	**1.2397**
00002454807	**SANDOZ DICLOFENAC OPHTHA**	**SDZ**	$	**1.2397**
00001940414	VOLTAREN OPHTHA	NOV	$	2.9860

KETOROLAC TROMETHAMINE

0.45 % OPHTHALMIC SOLUTION				
00002369362	ACUVAIL	ABV	$	0.6533
0.5 % OPHTHALMIC SOLUTION				
00002245821	**KETOROLAC**	**AAP**	$	**3.1189**
00001968300	ACULAR	ABV	$	3.6490

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:16 LOCAL ANESTHETICS

LIDOCAINE HCL

2 % ORAL LIQUID				
00001968823	LIDODAN VISCOUS	ODN	$	0.2780

PROPARACAINE HCL

0.5 % OPHTHALMIC SOLUTION				
00000035076	ALCAINE	ALC	$	1.0025

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:24 MYDRIATICS

ATROPINE SULFATE

1 % OPHTHALMIC SOLUTION				
00000035017	ALCON ATROPINE	ALC	$	0.8622

CYCLOPENTOLATE HCL

1 % OPHTHALMIC SOLUTION				
00000252506	CYCLOGYL	ALC	$	1.1837

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:28 MOUTHWASHES AND GARGLES

BENZYDAMINE HCL

0.15 % ORAL RINSE				
00002463105	**ODAN-BENZYDAMINE**	**ODN**	$	**0.0384**
00002239537	**PMS-BENZYDAMINE**	**PMS**	$	**0.0384**

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:28 MOUTHWASHES AND GARGLES

COMPOUND PRESCRIPTION

ORAL

00000999209	COMPD-CHLORHEX. MOUTH RINSE (ANY CONCENTRATION, NOT 0.12%)	XXX	$	0.0000

To determine eligibility of a compound, pharmacies can contact Alberta Blue Cross for verification.

In order for a compound to be eligible:

- the compounded prescription must contain in therapeutic dosage; one or more drug(s) identified as allowable Drug Benefits; or one or more chemical entities; and

- the compounded prescription must not duplicate a manufactured drug product, whether the drug product is or is not identified as an allowable Drug Benefit; and

- the compounded prescription must not include a chemical entitiy or drug product, with the exception of diluents or bases, specifically identified as not an allowable Drug Benefit.

To be used when the compound has been procured from a licensed compound and repackaging pharmacy and dispensed by a licensed community pharmacy.

ORAL

00000999109	COMPD-CHLORHEX. MOUTH RINSE (ANY CONCENTRATION, NOT .12%)	XXX	$	0.0000

To determine eligibility of a compound, pharmacies can contact Alberta Blue Cross for verification.

In order for a compound to be eligible:

- the compounded prescription must contain in therapeutic dosage; one or more drug(s) identified as allowable Drug Benefits; or one or more chemical entities; and

- the compounded prescription must not duplicate a manufactured drug product, whether the drug product is or is not identified as an allowable Drug Benefit; and

- the compounded prescription must not include a chemical entitiy or drug product, with the exception of diluents or bases, specifically identified as not an allowable Drug Benefit.

To be used when the compound has been prepared and dispensed by a licensed community pharmacy.

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:32 VASOCONSTRICTORS

PHENYLEPHRINE HCL

2.5 % OPHTHALMIC SOLUTION

00000465763	MYDFRIN	ALC	$	1.4254

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:40.04 ANTIGLAUCOMA AGENTS (ALPHA-ADRENERGIC AGONISTS)

BRIMONIDINE TARTRATE

0.2 % OPHTHALMIC SOLUTION

00002515377	**BRIMONIDINE TARTRATE**	**TGT**	$	**1.1550**
00002449226	**JAMP-BRIMONIDINE**	**JPC**	$	**1.1550**
00002507811	**MED-BRIMONIDINE**	**GMP**	$	**1.1550**
00002305429	**SANDOZ BRIMONIDINE**	**SDZ**	$	**1.1550**
00002236876	ALPHAGAN	ABV	$	3.6899

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:40.08 ANTIGLAUCOMA AGENTS (BETA-ADRENERGIC AGENTS)

BETAXOLOL HCL

0.25 % (BASE) OPHTHALMIC SUSPENSION

00001908448	BETOPTIC S	NOV	$	2.4520

TIMOLOL MALEATE

0.25 % (BASE) OPHTHALMIC SOLUTION

00002166712	SANDOZ TIMOLOL MALEATE	SDZ	$	2.3503

0.5 % (BASE) OPHTHALMIC SOLUTION

00000755834	**APO-TIMOP**	**APX**	$	**1.2140**
00002447800	**JAMP-TIMOLOL**	**JPC**	$	**1.2140**
00002166720	**SANDOZ TIMOLOL MALEATE**	**SDZ**	$	**1.2140**
00000451207	TIMOPTIC	ELV	$	4.5602

0.5 % (BASE) OPHTHALMIC LONG ACTING GELLAN SOLUTION

00002171899	TIMOPTIC-XE	ELV	$	5.8225

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:40.12 ANTIGLAUCOMA AGENTS (CARBONIC ANHYDRASE INHIBITORS)

ACETAZOLAMIDE

250 MG ORAL TABLET

00000545015	ACETAZOLAMIDE	AAP	$	0.1618

BRINZOLAMIDE

1 % OPHTHALMIC SUSPENSION

00002238873	AZOPT	NOV	$	3.5460

DORZOLAMIDE HCL

2 % (BASE) OPHTHALMIC SOLUTION

00002522373	**DORZOLAMIDE**	**JPC**	$	**1.4757**
00002453347	**JAMP-DORZOLAMIDE**	**JPC**	$	**1.4757**
00002457210	**MED-DORZOLAMIDE**	**GMP**	$	**1.4757**
00002316307	**SANDOZ DORZOLAMIDE**	**SDZ**	$	**1.4757**
00002216205	TRUSOPT	ELV	$	4.8372
☒ 00002269090	TRUSOPT (PRESERVATIVE-FREE)	ELV	$	4.8428

METHAZOLAMIDE

50 MG ORAL TABLET

00002245882	METHAZOLAMIDE	AAP	$	0.6292

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:40.20 ANTIGLAUCOMA AGENTS (MIOTICS)

PILOCARPINE HCL

2 % OPHTHALMIC SOLUTION				
00000000868	ISOPTO CARPINE	NOV	$	0.3013

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:40.28 ANTIGLAUCOMA AGENTS (PROSTAGLANDIN ANALOGS)

BIMATOPROST

OPHTHALMIC SOLUTION				
00002429063	**VISTITAN 0.03%**	**SDZ**	$	**9.1936**
00002324997	LUMIGAN RC 0.01%	ABV	$	11.8871

LATANOPROST

0.005 % OPHTHALMIC SOLUTION				
00002296527	**APO-LATANOPROST**	**APX**	$	**3.6320**
00002453355	**JAMP-LATANOPROST**	**JPC**	$	**3.6320**
00002489570	**LATANOPROST**	**TGT**	$	**3.6320**
00002513285	**M-LATANOPROST**	**MTR**	$	**3.6320**
00002426935	**MED-LATANOPROST**	**GMP**	$	**3.6320**
00002373041	**MYLAN-LATANOPROST**	**MYP**	$	**3.6320**
00002367335	**SANDOZ LATANOPROST**	**SDZ**	$	**3.6320**
00002254786	**TEVA-LATANOPROST**	**TEV**	$	**3.6320**
00002231493	XALATAN	BGP	$	14.1971

LATANOPROSTENE BUNOD

0.024 % OPHTHALMIC SOLUTION				
00002484218	VYZULTA	BSH	$	5.2500

TRAVOPROST

0.003 % OPHTHALMIC SOLUTION				
00002457997	IZBA	NOV	$	3.9400
0.004 % OPHTHALMIC SOLUTION				
00002413167	**SANDOZ TRAVOPROST**	**SDZ**	$	**8.6280**
00002318008	TRAVATAN Z	NOV	$	11.6960

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:40.92 ANTIGLAUCOMA AGENTS (MISCELLANEOUS ANTIGLAUCOMA AGENTS)

BRIMONIDINE TARTRATE/ TIMOLOL MALEATE

0.2 % * 0.5 % (BASE) OPHTHALMIC SOLUTION				
00002375311	**APO-BRIMONIDINE TIMOP**	**APX**	$	**2.3290**
00002531704	**JAMP BRIMONIDINE/TIMOLOL**	**JPC**	$	**2.3290**
00002248347	COMBIGAN	ABV	$	4.5292

BRINZOLAMIDE/ BRIMONIDINE TARTRATE

1 % * 0.2 % OPHTHALMIC SUSPENSION				
00002435411	SIMBRINZA	VLP	$	5.0690

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:40.92 ANTIGLAUCOMA AGENTS

(MISCELLANEOUS ANTIGLAUCOMA AGENTS)

BRINZOLAMIDE/ TIMOLOL MALEATE

1 % * 0.5 % (BASE) OPHTHALMIC SUSPENSION

00002331624	AZARGA	NOV	$	4.0800

DORZOLAMIDE HCL/ TIMOLOL MALEATE

2 % (BASE) * 0.5 % (BASE) OPHTHALMIC SOLUTION

00002299615	**APO-DORZO-TIMOP**	**APX**	$	**1.9887**
00002489635	**DORZOLAMIDE AND TIMOLOL**	**TGT**	$	**1.9887**
00002522020	**DORZOLAMIDE-TIMOLOL**	**JPC**	$	**1.9887**
00002457539	**JAMP DORZOLAMIDE-TIMOLOL**	**JPC**	$	**1.9887**
00002537796	**M-DORZOLAMIDE-TIMOLOL**	**MTR**	$	**1.9887**
00002437686	**MED-DORZOLAMIDE-TIMOLOL**	**GMP**	$	**1.9887**
00002441659	**RIVA-DORZOLAMIDE/TIMOLOL**	**RIV**	$	**1.9887**
00002344351	**SANDOZ DORZOLAMIDE/ TIMOLOL**	**SDZ**	$	**1.9887**
⊠ 00002258692	COSOPT PRESERVATIVE-FREE	ELV	$	2.9704
00002240113	COSOPT	ELV	$	7.3340

LATANOPROST/ TIMOLOL MALEATE

0.005 % * 0.5 % (BASE) OPHTHALMIC SOLUTION

00002436256	**ACT LATANOPROST/TIMOLOL**	**TEV**	$	**4.4268**
00002453770	**JAMP-LATANOPROST/TIMOLOL**	**JPC**	$	**4.4268**
00002514516	**M-LATANOPROST-TIMOLOL**	**MTR**	$	**4.4268**
00002454505	**MED-LATANOPROST-TIMOLOL**	**GMP**	$	**4.4268**
00002373068	**MYLAN-LATANOPROST/TIMOLOL**	**MYP**	$	**4.4268**
00002246619	XALACOM	BGP	$	16.0696

TRAVOPROST/ TIMOLOL MALEATE

0.004 % * 0.5 % (BASE) OPHTHALMIC SOLUTION

00002415305	**APO-TRAVOPROST-TIMOP PQ**	**APX**	$	**8.8425**
00002278251	DUOTRAV PQ	NOV	$	11.3400

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:56 VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAGONISTS

AFLIBERCEPT

RESTRICTED BENEFIT

This Drug Product is a benefit to a member of an Alberta Government Sponsored Drug Plan when the Drug Product is prescribed by a registered prescriber and pursuant to the following criteria:

"For the treatment of neovascular (wet) age-related macular degeneration (AMD) if all of the following apply to the eye to be treated:

- The best corrected visual acuity (BCVA) is between 6/12 (20/40) and 6/96 (20/320); and
- There is active disease activity (choroidal neovascularization) and no permanent structural damage to the central fovea; and
- There is evidence of recent (< three (3) months) presumed disease progression (blood vessel growth, as indicated by fluoroscein angiography, optical coherence tomography (OCT) or recent visual acuity changes); and
- No concurrent verteporfin PDT treatment; and
- The injection will be administered by a qualified ophthalmologist with experience in intravitreal injections.

Treatment with anti-VEGF agents should be continued only in patients who maintain adequate response to therapy.

The anti-VEGF agent should be discontinued if any of the following occur:
- Reduction in BCVA in the treated eye to less than fifteen (15) letters (absolute) on two (2) consecutive visits in the treated eye, attributed to AMD in the absence of other pathology; or
- Reduction in BCVA of thirty (30) letters or more compared to either baseline and/or best recorded level since baseline as this may indicate either poor treatment effect or adverse event or both; or
- There is evidence of deterioration of the lesion morphology despite optimum treatment over three (3) consecutive visits.

The interval between the doses should be no less than 1 month.

Coverage will not be provided for patients who have failed to respond to a previous anti-VEGF agent."

"For the treatment of diabetic macular edema (DME), in patients with severe visual impairment as defined by:

Best-Corrected Visual Acuity (using the Early Treatment Diabetic Retinopathy Study visual acuity test) of seventy-eight (78) to twenty-four (24) letters and a central retinal thickness greater than or equal to three hundred (300) micrometres meeting all of the following criteria:
- clinically significant diabetic macular edema for whom laser photocoagulation is also indicated, and
- a hemoglobin A1c of less than or equal to 12%.

Coverage will not be provided to patients who have failed to respond to a previous anti-VEGF agent."

"For the treatment of visual impairment due to macular edema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (BRVO).

Aflibercept is administered by intravitreal injection once every month. The interval between doses should not be shorter than one month. The treatment interval may be extended up to 3 months based on visual and anatomic outcomes. Prescribers are advised to periodically assess the need for continued therapy.

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:56 VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAGONISTS

AFLIBERCEPT

Clinical trial experience of a monthly dosing regimen of 2 mg aflibercept beyond 6 months in the CRVO and BRVO indications is limited. The dosing regimen of once every 4 weeks changed, at 24 weeks, to a regimen that allowed for extension of the treatment based on visual and anatomic outcomes in the CRVO clinical trials and to once every 8 weeks in the BRVO clinical trial.

Coverage will not be provided for patients who have failed to respond to a previous anti-VEGF agent."

2 MG / VIAL	INJECTION			
00002415992	EYLEA		BAI	$ 1418.0000

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:56 VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAGONISTS

BROLUCIZUMAB

This Drug Product is a benefit to a member of an Alberta Government Sponsored Drug Plan when the Drug Product is prescribed by a registered prescriber and pursuant to the following criteria:

"For the treatment of neovascular (wet) age-related macular degeneration (AMD) in anti-vascular endothelial growth factor (anti-VEGF) treatment naive patients if all of the following apply to the eye to be treated:

- The best corrected visual acuity (BCVA) is between 6/12 (20/40) and 6/96 (20/320); and
- There is active disease activity (choroidal neovascularization) and no permanent structural damage to the central fovea; and
- There is evidence of recent (< three (3) months) presumed disease progression (blood vessel growth, as indicated by fluoroscein angiography, optical coherence tomography (OCT) or recent visual acuity changes); and
- No concurrent verteporfin PDT treatment; and
- The injection will be administered by a qualified ophthalmologist with experience in intravitreal injections.

Treatment with anti-VEGF agents should be continued only in patients who maintain adequate response to therapy.

The anti-VEGF agent should be discontinued if any of the following occur:
- Reduction in BCVA in the treated eye to less than fifteen (15) letters (absolute) on two (2) consecutive visits in the treated eye, attributed to AMD in the absence of other pathology; or
- Reduction in BCVA of thirty (30) letters or more compared to either baseline and/or best recorded level since baseline as this may indicate either poor treatment effect or adverse event or both; or
- There is evidence of deterioration of the lesion morphology despite optimum treatment over three (3) consecutive visits.

The interval between the maintenance doses should be no less than 8 weeks after the first three monthly doses.

Coverage will not be provided for patients who have failed to respond to a previous anti-VEGF agent."

"For the treatment of diabetic macular edema (DME), in patients with severe visual impairment as defined by:

Best-Corrected Visual Acuity (using the Early Treatment Diabetic Retinopathy Study visual acuity test) of seventy-eight (78) to twenty-four (24) letters and a central retinal thickness greater than or equal to three hundred (300) micrometres meeting all of the following criteria:
- clinically significant diabetic macular edema for whom laser photocoagulation is also indicated, and
- a hemoglobin A1c of less than or equal to 10%.

Coverage will not be provided for patients who have failed to respond to a previous anti-VEGF agent."

6 MG / SYR	INJECTION	SYRINGE		
00002496976	BEOVU		NOV	$ 1390.0000

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:56 VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAGONISTS

FARICIMAB

Diabetic Macular Edema (DME)

This Drug Product is a benefit to a member of an Alberta Government Sponsored Drug Plan when the Drug Product is prescribed by a registered prescriber and pursuant to the following criteria:

"For the treatment of diabetic macular edema (DME), in patients with severe visual impairment as defined by:

Best-Corrected Visual Acuity (using the Early Treatment Diabetic Retinopathy Study visual acuity test) of seventy-eight (78) to twenty-four (24) letters and a central retinal thickness greater than or equal to three hundred (300) micrometres meeting all of the following criteria:
- clinically significant diabetic macular edema for whom laser photocoagulation is also indicated, and
- a hemoglobin A1c of less than or equal to 10%.

Coverage will not be provided for patients who have failed to respond to a previous anti-VEGF agent."

Neovascular (Wet) Age-Related Macular Degeneration (nAMD)

This Drug Product is a benefit to a member of an Alberta Government Sponsored Drug Plan when the Drug Product is prescribed by a registered prescriber and pursuant to the following criteria:

"For the treatment of neovascular (wet) age-related macular degeneration (AMD) in anti-vascular endothelial growth factor (anti-VEGF) treatment naive patients if all of the following apply to the eye to be treated:

- The best corrected visual acuity (BCVA) is between 6/12 (20/40) and 6/96 (20/320); and
- There is active disease activity (choroidal neovascularization) and no permanent structural damage to the central fovea; and
- There is evidence of recent (< three (3) months) presumed disease progression (blood vessel growth, as indicated by fluoroscein angiography, optical coherence tomography (OCT) or recent visual acuity changes); and
- No concurrent verteporfin PDT treatment; and
- The injection will be administered by a qualified ophthalmologist with experience in intravitreal injections.

Treatment with anti-VEGF agents should be continued only in patients who maintain adequate response to therapy.

The anti-VEGF agent should be discontinued if any of the following occur:
- Reduction in BCVA in the treated eye to less than fifteen (15) letters (absolute) on two (2) consecutive visits in the treated eye, attributed to AMD in the absence of other pathology; or
- Reduction in BCVA of thirty (30) letters or more compared to either baseline and/or best recorded level since baseline as this may indicate either poor treatment effect or adverse event or both; or
- There is evidence of deterioration of the lesion morphology despite optimum treatment over three (3) consecutive visits.

The interval between the maintenance doses should be no less than 8 weeks after the first four monthly doses.

Coverage will not be provided for patients who have failed to respond to a previous anti-VEGF agent."

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:56 VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAGONISTS

FARICIMAB

6 MG / VIAL INJECTION

00002527618	VABYSMO	HLR	$ 1350.0000

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:56 VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAGONISTS

RANIBIZUMAB

This Drug Product is a benefit to a member of an Alberta Government Sponsored Drug Plan when the Drug Product is prescribed by a registered prescriber and pursuant to the following criteria:

"For the treatment of visual impairment due to macular edema secondary to retinal vein occlusion (RVO).

Treatment to be given monthly and continued until maximum visual acuity is achieved, confirmed by stable visual acuity for three consecutive monthly assessments performed while on ranibizumab treatment. Thereafter patients should be monitored monthly for visual acuity.

Treatment is resumed with monthly injections when monitoring indicates a loss of visual acuity due to macular edema secondary to RVO and continued until stable visual acuity is reached again for three consecutive monthly assessments."

Coverage will not be provided for patients who have failed to respond to a previous anti-VEGF agent.

"For the treatment of diabetic macular edema (DME), in patients with severe visual impairment as defined by:

Best-Corrected Visual Acuity (using the Early Treatment Diabetic Retinopathy Study visual acuity test) of seventy-eight (78) to twenty-four (24) letters and a central retinal thickness greater than or equal to three hundred (300) micrometres meeting all of the following criteria:
- clinically significant diabetic macular edema for whom laser photocoagulation is also indicated, and
- a hemoglobin A1c of less than or equal to 11%."

Coverage will not be provided for patients who have failed to respond to a previous anti-VEGF agent.

"For the treatment of neovascular (wet) age-related macular degeneration (AMD) in anti-vascular endothelial growth factor (anti-VEGF) treatment naive patients if all of the following apply to the eye to be treated:

- The best corrected visual acuity (BCVA) is between 6/12 (20/40) and 6/96 (20/320); and
- There is active disease activity (choroidal neovascularization) and no permanent structural damage to the central fovea; and
- There is evidence of recent (< three (3) months) presumed disease progression (blood vessel growth, as indicated by fluoroscein angiography, optical coherence tomography (OCT) or recent visual acuity changes); and
- No concurrent verteporfin PDT treatment; and
- The injection will be administered by a qualified ophthalmologist with experience in intravitreal injections.

Treatment with anti-VEGF agents should be continued only in patients who maintain adequate response to therapy.

The anti-VEGF agent should be discontinued if any of the following occur:
- Reduction in BCVA in the treated eye to less than fifteen (15) letters (absolute) on two (2) consecutive visits in the treated eye, attributed to AMD in the absence of other pathology; or
- Reduction in BCVA of thirty (30) letters or more compared to either baseline and/or best recorded level since baseline as this may indicate either poor treatment effect or adverse event or both; or
- There is evidence of deterioration of the lesion morphology despite optimum treatment over three (3) consecutive visits."

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:56 VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAGONISTS

RANIBIZUMAB

The interval between the doses should be no less than 1 month.

Coverage will not be provided for patients who have failed to respond to a previous anti-VEGF agent.

2.3 MG / VIAL INJECTION

00002296810	LUCENTIS	NOV	$ 1713.1800

For this product - pricing has been established on a per vial basis.

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:92 MISCELLANEOUS EENT DRUGS

APRACLONIDINE HCL

0.5 % OPHTHALMIC SOLUTION

00002076306	IOPIDINE	ESS	$ 5.3700