

Updates to the Alberta Drug Benefit List

Effective August 1, 2014



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Administered by Alberta Blue Cross
on behalf of Alberta Health.

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 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.)
Contents only: **\$36.75** (\$35.00 + \$1.75 G.S.T.)

A cheque or money order must accompany the request for copies.

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Special Authorization

The following drug product(s) will be considered for coverage by special authorization for patients covered under Alberta government-sponsored drug programs. Criteria for coverage of Alberta Human Services can be found in the August 1, 2014 Updates To the Alberta Human Services Drug Benefit Supplement.

New Drug Product(s) Available by Special Authorization

Trade Name / Strength / Form	Generic Description	DIN	MFR
TECFIDERA 120 MG DELAYED-RELEASE CAPSULE	DIMETHYL FUMARATE	00002404508	BIO

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
AURO-GALANTAMINE ER 8 MG (BASE) EXTENDED-RELEASE CAPSULE	GALANTAMINE HYDROBROMIDE	00002425157	AUR
AURO-GALANTAMINE ER 16 MG (BASE) EXTENDED-RELEASE CAPSULE	GALANTAMINE HYDROBROMIDE	00002425165	AUR
AURO-GALANTAMINE ER 24 MG (BASE) EXTENDED-RELEASE CAPSULE	GALANTAMINE HYDROBROMIDE	00002425173	AUR
OCPHYL 50 MCG / ML (BASE) INJECTION	OCTREOTIDE ACETATE	00002413191	PPH
OCPHYL 100 MCG / ML (BASE) INJECTION	OCTREOTIDE ACETATE	00002413205	PPH
OCPHYL 500 MCG / ML (BASE) INJECTION	OCTREOTIDE ACETATE	00002413213	PPH
ZOLEDRONIC ACID 0.05 MG / ML INJECTION	ZOLEDRONIC ACID	00002422433	DRL
ZOLEDRONIC ACID CONCENTRATE 0.8 MG / ML INJECTION	ZOLEDRONIC ACID	00002413701	OMG
ZOLEDRONIC ACID CONCENTRATE 0.8 MG / ML INJECTION	ZOLEDRONIC ACID	00002422425	DRL

Optional Special Authorization

The following drug product(s) will be considered for coverage by optional special authorization for patients covered under Alberta government-sponsored drug programs. Criteria for coverage of Alberta Human Services can be found in the August 1, 2014 Updates To the Alberta Human Services Drug Benefit Supplement.

Please refer to Section 3A of the online Alberta Drug Benefit List at https://www.ab.bluecross.ca/dbl/pdfs/dbl_sec3a.pdf 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
MINT-CIPROFLOX 250 MG (BASE) TABLET	CIPROFLOXACIN HCL	00002423553	MPI
MINT-CIPROFLOX 500 MG (BASE) TABLET	CIPROFLOXACIN HCL	00002423561	MPI
MINT-CIPROFLOX 750 MG (BASE) TABLET	CIPROFLOXACIN HCL	00002423588	MPI

Added Product(s)

Trade Name / Strength / Form	Generic Description	DIN	MFR
ABBOTT-LEVETIRACETAM 250 MG TABLET	LEVETIRACETAM	00002414805	ABB
ABBOTT-LEVETIRACETAM 500 MG TABLET	LEVETIRACETAM	00002414791	ABB
ABBOTT-LEVETIRACETAM 750 MG TABLET	LEVETIRACETAM	00002414783	ABB
ABBOTT-QUETIAPINE 25 MG (BASE) TABLET	QUETIAPINE FUMARATE	00002412977	ABB
ABBOTT-QUETIAPINE 100 MG (BASE) TABLET	QUETIAPINE FUMARATE	00002412985	ABB
ABBOTT-QUETIAPINE 200 MG (BASE) TABLET	QUETIAPINE FUMARATE	00002412993	ABB
ABBOTT-QUETIAPINE 300 MG (BASE) TABLET	QUETIAPINE FUMARATE	00002413000	ABB
APO-LATANOPROST-TIMOP 0.005 % / 0.5 % (BASE) OPHTHALMIC SOLUTION	LATANOPROST/ TIMOLOL MALEATE	00002414155	APX
AURO-LOSARTAN HCT 50 MG / 12.5 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002423642	AUR
AURO-LOSARTAN HCT 100 MG / 12.5 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002423650	AUR

Added Product(s), continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
AURO-LOSARTAN HCT 100 MG / 25 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002423669	AUR
MINT-GLICLAZIDE MR 30 MG SUSTAINED-RELEASE TABLET	GLICLAZIDE	00002423286	MPI
MYLAN-ATORVASTATIN 10 MG (BASE) TABLET	ATORVASTATIN CALCIUM	00002392933	MYP
MYLAN-ATORVASTATIN 20 MG (BASE) TABLET	ATORVASTATIN CALCIUM	00002392941	MYP
MYLAN-ATORVASTATIN 40 MG (BASE) TABLET	ATORVASTATIN CALCIUM	00002392968	MYP
MYLAN-ATORVASTATIN 80 MG (BASE) TABLET	ATORVASTATIN CALCIUM	00002392976	MYP
OMEPRAZOLE (DELAYED-RELEASE TABLET) 20 MG CAPSULE/ SUSTAINED-RELEASE TABLET	OMEPRAZOLE	00002416549	AHI
SANDOZ CANDESARTAN PLUS 32 MG / 12.5 MG TABLET	CANDESARTAN CILEXETIL/ HYDROCHLOROTHIAZIDE	00002420732	SDZ
SANDOZ CANDESARTAN PLUS 32 MG / 25 MG TABLET	CANDESARTAN CILEXETIL/ HYDROCHLOROTHIAZIDE	00002420740	SDZ
SEPTA-LOSARTAN 25 MG TABLET	LOSARTAN POTASSIUM	00002424967	SEP
SEPTA-LOSARTAN 50 MG TABLET	LOSARTAN POTASSIUM	00002424975	SEP
SEPTA-LOSARTAN 100 MG TABLET	LOSARTAN POTASSIUM	00002424983	SEP

New Established Interchangeable (IC) Grouping(s)

The following IC Grouping(s) have been established and LCA pricing will be applied effective September 1, 2014.

Generic Description	Strength / Form	New LCA Price
OCTREOTIDE ACETATE	50 MCG / ML (BASE) INJECTION	1.7500
OCTREOTIDE ACETATE	100 MCG / ML (BASE) INJECTION	3.3000
OCTREOTIDE ACETATE	500 MCG / ML (BASE) INJECTION	15.5000

Least Cost Alternative (LCA) Price Change(s)

The following established IC Grouping(s) are affected and a revised LCA price has been established. Groupings affected by a price decrease, will be effective September 1, 2014.

Please review the online Alberta Drug Benefit List at https://www.ab.bluecross.ca/dbl/idbl_main1.html for further information.

Generic Description	Strength / Form	New LCA Price
CANDESARTAN CILEXETIL/ HYDROCHLOROTHIAZIDE	32 MG / 12.5 MG ORAL TABLET	0.3008
CANDESARTAN CILEXETIL/ HYDROCHLOROTHIAZIDE	32 MG / 25 MG ORAL TABLET	0.3008

Product(s) Removed from the ADBL at the Request of the Manufacturer

The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective August 1, 2014 the listed product(s) will no longer be a benefit and will not be considered for coverage by special authorization. A transition period will be applied, and as of August 31, 2014, claims will no longer pay for these products.

Trade Name / Strength / Form	Generic Description	DIN	MFR
CEFPROZIL 50 MG / ML ORAL SUSPENSION	CEFPROZIL	00002332027	RAN

Discontinued Listing(s)

Notification of discontinuation has been received from the manufacturers. The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective August 1, 2014, the listed product(s) will no longer be a benefit and will not be considered for coverage by special authorization. A transition period will be applied and, as of August 31, 2014 claims will no longer pay for these products. Please note, for products that were covered by Special Authorization, no transition period will be applied, and as of July 31, 2014, claims will no longer pay for these products.

Trade Name / Strength / Form	Generic Description	DIN	MFR
FOSINOPRIL 10 MG TABLET	FOSINOPRIL SODIUM	00002332566	RAN
FOSINOPRIL 20 MG TABLET	FOSINOPRIL SODIUM	00002332574	RAN
INFUFER 50 MG / ML INJECTION	IRON DEXTRAN COMPLEX	00002221780	SDZ
MYLAN-OXYBUTYNIN 5 MG TABLET	OXYBUTYNIN CHLORIDE	00002230800	MYP
NOVO-DIFENAC SR 100 MG SUSTAINED-RELEASE TABLET	DICLOFENAC SODIUM	00002048698	TEV
RATIO-DILTIAZEM CD 120 MG CONTROLLED-DELIVERY CAPSULE	DILTIAZEM HCL	00002229781	RPH
RATIO-DILTIAZEM CD 180 MG CONTROLLED-DELIVERY CAPSULE	DILTIAZEM HCL	00002229782	RPH

Discontinued Listing(s), continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
RATIO-DILTIAZEM CD 240 MG CONTROLLED-DELIVERY CAPSULE	DILTIAZEM HCL	00002229783	RPH
RATIO-DILTIAZEM CD 300 MG CONTROLLED-DELIVERY CAPSULE	DILTIAZEM HCL	00002229784	RPH
ROSASOL 1% TOPICAL CREAM	METRONIDAZOLE	00002242919	GSK
SANDOZ SIMVASTATIN 10 MG TABLET	SIMVASTATIN	00002247828	SDZ
SANDOZ SIMVASTATIN 20 MG TABLET	SIMVASTATIN	00002247830	SDZ
SANDOZ SIMVASTATIN 80 MG TABLET	SIMVASTATIN	00002247833	SDZ

PART 2

Drug Additions

ALBERTA DRUG BENEFIT LIST UPDATE

ATORVASTATIN CALCIUM

10 MG (BASE) ORAL TABLET

00002295261	APO-ATORVASTATIN	APX	\$	0.3138
00002348705	ATORVASTATIN	SNS	\$	0.3138
00002411350	ATORVASTATIN-10	SIV	\$	0.3138
00002310899	CO ATORVASTATIN	APH	\$	0.3138
00002288346	GD-ATORVASTATIN	GMD	\$	0.3138
00002391058	JAMP-ATORVASTATIN	JPC	\$	0.3138
00002373203	MYLAN-ATORVASTATIN	MYP	\$	0.3138
00002392933	MYLAN-ATORVASTATIN	MYP	\$	0.3138
00002302675	NOVO-ATORVASTATIN	TEV	\$	0.3138
00002399377	PMS-ATORVASTATIN	PMS	\$	0.3138
00002313707	RAN-ATORVASTATIN	RAN	\$	0.3138
00002350297	RATIO-ATORVASTATIN	RPH	\$	0.3138
00002324946	SANDOZ ATORVASTATIN	SDZ	\$	0.3138
00002230711	LIPITOR	PFI	\$	1.7692

20 MG (BASE) ORAL TABLET

00002295288	APO-ATORVASTATIN	APX	\$	0.3922
00002348713	ATORVASTATIN	SNS	\$	0.3922
00002411369	ATORVASTATIN-20	SIV	\$	0.3922
00002310902	CO ATORVASTATIN	APH	\$	0.3922
00002288354	GD-ATORVASTATIN	GMD	\$	0.3922
00002391066	JAMP-ATORVASTATIN	JPC	\$	0.3922
00002373211	MYLAN-ATORVASTATIN	MYP	\$	0.3922
00002392941	MYLAN-ATORVASTATIN	MYP	\$	0.3922
00002302683	NOVO-ATORVASTATIN	TEV	\$	0.3922
00002399385	PMS-ATORVASTATIN	PMS	\$	0.3922
00002313715	RAN-ATORVASTATIN	RAN	\$	0.3922
00002350319	RATIO-ATORVASTATIN	RPH	\$	0.3922
00002324954	SANDOZ ATORVASTATIN	SDZ	\$	0.3922
00002230713	LIPITOR	PFI	\$	2.2115

40 MG (BASE) ORAL TABLET

00002295296	APO-ATORVASTATIN	APX	\$	0.4216
00002348721	ATORVASTATIN	SNS	\$	0.4216
00002411377	ATORVASTATIN-40	SIV	\$	0.4216
00002310910	CO ATORVASTATIN	APH	\$	0.4216
00002288362	GD-ATORVASTATIN	GMD	\$	0.4216
00002391074	JAMP-ATORVASTATIN	JPC	\$	0.4216
00002373238	MYLAN-ATORVASTATIN	MYP	\$	0.4216
00002392968	MYLAN-ATORVASTATIN	MYP	\$	0.4216
00002302691	NOVO-ATORVASTATIN	TEV	\$	0.4216
00002399393	PMS-ATORVASTATIN	PMS	\$	0.4216
00002313723	RAN-ATORVASTATIN	RAN	\$	0.4216
00002350327	RATIO-ATORVASTATIN	RPH	\$	0.4216
00002324962	SANDOZ ATORVASTATIN	SDZ	\$	0.4216
00002230714	LIPITOR	PFI	\$	2.3770

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

ALBERTA DRUG BENEFIT LIST UPDATE

ATORVASTATIN CALCIUM

80 MG (BASE) ORAL TABLET

00002295318	APO-ATORVASTATIN	APX	\$	0.4216
00002348748	ATORVASTATIN	SNS	\$	0.4216
00002411385	ATORVASTATIN-80	SIV	\$	0.4216
00002310929	CO ATORVASTATIN	APH	\$	0.4216
00002288370	GD-ATORVASTATIN	GMD	\$	0.4216
00002391082	JAMP-ATORVASTATIN	JPC	\$	0.4216
00002373246	MYLAN-ATORVASTATIN	MYP	\$	0.4216
00002392976	MYLAN-ATORVASTATIN	MYP	\$	0.4216
00002302713	NOVO-ATORVASTATIN	TEV	\$	0.4216
00002399407	PMS-ATORVASTATIN	PMS	\$	0.4216
00002313758	RAN-ATORVASTATIN	RAN	\$	0.4216
00002350335	RATIO-ATORVASTATIN	RPH	\$	0.4216
00002324970	SANDOZ ATORVASTATIN	SDZ	\$	0.4216
00002243097	LIPITOR	PFI	\$	2.3770

CANDESARTAN CILEXETIL/ HYDROCHLOROTHIAZIDE

32 MG * 12.5 MG ORAL TABLET

00002420732	SANDOZ CANDESARTAN PLUS	SDZ	\$	0.3008
00002395126	APO-CANDESARTAN/HCTZ	APX	\$	0.5990
00002395568	TEVA-CANDESARTAN/HCTZ	TEV	\$	0.5990
00002332922	ATACAND PLUS	AZC	\$	1.1976

32 MG * 25 MG ORAL TABLET

00002420740	SANDOZ CANDESARTAN PLUS	SDZ	\$	0.3008
00002395134	APO-CANDESARTAN/HCTZ	APX	\$	0.5990
00002395576	TEVA-CANDESARTAN/HCTZ	TEV	\$	0.5990
00002332957	ATACAND PLUS	AZC	\$	1.1976

GLICLAZIDE

30 MG ORAL SUSTAINED-RELEASE TABLET

00002242987	DIAMICRON MR	SEV	\$	0.1405
00002297795	GLICLAZIDE MR	AAP	\$	0.1405
00002423286	MINT-GLICLAZIDE MR	MPI	\$	0.1405

LATANOPROST/ TIMOLOL MALEATE

0.005 % * 0.5 % (BASE) OPHTHALMIC SOLUTION

00002414155	APO-LATANOPROST-TIMOP	APX	\$	4.4268
00002373068	GD-LATANOPROST/TIMOLOL	GMD	\$	4.4268
00002394685	SANDOZ LATANOPROST/TIMOLOL	SDZ	\$	4.4268
00002246619	XALACOM	PFI	\$	12.6472

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ALBERTA DRUG BENEFIT LIST UPDATE

LEVETIRACETAM

250 MG ORAL TABLET

00002414805	ABBOTT-LEVETIRACETAM	ABB	\$	0.8000
00002285924	APO-LEVETIRACETAM	APX	\$	0.8000
00002375249	AURO-LEVETIRACETAM	AUR	\$	0.8000
00002274183	CO LEVETIRACETAM	APH	\$	0.8000
00002403005	JAMP-LEVETIRACETAM	JPC	\$	0.8000
00002353342	LEVETIRACETAM	SNS	\$	0.8000
00002296101	PMS-LEVETIRACETAM	PMS	\$	0.8000
00002396106	RAN-LEVETIRACETAM	RAN	\$	0.8000
00002247027	KEPPRA	UCB	\$	1.7014

500 MG ORAL TABLET

00002414791	ABBOTT-LEVETIRACETAM	ABB	\$	0.9750
00002285932	APO-LEVETIRACETAM	APX	\$	0.9750
00002375257	AURO-LEVETIRACETAM	AUR	\$	0.9750
00002274191	CO LEVETIRACETAM	APH	\$	0.9750
00002403021	JAMP-LEVETIRACETAM	JPC	\$	0.9750
00002353350	LEVETIRACETAM	SNS	\$	0.9750
00002296128	PMS-LEVETIRACETAM	PMS	\$	0.9750
00002396114	RAN-LEVETIRACETAM	RAN	\$	0.9750
00002247028	KEPPRA	UCB	\$	2.0920

750 MG ORAL TABLET

00002414783	ABBOTT-LEVETIRACETAM	ABB	\$	1.3500
00002285940	APO-LEVETIRACETAM	APX	\$	1.3500
00002375265	AURO-LEVETIRACETAM	AUR	\$	1.3500
00002274205	CO LEVETIRACETAM	APH	\$	1.3500
00002403048	JAMP-LEVETIRACETAM	JPC	\$	1.3500
00002353369	LEVETIRACETAM	SNS	\$	1.3500
00002296136	PMS-LEVETIRACETAM	PMS	\$	1.3500
00002396122	RAN-LEVETIRACETAM	RAN	\$	1.3500
00002247029	KEPPRA	UCB	\$	2.8965

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ALBERTA DRUG BENEFIT LIST UPDATE

LOSARTAN POTASSIUM

25 MG ORAL TABLET

00002379058	APO-LOSARTAN	APX	\$	0.3147
00002403323	AURO-LOSARTAN	AUR	\$	0.3147
00002354829	CO LOSARTAN	APH	\$	0.3147
00002398834	JAMP-LOSARTAN	JPC	\$	0.3147
00002388790	LOSARTAN	SIV	\$	0.3147
00002388863	LOSARTAN	SNS	\$	0.3147
00002405733	MINT-LOSARTAN	MPI	\$	0.3147
00002368277	MYLAN-LOSARTAN	MYP	\$	0.3147
00002309750	PMS-LOSARTAN	PMS	\$	0.3147
00002404451	RAN-LOSARTAN	RAN	\$	0.3147
00002313332	SANDOZ LOSARTAN	SDZ	\$	0.3147
00002424967	SEPTA-LOSARTAN	SEP	\$	0.3147
00002380838	TEVA-LOSARTAN	TEV	\$	0.3147
00002182815	COZAAR	MFC	\$	1.2894

50 MG ORAL TABLET

00002353504	APO-LOSARTAN	APX	\$	0.3147
00002403331	AURO-LOSARTAN	AUR	\$	0.3147
00002354837	CO LOSARTAN	APH	\$	0.3147
00002398842	JAMP-LOSARTAN	JPC	\$	0.3147
00002388804	LOSARTAN	SIV	\$	0.3147
00002388871	LOSARTAN	SNS	\$	0.3147
00002405741	MINT-LOSARTAN	MPI	\$	0.3147
00002368285	MYLAN-LOSARTAN	MYP	\$	0.3147
00002309769	PMS-LOSARTAN	PMS	\$	0.3147
00002404478	RAN-LOSARTAN	RAN	\$	0.3147
00002313340	SANDOZ LOSARTAN	SDZ	\$	0.3147
00002424975	SEPTA-LOSARTAN	SEP	\$	0.3147
00002357968	TEVA-LOSARTAN	TEV	\$	0.3147
00002182874	COZAAR	MFC	\$	1.2894

100 MG ORAL TABLET

00002353512	APO-LOSARTAN	APX	\$	0.3147
00002403358	AURO-LOSARTAN	AUR	\$	0.3147
00002354845	CO LOSARTAN	APH	\$	0.3147
00002398850	JAMP-LOSARTAN	JPC	\$	0.3147
00002388812	LOSARTAN	SIV	\$	0.3147
00002388898	LOSARTAN	SNS	\$	0.3147
00002405768	MINT-LOSARTAN	MPI	\$	0.3147
00002368293	MYLAN-LOSARTAN	MYP	\$	0.3147
00002309777	PMS-LOSARTAN	PMS	\$	0.3147
00002404486	RAN-LOSARTAN	RAN	\$	0.3147
00002313359	SANDOZ LOSARTAN	SDZ	\$	0.3147
00002424983	SEPTA-LOSARTAN	SEP	\$	0.3147
00002357976	TEVA-LOSARTAN	TEV	\$	0.3147
00002182882	COZAAR	MFC	\$	1.2894

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PRODUCT IS NOT INTERCHANGEABLE

ALBERTA DRUG BENEFIT LIST UPDATE

LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE

50 MG * 12.5 MG ORAL TABLET

00002423642	AURO-LOSARTAN HCT	AUR	\$	0.3146
00002388251	CO LOSARTAN/HCT	APH	\$	0.3146
00002408244	JAMP-LOSARTAN HCTZ	JPC	\$	0.3146
00002388960	LOSARTAN/HCT	SIV	\$	0.3146
00002389657	MINT-LOSARTAN/HCTZ	MPI	\$	0.3146
00002378078	MYLAN-LOSARTAN HCTZ	MYP	\$	0.3146
00002313375	SANDOZ LOSARTAN HCT	SDZ	\$	0.3146
00002358263	TEVA-LOSARTAN/HCTZ	TEV	\$	0.3146
00002371235	APO-LOSARTAN/HCTZ	APX	\$	0.3147
00002392224	PMS-LOSARTAN-HCTZ	PMS	\$	0.3147
00002230047	HYZAAR	MFC	\$	1.2894

100 MG * 12.5 MG ORAL TABLET

00002371243	APO-LOSARTAN/HCTZ	APX	\$	0.3082
00002423650	AURO-LOSARTAN HCT	AUR	\$	0.3082
00002388278	CO LOSARTAN/HCT	APH	\$	0.3082
00002388979	LOSARTAN/HCT	SIV	\$	0.3082
00002389665	MINT-LOSARTAN/HCTZ	MPI	\$	0.3082
00002378086	MYLAN-LOSARTAN HCTZ	MYP	\$	0.3082
00002392232	PMS-LOSARTAN-HCTZ	PMS	\$	0.3082
00002362449	SANDOZ LOSARTAN HCT	SDZ	\$	0.3082
00002377144	TEVA-LOSARTAN/HCTZ	TEV	\$	0.3082
00002297841	HYZAAR	MFC	\$	1.2625

100 MG * 25 MG ORAL TABLET

00002423669	AURO-LOSARTAN HCT	AUR	\$	0.3146
00002388286	CO LOSARTAN/HCT	APH	\$	0.3146
00002408252	JAMP-LOSARTAN HCTZ	JPC	\$	0.3146
00002388987	LOSARTAN/HCT	SIV	\$	0.3146
00002389673	MINT-LOSARTAN/HCTZ DS	MPI	\$	0.3146
00002378094	MYLAN-LOSARTAN HCTZ	MYP	\$	0.3146
00002313383	SANDOZ LOSARTAN HCT DS	SDZ	\$	0.3146
00002377152	TEVA-LOSARTAN/HCTZ	TEV	\$	0.3146
00002371251	APO-LOSARTAN/HCTZ	APX	\$	0.3147
00002392240	PMS-LOSARTAN-HCTZ	PMS	\$	0.3147
00002241007	HYZAAR DS	MFC	\$	1.2894

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ALBERTA DRUG BENEFIT LIST UPDATE

OMEPRAZOLE

20 MG ORAL CAPSULE/SUSTAINED-RELEASE TABLET

00002245058	APO-OMEPRAZOLE (CAPSULE)	APX	\$	0.4117
00002422220	AURO-OMEPRAZOLE (DELAYED-RELEASE CAPSULE)	AUR	\$	0.4117
00002420198	JAMP-OMEPRAZOLE DR (DELAYED-RELEASE TABLET)	JPC	\$	0.4117
00002329433	MYLAN-OMEPRAZOLE (CAPSULE)	MYP	\$	0.4117
00002348691	OMEPRAZOLE (CAPSULE)	SNS	\$	0.4117
00002416549	OMEPRAZOLE (DELAYED-RELEASE TABLET)	AHI	\$	0.4117
00002411857	OMEPRAZOLE-20	SIV	\$	0.4117
00002320851	PMS-OMEPRAZOLE (SUSTAINED-RELEASE CAPSULE)	PMS	\$	0.4117
00002310260	PMS-OMEPRAZOLE DR (DELAYED RELEASE TABLET)	PMS	\$	0.4117
00002403617	RAN-OMEPRAZOLE (DELAYED-RELEASE CAPSULE)	RAN	\$	0.4117
00002374870	RAN-OMEPRAZOLE (DELAYED-RELEASE TABLET)	RAN	\$	0.4117
00002296446	SANDOZ OMEPRAZOLE (SUSTAINED-RELEASE CAPSULE)	SDZ	\$	0.4117
00002295415	TEVA-OMEPRAZOLE (DELAYED-RELEASE TABLET)	TEV	\$	0.4117
00000846503	LOSEC (SUSTAINED-RELEASE CAPSULE)	AZC	\$	1.1096
00002190915	LOSEC (SUSTAINED-RELEASE TABLET)	AZC	\$	2.3348

QUETIAPINE FUMARATE

25 MG (BASE) ORAL TABLET

00002412977	ABBOTT-QUETIAPINE	ABB	\$	0.1235
00002313901	APO-QUETIAPINE	APX	\$	0.1235
00002390205	AURO-QUETIAPINE	AUR	\$	0.1235
00002316080	CO QUETIAPINE	APH	\$	0.1235
00002330415	JAMP-QUETIAPINE	JPC	\$	0.1235
00002399822	MAR-QUETIAPINE	MAR	\$	0.1235
00002307804	MYLAN-QUETIAPINE	MYP	\$	0.1235
00002296551	PMS-QUETIAPINE	PMS	\$	0.1235
00002317893	QUETIAPINE	SIV	\$	0.1235
00002353164	QUETIAPINE	SNS	\$	0.1235
00002387794	QUETIAPINE	AHI	\$	0.1235
00002397099	RAN-QUETIAPINE	RAN	\$	0.1235
00002313995	SANDOZ QUETIAPINE	SDZ	\$	0.1235
00002284235	TEVA-QUETIAPINE	TEV	\$	0.1235
00002236951	SEROQUEL	AZC	\$	0.5195

100 MG (BASE) ORAL TABLET

00002412985	ABBOTT-QUETIAPINE	ABB	\$	0.3295
00002313928	APO-QUETIAPINE	APX	\$	0.3295
00002390213	AURO-QUETIAPINE	AUR	\$	0.3295
00002316099	CO QUETIAPINE	APH	\$	0.3295
00002330423	JAMP-QUETIAPINE	JPC	\$	0.3295
00002399830	MAR-QUETIAPINE	MAR	\$	0.3295
00002307812	MYLAN-QUETIAPINE	MYP	\$	0.3295
00002296578	PMS-QUETIAPINE	PMS	\$	0.3295
00002317907	QUETIAPINE	SIV	\$	0.3295
00002353172	QUETIAPINE	SNS	\$	0.3295
00002387808	QUETIAPINE	AHI	\$	0.3295
00002397102	RAN-QUETIAPINE	RAN	\$	0.3295
00002314002	SANDOZ QUETIAPINE	SDZ	\$	0.3295
00002284243	TEVA-QUETIAPINE	TEV	\$	0.3295
00002236952	SEROQUEL	AZC	\$	1.3860

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ALBERTA DRUG BENEFIT LIST UPDATE

QUETIAPINE FUMARATE

200 MG (BASE) ORAL TABLET				
00002412993	ABBOTT-QUETIAPINE	ABB	\$	0.6617
00002313936	APO-QUETIAPINE	APX	\$	0.6617
00002390248	AURO-QUETIAPINE	AUR	\$	0.6617
00002316110	CO QUETIAPINE	APH	\$	0.6617
00002330458	JAMP-QUETIAPINE	JPC	\$	0.6617
00002399849	MAR-QUETIAPINE	MAR	\$	0.6617
00002307839	MYLAN-QUETIAPINE	MYP	\$	0.6617
00002296594	PMS-QUETIAPINE	PMS	\$	0.6617
00002317923	QUETIAPINE	SIV	\$	0.6617
00002353199	QUETIAPINE	SNS	\$	0.6617
00002387824	QUETIAPINE	AHI	\$	0.6617
00002397110	RAN-QUETIAPINE	RAN	\$	0.6617
00002314010	SANDOZ QUETIAPINE	SDZ	\$	0.6617
00002284278	TEVA-QUETIAPINE	TEV	\$	0.6617
00002236953	SEROQUEL	AZC	\$	2.7830
300 MG (BASE) ORAL TABLET				
00002413000	ABBOTT-QUETIAPINE	ABB	\$	0.9656
00002313944	APO-QUETIAPINE	APX	\$	0.9656
00002390256	AURO-QUETIAPINE	AUR	\$	0.9656
00002316129	CO QUETIAPINE	APH	\$	0.9656
00002330466	JAMP-QUETIAPINE	JPC	\$	0.9656
00002399857	MAR-QUETIAPINE	MAR	\$	0.9656
00002307847	MYLAN-QUETIAPINE	MYP	\$	0.9656
00002296608	PMS-QUETIAPINE	PMS	\$	0.9656
00002317931	QUETIAPINE	SIV	\$	0.9656
00002353202	QUETIAPINE	SNS	\$	0.9656
00002387832	QUETIAPINE	AHI	\$	0.9656
00002397129	RAN-QUETIAPINE	RAN	\$	0.9656
00002314029	SANDOZ QUETIAPINE	SDZ	\$	0.9656
00002284286	TEVA-QUETIAPINE	TEV	\$	0.9656
00002244107	SEROQUEL	AZC	\$	4.0610

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 DRUG BENEFIT LIST UPDATE
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS**

DIMETHYL FUMARATE

Relapsing Remitting Multiple Sclerosis (RRMS):

Special authorization may be provided for the reduction of the frequency and severity of clinical relapses and reduction of the number and volume of active brain lesions, identified on MRI scans, in ambulatory adult patients (18 years of age or older) with relapsing remitting multiple sclerosis.

Coverage

For coverage, this drug must be prescribed by a registered MS Neurologist. A current assessment must be completed by a registered MS Neurologist at every request.

To register to become an MS Neurologist please complete the Registration for MS Neurologist Status Form (ABC 60002).

Initial Coverage

- 1) The registered MS Neurologist must confirm a diagnosis of RRMS;
- 2) The adult patient must have active disease which is defined as at least two relapses* of MS during the previous two years or in the two years prior to starting an MS disease modifying therapy (DMT).

*A relapse is defined as the appearance of new symptoms or worsening of old symptoms, lasting at least 48 hours in the absence of fever, not associated with withdrawal from steroids. Onset of clinical relapses must be separated by a period of at least one month. At least one definite gadolinium-enhancing T1 MRI lesion (not questionable faint enhancement) obtained at least 90 days after initiation of the DMT and at least 90 days before or after a relapse may substitute for one clinical relapse.

- 3) The adult patient must be ambulatory with or without aid (The registered MS Neurologist must provide a current updated Expanded Disability Status Scale (EDSS) score less than or equal to 6.5).

Coverage may be approved for up to 12 months. Adult patients will be limited to receiving a one-month supply of dimethyl fumarate per prescription at their pharmacy for the first 12 months of coverage.

Continued Coverage

For continued coverage beyond the initial coverage period, the adult patient must meet the following criteria:

- 1) The adult patient must be assessed by a registered MS Neurologist;
- 2) The registered MS Neurologist must confirm a diagnosis of RRMS;
- 3) The registered MS Neurologist must provide a current updated EDSS score. The adult patient must not have an EDSS score of 7.0 or above sustained for one year or more.

Coverage of this drug may be considered in an adult patient with a sustained EDSS score of 7.0 or above in exceptional circumstances. For MS DMT coverage to be considered, details of the exceptional circumstance must be provided in a letter from the registered MS Neurologist and accompany the Special Authorization Request Form.

Continued coverage may be approved for up to 12 months. Adult patients may receive up to 100 days' supply of dimethyl fumarate per prescription at their pharmacy.

Restarting After an Interruption in Therapy Greater Than 12 Months

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

DIMETHYL FUMARATE

In order to be eligible for coverage, after an interruption in therapy greater than 12 months, the adult patient must meet the following criteria:

- 1) At least one relapse* per 12 month period; or
- 2) At least two relapses* during the previous 24 month period.

All requests (including renewal requests) for dimethyl fumarate must be completed using the Dimethyl Fumarate/Glatiramer Acetate/ Interferon Beta-1a/ Interferon Beta-1b Special Authorization Request Form (ABC 60001).

120 MG ORAL DELAYED-RELEASE CAPSULE

00002404508	TECFIDERA	BIO	\$ 16.1925
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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

00002425157	AURO-GALANTAMINE ER	AUR	\$ 1.2465
00002420821	MAR-GALANTAMINE ER	MAR	\$ 1.2465
00002339439	MYLAN-GALANTAMINE ER	MYP	\$ 1.2465
00002316943	PAT-GALANTAMINE ER	PAT	\$ 1.2465
00002398370	PMS-GALANTAMINE ER	PMS	\$ 1.2465
00002377950	TEVA-GALANTAMINE ER	TEV	\$ 1.2465
00002266717	REMINYL ER	JAI	\$ 5.0249

16 MG (BASE) ORAL EXTENDED-RELEASE CAPSULE

00002425165	AURO-GALANTAMINE ER	AUR	\$ 1.2465
00002420848	MAR-GALANTAMINE ER	MAR	\$ 1.2465
00002339447	MYLAN-GALANTAMINE ER	MYP	\$ 1.2465
00002316951	PAT-GALANTAMINE ER	PAT	\$ 1.2465
00002398389	PMS-GALANTAMINE ER	PMS	\$ 1.2465
00002377969	TEVA-GALANTAMINE ER	TEV	\$ 1.2465
00002266725	REMINYL ER	JAI	\$ 5.0249

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

GALANTAMINE HYDROBROMIDE

24 MG (BASE)	ORAL	EXTENDED-RELEASE CAPSULE			
00002425173	AURO-GALANTAMINE ER		AUR	\$	1.2465
00002420856	MAR-GALANTAMINE ER		MAR	\$	1.2465
00002339455	MYLAN-GALANTAMINE ER		MYP	\$	1.2465
00002316978	PAT-GALANTAMINE ER		PAT	\$	1.2465
00002398397	PMS-GALANTAMINE ER		PMS	\$	1.2465
00002377977	TEVA-GALANTAMINE ER		TEV	\$	1.2465
00002266733	REMINYL ER		JAI	\$	5.0249

OCTREOTIDE ACETATE

"For control of symptoms in patients with metastatic carcinoid and vasoactive intestinal peptide-secreting tumors (VIPomas) when prescribed by or in consultation with a Specialist in Internal Medicine, Palliative Care or General Surgery."

"For the treatment of acromegaly when prescribed by or in consultation with a Specialist in Internal Medicine."

"For the treatment of intractable diarrhea which has not responded to less costly therapy [e.g. associated with (secondary to) AIDS, intra-abdominal fistulas, short bowel syndrome]. Treatment for these indications must be prescribed by or in consultation with a Specialist in, Internal Medicine, Palliative Care, or General Surgery."

"Special authorization may be granted for 12 months."

In order to comply with the third criterion, information is required regarding previous medications utilized and the patient's response to therapy.

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

50 MCG / ML (BASE)	INJECTION				
00002413191	OCPHYL		PPH	\$	1.7500
00000839191	SANDOSTATIN		NOV	\$	5.1460
100 MCG / ML (BASE)	INJECTION				
00002413205	OCPHYL		PPH	\$	3.3000
00000839205	SANDOSTATIN		NOV	\$	9.7135
500 MCG / ML (BASE)	INJECTION				
00002413213	OCPHYL		PPH	\$	15.5000
00000839213	SANDOSTATIN		NOV	\$	45.6526

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

ZOLEDRONIC ACID

Osteoporosis:

For the treatment of postmenopausal osteoporosis in women who have a high 10-year risk (i.e., greater than 20%) of experiencing a major osteoporotic fracture, as demonstrated by at least two of the following:

- Age greater than or equal to 75 years
- A prior fragility fracture
- A bone mineral density (BMD) T-score of less than or equal to -2.5

AND at least one of the following:

1) For whom oral bisphosphonates are contraindicated due to an untreatable abnormality of the esophagus which delays esophageal emptying (e.g., stricture or achalasia);

OR

2) Who have demonstrated severe gastrointestinal intolerance to a course of therapy with either alendronate or risedronate. Severe gastrointestinal intolerance is defined as manifested by weight loss or vomiting directly attributable to the oral bisphosphonates.

Special Authorization may be granted for 12 months.

-Patients will be limited to receiving one dose of zoledronic acid per prescription at their pharmacy.

-Coverage cannot be provided for two or more osteoporosis medications (alendronate, denosumab, etidronate, raloxifene, risedronate, zoledronic acid) when these medications are intended for use as combination therapy.

-Requests for other osteoporosis medications covered via special authorization will not be considered until 6 months after the last dose of denosumab 60 mg/syr injection syringe.

-Requests for other osteoporosis medications covered via special authorization will not be considered until 12 months after the last dose of zoledronic acid 0.05 mg/ml injection.

-This product is eligible for auto-renewal for the treatment of osteoporosis.

All requests for zoledronic acid for osteoporosis must be completed using the Denosumab/Zoledronic Acid for Osteoporosis Special Authorization Request Form (ABC 31377).

Paget's Disease:

"For the treatment of Paget's disease. Special Authorization for this criterion may be granted for one dose per 12 month period."

"Coverage cannot be provided for two or more medications used in the treatment of Paget's disease when these medications are intended for use in combination or when therapy with two or more medications overlap."

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

ZOLEDRONIC ACID

0.05 MG / ML INJECTION

00002415100	TARO-ZOLEDRONIC ACID	TAR	\$	3.3540
00002408082	ZOLEDRONIC ACID	TEV	\$	3.3540
00002422433	ZOLEDRONIC ACID	DRL	\$	3.3540
00002269198	ACLASTA	NOV	\$	6.7683

"For the treatment of tumor-induced hypercalcemia in patients with documented evidence of intolerance or lack of response to clodronate or pamidronate. Special authorization may be granted for 6 months."

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

0.8 MG / ML INJECTION

00002415186	TARO-ZOLEDRONIC ACID CONCENTRATE	TAR	\$	58.1520
00002407639	ZOLEDRONIC ACID	TEV	\$	58.1520
00002401606	ZOLEDRONIC ACID - Z	SDZ	\$	58.1520
00002413701	ZOLEDRONIC ACID CONCENTRATE	OMG	\$	58.1520
00002422425	ZOLEDRONIC ACID CONCENTRATE	DRL	\$	58.1520
00002248296	ZOMETA CONCENTRATE	NOV	\$	110.8160

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).

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

CIPROFLOXACIN HCL

250 MG (BASE) ORAL TABLET

00002229521	APO-CIPROFLOX	APX	\$	0.6186
00002381907	AURO-CIPROFLOXACIN	AUR	\$	0.6186
00002332132	CIPROFLOXACIN	RAN	\$	0.6186
00002353318	CIPROFLOXACIN	SNS	\$	0.6186
00002386119	CIPROFLOXACIN	SIV	\$	0.6186
00002247339	CO CIPROFLOXACIN	APH	\$	0.6186
00002380358	JAMP-CIPROFLOXACIN	JPC	\$	0.6186
00002379686	MAR-CIPROFLOXACIN	MAR	\$	0.6186
00002423553	MINT-CIPROFLOX	MPI	\$	0.6186
00002317427	MINT-CIPROFLOXACIN	MPI	\$	0.6186
00002245647	MYLAN-CIPROFLOXACIN	MYP	\$	0.6186
00002161737	NOVO-CIPROFLOXACIN	TEV	\$	0.6186
00002248437	PMS-CIPROFLOXACIN	PMS	\$	0.6186
00002303728	RAN-CIPROFLOX	RAN	\$	0.6186
00002246825	RATIO-CIPROFLOXACIN	RPH	\$	0.6186
00002248756	SANDOZ CIPROFLOXACIN	SDZ	\$	0.6186
00002379627	SEPTA-CIPROFLOXACIN	SEP	\$	0.6186
00002155958	CIPRO	BAI	\$	2.4964

500 MG (BASE) ORAL TABLET

00002229522	APO-CIPROFLOX	APX	\$	0.6979
00002381923	AURO-CIPROFLOXACIN	AUR	\$	0.6979
00002332140	CIPROFLOXACIN	RAN	\$	0.6979
00002353326	CIPROFLOXACIN	SNS	\$	0.6979
00002386127	CIPROFLOXACIN	SIV	\$	0.6979
00002247340	CO CIPROFLOXACIN	APH	\$	0.6979
00002380366	JAMP-CIPROFLOXACIN	JPC	\$	0.6979
00002379694	MAR-CIPROFLOXACIN	MAR	\$	0.6979
00002423561	MINT-CIPROFLOX	MPI	\$	0.6979
00002317435	MINT-CIPROFLOXACIN	MPI	\$	0.6979
00002245648	MYLAN-CIPROFLOXACIN	MYP	\$	0.6979
00002161745	NOVO-CIPROFLOXACIN	TEV	\$	0.6979
00002248438	PMS-CIPROFLOXACIN	PMS	\$	0.6979
00002303736	RAN-CIPROFLOX	RAN	\$	0.6979
00002246826	RATIO-CIPROFLOXACIN	RPH	\$	0.6979
00002248757	SANDOZ CIPROFLOXACIN	SDZ	\$	0.6979
00002379635	SEPTA-CIPROFLOXACIN	SEP	\$	0.6979
00002155966	CIPRO	BAI	\$	2.8166

750 MG (BASE) ORAL TABLET

00002229523	APO-CIPROFLOX	APX	\$	1.2780
00002381931	AURO-CIPROFLOXACIN	AUR	\$	1.2780
00002332159	CIPROFLOXACIN	RAN	\$	1.2780
00002353334	CIPROFLOXACIN	SNS	\$	1.2780
00002247341	CO CIPROFLOXACIN	APH	\$	1.2780
00002380374	JAMP-CIPROFLOXACIN	JPC	\$	1.2780
00002379708	MAR-CIPROFLOXACIN	MAR	\$	1.2780
00002423588	MINT-CIPROFLOX	MPI	\$	1.2780
00002317443	MINT-CIPROFLOXACIN	MPI	\$	1.2780
00002245649	MYLAN-CIPROFLOXACIN	MYP	\$	1.2780
00002161753	NOVO-CIPROFLOXACIN	TEV	\$	1.2780
00002248439	PMS-CIPROFLOXACIN	PMS	\$	1.2780
00002303744	RAN-CIPROFLOX	RAN	\$	1.2780
00002246827	RATIO-CIPROFLOXACIN	RPH	\$	1.2780
00002248758	SANDOZ CIPROFLOXACIN	SDZ	\$	1.2780
00002379643	SEPTA-CIPROFLOXACIN	SEP	\$	1.2780
00002155974	CIPRO	BAI	\$	5.1578

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