

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	\$	4.2000
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OFLOXACIN

0.3 % OPHTHALMIC SOLUTION

00002143291	OCUFLOX	ABV	\$	2.7245
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TOBRAMYCIN

0.3 % OPHTHALMIC SOLUTION

00002241755	SANDOZ TOBRAMYCIN	SDZ	\$	1.3620
00000513962	TOBEX	NOV	\$	1.8580

0.3 % OPHTHALMIC OINTMENT

00000614254	TOBEX	NOV	\$	2.6343
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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
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CIPROFLOXACIN HCL/ DEXAMETHASONE

0.3 % * 0.1 % OTIC SUSPENSION

00002506882	SANDOZ CIPROFLOXACIN/DEXAMETHASONE	SDZ	\$	1.9227
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00002481901	TARO-CIPROFLOXACIN/DEXAMETHASONE	TAR	\$	1.9227
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00002252716	CIPRODEX	NOV	\$	4.0226
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DEXAMETHASONE

0.1 % OPHTHALMIC SUSPENSION

00000042560	MAXIDEX	NOV	\$	1.7180
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0.1 % OPHTHALMIC OINTMENT

00000042579	MAXIDEX	NOV	\$	2.6600
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FLUOROMETHOLONE

0.1 % OPHTHALMIC SUSPENSION

00000432814	SANDOZ FLUOROMETHOLONE	SDZ	\$	1.8774
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FLUOROMETHOLONE ACETATE

0.1 % OPHTHALMIC SUSPENSION

00000756784	FLAREX	NOV	\$	1.9920
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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	\$	1.4528
200 MCG / DOSE	INHALATION	METERED INHALATION POWDER			
00002446588	ARNUITY ELLIPTA		GSK	\$	2.9057

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	\$	0.2148

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		SAV	\$	2.1263

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

1 MG / ML * 3.5 MG / ML (BASE) * 6,000 UNIT / ML	OPHTHALMIC	SUSPENSION			
00000042676	MAXITROL		NOV	\$	2.3120
1 MG / G * 3.5 MG / G (BASE) * 6,000 UNIT / G	OPHTHALMIC	OINTMENT			
00000358177	MAXITROL		NOV	\$	3.2257

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	\$	1.8044

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS52:08.20 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	\$	2.9280

KETOROLAC TROMETHAMINE

0.45 % OPHTHALMIC SOLUTION

00002369362	ACUVAIL	ABV	\$	0.6533
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0.5 % OPHTHALMIC SOLUTION

00002245821	KETOROLAC	AAP	\$	3.0458
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	\$	0.2650
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PROPARACAINE HCL

0.5 % OPHTHALMIC SOLUTION

00000035076	ALCAINE	ALC	\$	0.9790
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52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:24 MYDRIATICS

ATROPINE SULFATE

1 % OPHTHALMIC SOLUTION

00000035017	ISOPTO ATROPINE	ALC	\$	0.8420
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CYCLOPENTOLATE HCL

1 % OPHTHALMIC SOLUTION

00000252506	CYCLOGYL	ALC	\$	1.1560
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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	COMP-D-CHLORHEX. MOUTH RINSE (ANY CONCENTRATION, NOT 0.12%)	XXX	\$	0.0000
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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	COMP-D-CHLORHEX. MOUTH RINSE (ANY CONCENTRATION, NOT .12%)	XXX	\$	0.0000
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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****PHENYLEPHRINE HCL****2.5 % OPHTHALMIC SOLUTION**

00000465763	MYDFRIN	ALC	\$	1.3920
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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
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TIMOLOL MALEATE

0.25 % (BASE) OPHTHALMIC SOLUTION

00002166712	SANDOZ TIMOLOL MALEATE	SDZ	\$	2.3503
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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	\$	4.4533
00002171899	TIMOPTIC-XE	ELV	\$	5.6860

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	\$	0.1580
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BRINZOLAMIDE

1 % OPHTHALMIC SUSPENSION

00002238873	AZOPT	NOV	\$	3.5460
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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	\$	4.7238
<input checked="" type="checkbox"/> 00002269090	TRUSOPT (PRESERVATIVE-FREE)	ELV	\$	4.7293

METHAZOLAMIDE

50 MG ORAL TABLET

00002245882	METHAZOLAMIDE	AAP	\$	0.6145
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52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:40.20 ANTIGLAUCOMA AGENTS
(MIOTICS)

PILOCARPINE HCL

2% OPHTHALMIC SOLUTION

00000000868	ISOPTO CARPINE	NOV	\$	0.2960
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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
00002373041	GD-LATANOPROST	UJC	\$	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
00002341085	RIVA-LATANOPROST	RIV	\$	3.6320
00002367335	SANDOZ LATANOPROST	SDZ	\$	3.6320
00002254786	TEVA-LATANOPROST	TEV	\$	3.6320
00002231493	XALATAN	BGP	\$	13.6642

LATANOPROSTENE BUNOD

0.024% OPHTHALMIC SOLUTION

00002484218	VYZULTA	BSH	\$	5.2500
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TRAVOPROST

0.003% OPHTHALMIC SOLUTION

00002457997	IZBA	NOV	\$	3.9400
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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
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52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS**52:40.92 ANTIGLAUCOMA AGENTS****(MISCELLANEOUS ANTIGLAUCOMA AGENTS)****BRINZOLAMIDE/ TIMOLOL MALEATE**

1 % * 0.5 % (BASE) OPTHALMIC SUSPENSION

00002331624	AZARGA	NOV	\$	4.0800
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DORZOLAMIDE HCL/ TIMOLOL MALEATE

2 % (BASE) * 0.5 % (BASE) OPTHALMIC 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
<input checked="" type="checkbox"/> 00002258692	COSOPT PRESERVATIVE-FREE	ELV	\$	2.9008
00002240113	COSOPT	ELV	\$	7.1621

LATANOPROST/ TIMOLOL MALEATE

0.005 % * 0.5 % (BASE) OPTHALMIC SOLUTION

00002436256	ACT LATANOPROST/TIMOLOL	TEV	\$	4.4268
00002373068	GD-LATANOPROST/TIMOLOL	UJC	\$	4.4268
00002453770	JAMP-LATANOPROST/TIMOLOL	JPC	\$	4.4268
00002514516	M-LATANOPROST-TIMOLOL	MTR	\$	4.4268
00002454505	MED-LATANOPROST-TIMOLOL	GMP	\$	4.4268
00002246619	XALACOM	BGP	\$	15.4664

TRAVOPROST/ TIMOLOL MALEATE

0.004 % * 0.5 % (BASE) OPTHALMIC 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 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**52:56 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 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 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****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**52:56 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

\$ 1679.5900

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