84:00

Skin and Mucous Membrane Agents

84:00

### **COMPOUND PRESCRIPTION**

#### TOPICAL

00000999119	COMPOUND - RETINOIC ACID (TRETINOIN)	XXX	\$ 0.0000
	(TOPICAL)		
00000999112	MISCELLANEOUS TOPICAL COMPOUND	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.

### **TOPICAL**

00000999219	COMPOUND - RETINOIC ACID (TRETINOIN)	XXX	\$ 0.0000
	(TOPICAL)		
00000999213	MISCELLANEOUS TOPICAL COMPOUND	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.

## 84:04 ANTI-INFECTIVES

### **COMPOUND PRESCRIPTION**

#### **TOPICAL**

00000999103 COMPOUND-ANTI-INFECTIVE (TOPICAL) 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.

### **TOPICAL**

00000999203 COMPOUND-ANTI-INFECTIVE (TOPICAL) 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.

84:04.04 ANTI-INFECTIVES

(ANTIBACTERIALS)

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2 % TOPICAL CRE	АМ		
00002528096	TARO-FUSIDIC ACID	TAR	\$ 0.5676
00000586668	FUCIDIN	LEO	\$ 0.7550
METRONIDAZOLE			
1% TOPICAL CRE	АМ		
00002156091	NORITATE	VCL	\$ 0.6992
1% TOPICAL GEL			
00002297809	METROGEL	GAL	\$ 0.7493
10 % VAGINAL CR	EAM		
00001926861	FLAGYL	SAV	\$ 0.2740
METRONIDAZOLE	NYSTATIN		
500 MG * 100,000 UNI	T VAGINAL OVULE		
00001926829	FLAGYSTATIN	SAV	\$ 3.6980
MUPIROCIN			
2 % TOPICAL OINT	MENT		
00002279983	TARO-MUPIROCIN	TAR	\$ 0.5539
SODIUM FUSIDATE	Ī		
2 % TOPICAL OIN	MENT		
00000586676	FUCIDIN	LEO	\$ 0.7550

## 84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.08.08 ANTI-INFECTIVES

**ANTIFUNGALS** 

(AZOLES)

### **KETOCONAZOLE**

2 % TOPICAL CREAM

00002245662 KETODERM TPT \$ 0.4592

## 84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.08.20 ANTI-INFECTIVES

**ANTIFUNGALS** 

(HYDROXYPYRIDONES)

## **CICLOPIROX OLAMINE**

1% TOPICAL CREAM

00002221802 LOPROX VCL \$ 0.3594

84:04.92 ANTI-INFECTIVES

(MISCELLANEOUS LOCAL ANTI-INFECTIVES)

### **SILVER SULFADIAZINE**

1% TOPICAL CREAM

00000323098	FLAMAZINE	\$	0.2473

## 84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:06 ANTI-INFLAMMATORY AGENTS

ANTI-INFLAMMATORY AGENTS			
AMCINONIDE			
0.1 % TOPICAL CREAM			
00002246714 TARO-AMCINONIDE	TAR	\$	0.452
ECLOMETHASONE DIPROPIONATE			
250 MCG / G TOPICAL CREAM	\ (CI	ф	0.535
00002089602 PROPADERM	VCL	\$	0.525
BETAMETHASONE DIPROPIONATE			
0.05 % (BASE) TOPICAL CREAM			
00000804991 TEVA-TOPISONE	TEV	\$	0.204
00000323071 DIPROSONE	ORC	\$	0.211
0.05 % (BASE) TOPICAL GLYCOL CREAM			
00000849650 TEVA-TOPILENE	TEV	\$	0.518
0.05 % (BASE) TOPICAL OINTMENT			
00000805009 TEVA-TOPISONE	TEV	\$	0.218
00000344923 DIPROSONE	ORC	\$	0.222
0.05 % (BASE) TOPICAL GLYCOL OINTMENT			
00000629367 DIPROLENE GLYCOL	ORC	\$	0.518
00000849669 TEVA-TOPILENE	TEV	\$	0.518
0.05 % (BASE) TOPICAL LOTION			
00000417246 DIPROSONE	ORC	\$	0.204
0.05 % (BASE) TOPICAL GLYCOL LOTION			
00001927914 TEVA-TOPILENE	TEV	\$	0.283
BETAMETHASONE DIPROPIONATE/ SALICYLIC ACID			
0.5 MG / G (BASE) * 30 MG / G TOPICAL OINTMENT			
00000578436 DIPROSALIC	ORC	\$	0.930
0.5 MG / ML (BASE) * 20 MG / ML TOPICAL LOTION			
00002245688 RATIO-TOPISALIC	TEV	\$	0.451
BETAMETHASONE VALERATE			
0.05 % (BASE) TOPICAL CREAM			
00000716618 BETADERM MILD	TAR	\$	0.059
00000716616 BETADERWI WILD 00000535427 TEVA-ECTOSONE MILD	TEV	\$	0.059
0.1 % (BASE) TOPICAL CREAM	IEV	Ψ	0.055
00000716626 BETADERM REGULAR	TAR	\$	0.088
00000716626 BETADERM REGULAR 00000535435 TEVA-ECTOSONE REGULAR	TEV	\$ \$	0.088
0.05 % (BASE) TOPICAL OINTMENT	IEV	Ψ	0.000
•	TAR	\$	0.079
00000716642 BETADERM MILD  0.1 % (BASE) TOPICAL OINTMENT	IAK	Ф	0.079
•	TAD	\$	0.118
00000716650 BETADERM REGULAR	TAR	Ф	0.110
0.05 % (BASE) TOPICAL LOTION			

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

TEVA-ECTOSONE REGULAR

00000653209 TEVA-ECTOSONE MILD

0.1 % (BASE) TOPICAL LOTION

00000750050

0.2846

0.3529

TEV

TEV

84:06 ANTI-INFLAMMATORY AGENTS

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2.3 MG / ENM RECT	TAL ENEMA		
00002052431	ENTOCORT (115 ML)	TPG	\$ 11.0628
CALCIPOTRIOL M DIPROPIONATE	ONOHYDRATE/ BETAMETHASONE		
50 MCG / G (BASE)	* 0.5 MG / G (BASE) TOPICAL OINTMENT		
00002427419	TEVA-BETAMETHASONE/CALCIPOTRIOL	TEV	\$ 1.2545
00002244126	DOVOBET	LEO	\$ 1.7290
<b>CLOBETASOL 17-</b>	PROPIONATE		
0.05 % TOPICAL C	CREAM		
00002024187	MYLAN-CLOBETASOL	MYP	\$ 0.2279
00002245523	TARO-CLOBETASOL	TAR	\$ 0.2279
00001910272	TEVA-CLOBETASOL	TEV	\$ 0.2279
00002213265	DERMOVATE	TPT	\$ 1.0601
0.05 % TOPICAL C	DINTMENT		
00002026767	MYLAN-CLOBETASOL	MYP	\$ 0.2279
00002245524	TARO-CLOBETASOL	TAR	\$ 0.2279
00001910280	TEVA-CLOBETASOL	TEV	\$ 0.2279
00002213273	DERMOVATE	TPT	\$ 1.0601
0.05 % SCALP LO	TION		
00002216213	MYLAN-CLOBETASOL	MYP	\$ 0.1990
00002245522	TARO-CLOBETASOL	TAR	\$ 0.1990
00001910299	TEVA-CLOBETASOL	TEV	\$ 0.1990
00002213281	DERMOVATE	TPT	\$ 0.8502

## 84:06 ANTI-INFLAMMATORY AGENTS

### **COMPOUND PRESCRIPTION**

#### **TOPICAL**

00000999107 COMPOUND-CORTICOSTEROIDS - TOPICAL 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.

### **TOPICAL**

00000999207 COMPOUND-CORTICOSTEROIDS - TOPICAL 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.

DESONIDE		
0.05 % TOPICAL CREAM		
00002229315 PDP-DESONIDE	PPH	\$ 0.4395
0.05 % TOPICAL OINTMENT		
00002229323 PDP-DESONIDE	PPH	\$ 0.4753

84:06 ANTI-INFLAMMATORY AGENTS

DESOXIMETASONE			
0.05 % TOPICAL CREAM			
00002221918 TOPICORT MILD	VCL	\$	0.5818
0.25 % TOPICAL CREAM			
00002221896 TOPICORT	VCL	\$	0.8186
FLUOCINONIDE			
0.05 % TOPICAL CREAM			
00000716863 LYDERM	TPT	\$	0.2850
0.05 % TOPICAL EMOLLIENT CREAM			
00000598933 TIAMOL	TPT	\$	0.2527
0.05 % TOPICAL OINTMENT			
00002236996 LYDERM	TPT	\$	0.3799
0.05 % TOPICAL GEL			
00002236997 LYDERM	TPT	\$	0.3921
HALOBETASOL PROPIONATE			
0.05 % TOPICAL CREAM			
00001962701 ULTRAVATE	VCL	\$	1.1103
0.01 % TOPICAL LOTION			
00002506262 BRYHALI	VCL	\$	0.9816
HYDROCORTISONE			
1% TOPICAL CREAM			
00080057178 JAMP-HYDROCORTISONE ACETATE	JPC	\$	0.0875
0.5 % TOPICAL OINTMENT			
00000716685 CORTODERM MILD	TAR	\$	0.2176
1% TOPICAL OINTMENT			
00000716693 CORTODERM REGULAR	TAR	\$	0.0690
1% TOPICAL LOTION			0.4404
00080057191 JAMP-HYDROCORTISONE	JPC	\$	0.1191
HYDROCORTISONE 17-VALERATE			
0.2 % TOPICAL CREAM			
00002242984 HYDROVAL	TPT	\$	0.1837
0.2 % TOPICAL OINTMENT		_	
00002242985 HYDROVAL	TPT	\$	0.1933
HYDROCORTISONE ACETATE			
0.5 % TOPICAL CREAM			
00000716820 HYDERM	TAR	\$	0.2218
1% TOPICAL CREAM			
00000716839 HYDERM	TAR	\$	0.0533
HYDROCORTISONE ACETATE/ PRAMOXINE HCL			
1%*1% RECTAL FOAM			
00000363014 PROCTOFOAM-HC	DUI	\$	1.7857
HYDROCORTISONE ACETATE/ PRAMOXINE HCL/ ZINC SULFATE			
10 MG * 20 MG * 10 MG RECTAL SUPPOSITORY			
00002240851 PROCTODAN-HC	ODN	\$	2.0833
0.5 % * 1 % * 0.5 % RECTAL OINTMENT			
00002234466 PROCTODAN-HC	ODN	\$	1.3504
	·		

84:06 ANTI-INFLAMMATORY AGENTS

HYDROCORTISON	E ACETATE/ UREA		
1 % * 10 % TOPICAL	CREAM		
☑ 00080061501	JAMP-HYDROCORTISONE ACETATE/UREA	JPC	\$ 0.0915
<b>⋈</b> 00080073645	M-HC/UREA	MTR	\$ 0.0915
<b>⊠</b> 00000681989	DERMAFLEX HC	ENV	\$ 0.2082
1 % * 10 % TOPICAL	LOTION		
00000681997	DERMAFLEX HC	ENV	\$ 0.1171
HYDROCORTISON	E ACETATE/ ZINC SULFATE		
10 MG * 10 MG REC	TAL SUPPOSITORY		
00002236399	ANODAN-HC	ODN	\$ 0.9506
0.5 % * 0.5 % RECTA	AL OINTMENT		
00002128446	ANODAN-HC	ODN	\$ 0.3850
00002387239	JAMPZINC-HC	JPC	\$ 0.3850
MOMETASONE FU	ROATE		
0.1 % TOPICAL CR	EAM		
00002367157	TARO-MOMETASONE	TAR	\$ 0.6296
00000851744	ELOCOM	ORC	\$ 0.7393
0.1 % TOPICAL OIN	NTMENT		
00002248130	TEVA-MOMETASONE	TEV	\$ 0.6013
00000851736	ELOCOM	ORC	\$ 0.6698
0.1 % TOPICAL LO	TION		
00002266385	TARO-MOMETASONE	TAR	\$ 0.4178
00000871095	ELOCOM	ORC	\$ 0.4992
TRIAMCINOLONE A	ACETONIDE		
0.1 % TOPICAL CR	EAM		
00000716960	TRIADERM REGULAR	TAR	\$ 0.1212
00002194058	ARISTOCORT R	VCL	\$ 0.1585
0.5 % TOPICAL CR	EAM		
00002194066	ARISTOCORT C	VCL	\$ 1.4017
0.1 % TOPICAL OIN	NTMENT		
00002194031	ARISTOCORT R	VCL	\$ 0.1602
0.1 % DENTAL PAS	STE		
00001964054	ORACORT	TAR	\$ 1.6563

## 84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:06.00 ANTI-INFLAMMATORY AGENTS

(COMBINATION ANTI-INFECTIVE/ANTI-INFLAMMATORY

AGENTS)

## BETAMETHASONE DIPROPIONATE/ CLOTRIMAZOLE

0.05 % (BASE) \*1% TOPICAL CREAM

00002496410	TARO-CLOTRIMAZOLE/BETAMETHASONE	TAR	\$ 0.6964
00000611174	LOTRIDERM	ORC	\$ 0.8858

### ALBERTA DRUG BENEFIT LIST

### 84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:06.00 ANTI-INFLAMMATORY AGENTS

(COMBINATION ANTI-INFECTIVE/ANTI-INFLAMMATORY AGENTS)

### COMPOUND PRESCRIPTION

00000999110 COMBINATION ANTI-INFECTIVE

XXX

\$ 0.0000

/CORTICOSTEROID

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.

00000999211 COMBINATION ANTI-INFECTIVE/CORTICOSTEROID 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.

### ALBERTA DRUG BENEFIT LIST

## 84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:06.00 ANTI-INFLAMMATORY AGENTS

(COMBINATION ANTI-INFECTIVE/ANTI-INFLAMMATORY

AGENTS)

# HYDROCORTISONE/ CINCHOCAINE HCL/ FRAMYCETIN

SULFATE/ ESCULIN

5 MG * 5 MG * 10 MG	* 10 MG RECTAL SUPPOSITORY		
00002247882	PROCTOL	ODN	\$ 1.3708
5 MG / G * 5 MG / G *	10 MG / G * 10 MG / G RECTAL OINTMENT		
00002226383	TEVA-PROCTOSONE	TEV	\$ 0.4000
00002247322	PROCTOL	ODN	\$ 0.7712
00002223252	PROCTOSEDYL	AXC	\$ 0.9073

## 84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:08 ANTIPRURITICS AND LOCAL ANESTHETICS

## **LIDOCAINE**

5	% TOPICAL OIN	TMENT				
	00002386836	JAMPOCAINE	JPC	\$	0.1984	
	00002083795	LIDODAN	ODN	\$	0.1984	
	0000001961	XYLOCAINE	APC	\$	0.4182	
LIE	LIDOCAINE HCL					
2 % TOPICAL JELLY						
	0000001694	XYLOCAINE JELLY	APC	\$	0.7056	

## 84:28 KERATOLYTIC AGENTS

### **COMPOUND PRESCRIPTION**

#### **TOPICAL**

00000999104 COMPOUND- SALICYLIC ACID (TOPICAL) 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.

### **TOPICAL**

00000999204 COMPOUND- SALICYLIC ACID (TOPICAL) 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.

## 84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:92 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

### 5-FLUOROURACIL

50 MG / G TOPICAL CREAM

00000330582 EFUDEX VCL \$ 1.0271

84:92 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

ACITRETIN		
10 MG ORAL CAPSULE		
00002468840 MINT-ACITRETIN	MPI	\$ 1.2965
00002466074 TARO-ACITRETIN	TAR	\$ 1.2965
00002070847 SORIATANE	ALR	\$ 2.6423
25 MG ORAL CAPSULE		
00002468859 MINT-ACITRETIN	MPI	\$ 2.2770
00002466082 TARO-ACITRETIN	TAR	\$ 2.2770
00002070863 SORIATANE	ALR	\$ 4.6400
AZELAIC ACID		
15 % TOPICAL GEL		
00002270811 FINACEA	LEO	\$ 0.6840
CALCIPOTRIOL		
50 MCG / G TOPICAL OINTMENT		
00001976133 DOVONEX	LEO	\$ 0.8755
CALCIPOTRIOL MONOHYDRATE/ BETAMETHASONE DIPROPIONATE		
50 MCG / G (BASE) * 0.5 MG / G (BASE) TOPICAL GEL		
00002525178 TARO-CALCIPOTRIOL / BETAMETHASONE GEL	TAR	\$ 1.3142
00002319012 DOVOBET	LEO	\$ 1.6936
50 MCG / G (BASE) * 0.5 MG / G (BASE) TOPICAL FOAM		
00002457393 ENSTILAR	LEO	\$ 1.6323
COLLAGENASE		
250 UNIT / G TOPICAL OINTMENT		
00002063670 SANTYL	SNE	\$ 3.3260
ISOTRETINOIN		
10 MG ORAL CAPSULE		
00002257955 CLARUS	MYP	\$ 0.9313
00000582344 ACCUTANE	HLR	\$ 0.9776
40 MG ORAL CAPSULE		
00002257963 CLARUS	MYP	\$ 1.9003
00000582352 ACCUTANE	HLR	\$ 1.9948
TAZAROTENE		
0.045 % TOPICAL LOTION		
00002517868 ARAZLO	VCL	\$ 1.4051