

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

| | | | | |
|-------------|------------------|-----|----|--------|
| 00001912755 | PDP-ERYTHROMYCIN | PPH | \$ | 6.0000 |
|-------------|------------------|-----|----|--------|

OFLOXACIN

0.3 % OPHTHALMIC SOLUTION

| | | | | |
|-------------|---------|-----|----|--------|
| 00002143291 | OCUFLOX | ALL | \$ | 2.6949 |
|-------------|---------|-----|----|--------|

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

| | | | | |
|-------------|----------------------------------|-----|----|--------|
| 00002481901 | TARO-CIPROFLOXACIN/DEXAMETHASONE | TAR | \$ | 2.8840 |
| 00002252716 | CIPRODEX | NOV | \$ | 3.8720 |

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 | \$ | 1.3504 |
| 200 MCG / DOSE | INHALATION | METERED INHALATION POWDER | | | |
| 00002446588 | ARNUITY ELLIPTA | | GSK | \$ | 2.7007 |

MOMETASONE FUROATE

| | | | | | |
|---------------|-------------------|--------------------|-----|----|--------|
| 50 MCG / DOSE | NASAL | METERED DOSE SPRAY | | | |
| 00002403587 | APO-MOMETASONE | | APX | \$ | 0.0752 |
| 00002449811 | SANDOZ MOMETASONE | | SDZ | \$ | 0.0752 |
| 00002475863 | TEVA-MOMETASONE | | TEV | \$ | 0.0752 |
| 00002238465 | NASONEX | | MFC | \$ | 0.2125 |

PREDNISOLONE ACETATE

| | | | | | |
|-------------|-----------------------------|------------|-----|----|--------|
| 0.12 % | OPHTHALMIC | SUSPENSION | | | |
| 00000299405 | PRED MILD | | ALL | \$ | 1.8881 |
| 1 % | OPHTHALMIC | SUSPENSION | | | |
| 00001916203 | SANDOZ PREDNISOLONE ACETATE | | SDZ | \$ | 1.9400 |
| 00000700401 | TEVA-PREDNISOLONE | | TEV | \$ | 1.9400 |
| 00000301175 | PRED FORTE | | ALL | \$ | 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 | SOFACORT | | SAV | \$ | 2.1038 |

**DEXAMETHASONE/ NEOMYCIN SULFATE/ POLYMYXIN B
SULFATE**

| | | | | | |
|--|------------|------------|-----|----|--------|
| 1 MG / ML * 3.5 MG / ML (BASE) * 6,000 UNIT / ML | OPHTHALMIC | SUSPENSION | | | |
| 00000042676 | MAXITROL | | NOV | \$ | 2.1800 |
| 1 MG / G * 3.5 MG / G (BASE) * 6,000 UNIT / G | OPHTHALMIC | OINTMENT | | | |
| 00000358177 | MAXITROL | | NOV | \$ | 3.0400 |

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 | \$ | 1.6887 |

PREDNISOLONE ACETATE/ SULFACETAMIDE SODIUM

| | | | | | |
|--------------|------------|------------|-----|----|--------|
| 0.2 % * 10 % | OPHTHALMIC | SUSPENSION | | | |
| 00000807788 | BLEPHAMIDE | | ALL | \$ | 2.8599 |

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 |
| 00002475197 | MINT-DICLOFENAC | MPI | \$ | 1.2397 |
| 00002454807 | SANDOZ DICLOFENAC OPHTHA | SDZ | \$ | 1.2397 |
| 00001940414 | VOLTAREN OPHTHA | NOV | \$ | 2.7600 |

KETOROLAC TROMETHAMINE**0.45 % OPHTHALMIC SOLUTION**

| | | | | |
|-------------|---------|-----|----|--------|
| 00002369362 | ACUVAIL | ALL | \$ | 0.6466 |
|-------------|---------|-----|----|--------|

0.5 % OPHTHALMIC SOLUTION

| | | | | |
|-------------|-----------|-----|----|--------|
| 00002245821 | KETOROLAC | AAP | \$ | 2.7585 |
| 00001968300 | ACULAR | ALL | \$ | 3.6490 |

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS**52:16 LOCAL ANESTHETICS****LIDOCAINE HCL****2 % ORAL LIQUID**

| | | | | |
|-------------|-------------------|-----|----|--------|
| 00000001686 | XYLOCAINE VISCOUS | APC | \$ | 0.1130 |
| 00001968823 | LIDODAN VISCOUS | ODN | \$ | 0.1850 |

PROPARACAINE HCL**0.5 % OPHTHALMIC SOLUTION**

| | | | | |
|-------------|---------|-----|----|--------|
| 00000035076 | ALCAINE | ALC | \$ | 0.8880 |
|-------------|---------|-----|----|--------|

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS**52:24 MYDRIATICS****ATROPINE SULFATE****1 % OPHTHALMIC SOLUTION**

| | | | | |
|-------------|-----------------|-----|----|--------|
| 00000035017 | ISOPTO ATROPINE | ALC | \$ | 0.7640 |
|-------------|-----------------|-----|----|--------|

CYCLOPENTOLATE HCL**1 % OPHTHALMIC SOLUTION**

| | | | | |
|-------------|----------|-----|----|--------|
| 00000252506 | CYCLOGYL | ALC | \$ | 1.0500 |
|-------------|----------|-----|----|--------|

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 entity 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 entity 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****EPINEPHRINE HCL****1 MG / ML TOPICAL SOLUTION**

| | | | | |
|-------------|-----------|-----|----|--------|
| 00000155365 | ADRENALIN | ERF | \$ | 0.6389 |
|-------------|-----------|-----|----|--------|

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

52:32 VASOCONSTRICTORS

PHENYLEPHRINE HCL

2.5 % OPHTHALMIC SOLUTION

| | | | | |
|-------------|---------|-----|----|--------|
| 00000465763 | MYDFRIN | ALC | \$ | 1.2640 |
|-------------|---------|-----|----|--------|

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS52:40.04 ANTIGLAUCOMA AGENTS
(ALPHA-ADRENERGIC AGONISTS)**BRIMONIDINE TARTRATE**

0.2 % OPHTHALMIC SOLUTION

| | | | | |
|-------------|--------------------|-----|----|--------|
| 00002305429 | SANDOZ BRIMONIDINE | SDZ | \$ | 1.1550 |
|-------------|--------------------|-----|----|--------|

| | | | | |
|-------------|----------|-----|----|--------|
| 00002236876 | ALPHAGAN | ALL | \$ | 3.6899 |
|-------------|----------|-----|----|--------|

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS52:40.08 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 | \$ | 0.9678 |
|-------------|------------------------|-----|----|--------|

0.5 % (BASE) OPHTHALMIC SOLUTION

| | | | | |
|-------------|-----------|-----|----|--------|
| 00000755834 | APO-TIMOP | APX | \$ | 1.2140 |
|-------------|-----------|-----|----|--------|

| | | | | |
|-------------|--------------|-----|----|--------|
| 00002447800 | JAMP-TIMOLOL | JPC | \$ | 1.2140 |
|-------------|--------------|-----|----|--------|

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|-------------|------------------------|-----|----|--------|
| 00002166720 | SANDOZ TIMOLOL MALEATE | SDZ | \$ | 1.2140 |
|-------------|------------------------|-----|----|--------|

| | | | | |
|-------------|----------|-----|----|--------|
| 00000451207 | TIMOPTIC | ELV | \$ | 4.1390 |
|-------------|----------|-----|----|--------|

0.5 % (BASE) OPHTHALMIC LONG ACTING GELLAN SOLUTION

| | | | | |
|-------------|-------------|-----|----|--------|
| 00002171899 | TIMOPTIC-XE | ELV | \$ | 5.2830 |
|-------------|-------------|-----|----|--------|

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS52:40.12 ANTIGLAUCOMA AGENTS
(CARBONIC ANHYDRASE INHIBITORS)**ACETAZOLAMIDE**

250 MG ORAL TABLET

| | | | | |
|-------------|---------------|-----|----|--------|
| 00000545015 | ACETAZOLAMIDE | AAP | \$ | 0.1414 |
|-------------|---------------|-----|----|--------|

BRINZOLAMIDE

1 % OPHTHALMIC SUSPENSION

| | | | | |
|-------------|-------|-----|----|--------|
| 00002238873 | AZOPT | NOV | \$ | 3.5460 |
|-------------|-------|-----|----|--------|

DORZOLAMIDE HCL

2 % (BASE) OPHTHALMIC SOLUTION

| | | | | |
|-------------|------------------|-----|----|--------|
| 00002453347 | JAMP-DORZOLAMIDE | JPC | \$ | 2.1081 |
|-------------|------------------|-----|----|--------|

| | | | | |
|-------------|--------------------|-----|----|--------|
| 00002316307 | SANDOZ DORZOLAMIDE | SDZ | \$ | 2.1081 |
|-------------|--------------------|-----|----|--------|

| | | | | |
|-------------|---------|-----|----|--------|
| 00002216205 | TRUSOPT | ELV | \$ | 4.3930 |
|-------------|---------|-----|----|--------|

| | | | | |
|---|-----------------------------|-----|----|--------|
| <input checked="" type="checkbox"/> 00002269090 | TRUSOPT (PRESERVATIVE-FREE) | ELV | \$ | 4.3935 |
|---|-----------------------------|-----|----|--------|

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

52:40.12 ANTIGLAUCOMA AGENTS
(CARBONIC ANHYDRASE INHIBITORS)

METHAZOLAMIDE

50 MG ORAL TABLET

| | | | | |
|-------------|---------------|-----|----|--------|
| 00002245882 | METHAZOLAMIDE | AAP | \$ | 0.5502 |
|-------------|---------------|-----|----|--------|

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

52:40.20 ANTIGLAUCOMA AGENTS
(MIOTICS)

PILOCARPINE HCL

2 % OPHTHALMIC SOLUTION

| | | | | |
|-------------|----------------|-----|----|--------|
| 00000000868 | ISOPTO CARPINE | NOV | \$ | 0.2780 |
|-------------|----------------|-----|----|--------|

4 % OPHTHALMIC SOLUTION

| | | | | |
|-------------|----------------|-----|----|--------|
| 00000000884 | ISOPTO CARPINE | NOV | \$ | 0.3160 |
|-------------|----------------|-----|----|--------|

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% | ALL | \$ | 11.8871 |
|-------------|------------------|-----|----|---------|

LATANOPROST

0.005 % OPHTHALMIC SOLUTION

| | | | | |
|-------------|-----------------|-----|----|--------|
| 00002296527 | APO-LATANOPROST | APX | \$ | 3.6320 |
|-------------|-----------------|-----|----|--------|

| | | | | |
|-------------|----------------|-----|----|--------|
| 00002373041 | GD-LATANOPROST | UJC | \$ | 3.6320 |
|-------------|----------------|-----|----|--------|

| | | | | |
|-------------|------------------|-----|----|--------|
| 00002453355 | JAMP-LATANOPROST | JPC | \$ | 3.6320 |
|-------------|------------------|-----|----|--------|

| | | | | |
|-------------|-------------|-----|----|--------|
| 00002489570 | LATANOPROST | TGT | \$ | 3.6320 |
|-------------|-------------|-----|----|--------|

| | | | | |
|-------------|-----------------|-----|----|--------|
| 00002426935 | MED-LATANOPROST | GMP | \$ | 3.6320 |
|-------------|-----------------|-----|----|--------|

| | | | | |
|-------------|--------------------|-----|----|--------|
| 00002367335 | SANDOZ LATANOPROST | SDZ | \$ | 3.6320 |
|-------------|--------------------|-----|----|--------|

| | | | | |
|-------------|------------------|-----|----|--------|
| 00002254786 | TEVA-LATANOPROST | TEV | \$ | 3.6320 |
|-------------|------------------|-----|----|--------|

| | | | | |
|-------------|---------|-----|----|---------|
| 00002231493 | XALATAN | UJC | \$ | 12.3960 |
|-------------|---------|-----|----|---------|

LATANOPROSTENE BUNOD

0.024 % OPHTHALMIC SOLUTION

| | | | | |
|-------------|---------|-----|----|--------|
| 00002484218 | VYZULTA | VCL | \$ | 5.2500 |
|-------------|---------|-----|----|--------|

TRAVOPROST

0.003 % OPHTHALMIC SOLUTION

| | | | | |
|-------------|------|-----|----|--------|
| 00002457997 | IZBA | NOV | \$ | 3.9400 |
|-------------|------|-----|----|--------|

0.004 % OPHTHALMIC SOLUTION

| | | | | |
|-------------|------------------|-----|----|--------|
| 00002415739 | APO-TRAVOPROST Z | APX | \$ | 4.0264 |
|-------------|------------------|-----|----|--------|

| | | | | |
|-------------|-------------------|-----|----|--------|
| 00002413167 | SANDOZ TRAVOPROST | SDZ | \$ | 4.0264 |
|-------------|-------------------|-----|----|--------|

| | | | | |
|-------------|------------|-----|----|---------|
| 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

00002248347 COMBIGAN ALL \$ 4.4799

BRINZOLAMIDE/ BRIMONIDINE TARTRATE

1 % * 0.2 % OPHTHALMIC SUSPENSION

00002435411 SIMBRINZA NOV \$ 4.7180

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

00002457539 JAMP DORZOLAMIDE-TIMOLOL JPC \$ 1.9887

00002437686 MED-DORZOLAMIDE-TIMOLOL GMP \$ 1.9887

00002344351 SANDOZ DORZOLAMIDE/ TIMOLOL SDZ \$ 1.9887

 00002258692 COSOPT PRESERVATIVE-FREE ELV \$ 2.6930

00002240113 COSOPT ELV \$ 6.6560

LATANOPROST/ TIMOLOL MALEATE

0.005 % * 0.5 % (BASE) OPHTHALMIC SOLUTION

00002436256 ACT LATANOPROST/TIMOLOL APH \$ 4.4268

00002373068 GD-LATANOPROST/TIMOLOL UJC \$ 4.4268

00002453770 JAMP-LATANOPROST/TIMOLOL JPC \$ 4.4268

00002489368 LATANOPROST AND TIMOLOL TGT \$ 4.4268

00002454505 MED-LATANOPROST-TIMOLOL GMP \$ 4.4268

00002246619 XALACOM UJC \$ 14.0320

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**52:92 MISCELLANEOUS EENT DRUGS****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 fluorescein 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**52:92 MISCELLANEOUS EENT DRUGS****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 |
|-------------|-------|-----|--------------|

APRACLONIDINE HCL**0.5 % OPHTHALMIC SOLUTION**

| | | | |
|-------------|----------|-----|-----------|
| 00002076306 | IOPIDINE | NOV | \$ 5.1140 |
|-------------|----------|-----|-----------|

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS**52:92 MISCELLANEOUS EENT DRUGS****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 fluorescein 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**52:92 MISCELLANEOUS EENT DRUGS****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

\$ 1616.5500

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