

Updates to the Alberta Drug Benefit List

Effective September 1, 2014



Inquiries should be directed to:

Pharmacy Services

Alberta Blue Cross
10009 108 Street NW
Edmonton AB T5J 3C5

Telephone Number: (780) 498-8370 (Edmonton)
(403) 294-4041 (Calgary)
1-800-361-9632 (Toll Free)

FAX Number: (780) 498-8406
1-877-305-9911 (Toll Free)

Website: <http://www.health.alberta.ca/services/drug-benefit-list.html>

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 September 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
VALCYTE 50 MG / ML ORAL SUSPENSION	VALGANCICLOVIR HCL	00002306085	HLR

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
ACT DUTASTERIDE 0.5 MG CAPSULE	DUTASTERIDE	00002412691	APH
APO-DUTASTERIDE 0.5 MG CAPSULE	DUTASTERIDE	00002404206	APX
PMS-DUTASTERIDE 0.5 MG CAPSULE	DUTASTERIDE	00002393220	PMS
SANDOZ DUTASTERIDE 0.5 MG CAPSULE	DUTASTERIDE	00002424444	SDZ
TEVA-DUTASTERIDE 0.5 MG CAPSULE	DUTASTERIDE	00002408287	TEV

Added Product(s)

Trade Name / Strength / Form	Generic Description	DIN	MFR
ABBOTT-RABEPRAZOLE 20 MG ENTERIC-COATED TABLET	RABEPRAZOLE SODIUM	00002422646	ABB
ACUVAIL 0.45% OPHTHALMIC SOLUTION	KETOROLAC TROMETHAMINE	00002369362	ALL
ECL-METFORMIN 500 MG TABLET	METFORMIN HCL	00002421828	ECL
ECL-METFORMIN 850 MG TABLET	METFORMIN HCL	00002421836	ECL
MINT-HYDROXYCHLOROQUINE 200 MG TABLET	HYDROXYCHLOROQUINE SULFATE	00002424991	MPI
MINT-RAMIPRIL (CAPSULE) 2.5 MG CAPSULE/TABLET	RAMIPRIL	00002421305	MPI
MINT-RAMIPRIL (CAPSULE) 5 MG CAPSULE/TABLET	RAMIPRIL	00002421313	MPI

Added Product(s), continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
MINT-RAMIPRIL (CAPSULE) 10 MG CAPSULE/TABLET	RAMIPRIL	00002421321	MPI
NOVO-SOTALOL 160 MG TABLET	SOTALOL HCL	00002231182	TEV
RATIO-SOTALOL 160 MG TABLET	SOTALOL HCL	00002084236	TEV
RECLIPSEN (21 DAY) 0.15 MG / 0.03 MG TABLET	DESOGESTREL/ ETHINYL ESTRADIOL	00002420813	APH
RECLIPSEN (28 DAY) 0.15 MG / 0.03 MG TABLET	DESOGESTREL/ ETHINYL ESTRADIOL	00002417464	APH
SOTALOL 160 MG TABLET	SOTALOL HCL	00002385996	SIV
STERILE VANCOMYCIN HCL 10 G / VIAL INJECTION	VANCOMYCIN HCL	00002241807	PPC
TEVA-TRAZODONE 50 MG TABLET	TRAZODONE HCL	00002144263	TEV
TEVA-TRAZODONE 100 MG TABLET	TRAZODONE HCL	00002144271	TEV
TEVA-TRAZODONE 150 MG TABLET	TRAZODONE HCL	00002144298	TEV
VPI-BACLOFEN INTRATHECAL 0.05 MG / ML INJECTION	BACLOFEN	00002413620	VPI
VPI-BACLOFEN INTRATHECAL 0.5 MG / ML INJECTION	BACLOFEN	00002413639	VPI
VPI-BACLOFEN INTRATHECAL 2 MG / ML INJECTION	BACLOFEN	00002413647	VPI

New Established Interchangeable (IC) Grouping(s)

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

Generic Description	Strength / Form	New LCA Price
BACLOFEN	0.05 MG / ML INJECTION	11.2500
BACLOFEN	0.5 MG / ML INJECTION	8.8625
BACLOFEN	2 MG / ML INJECTION	35.4500
DUTASTERIDE	0.5 MG ORAL CAPSULE	0.4205
VANCOMYCIN HCL	10 G / VIAL INJECTION	589.9000

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 October 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
NORGESTIMATE/ ETHINYL ESTRADIOL/ NORGESTIMATE/ ETHINYL ESTRADIOL/ NORGESTIMATE/ ETHINYL ESTRADIOL	0.18 MG * 0.025 MG * 0.215 MG * 0.025 MG * 0.25 MG * 0.025 MG ORAL TABLET (21 DAY)	0.4511
NORGESTIMATE/ ETHINYL ESTRADIOL/ NORGESTIMATE/ ETHINYL ESTRADIOL/ NORGESTIMATE/ ETHINYL ESTRADIOL	0.18 MG * 0.025 MG * 0.215 MG * 0.025 MG * 0.25 MG * 0.025 MG ORAL TABLET (28 DAY)	0.3383
VORICONAZOLE	50 MG ORAL TABLET	3.1958
VORICONAZOLE	200 MG ORAL TABLET	12.7777

Product(s) Removed from the ADBL as Price Policy Requirements Not Satisfied

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
SANDOZ VORICONAZOLE 50 MG TABLET	VORICONAZOLE	00002399245	SDZ
SANDOZ VORICONAZOLE 200 MG TABLET	VORICONAZOLE	00002399253	SDZ

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 September 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 September 30, 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 August 31, 2014, claims will no longer pay for these products.

Trade Name / Strength / Form	Generic Description	DIN	MFR
APO-NORTRIPTYLINE 10 MG CAPSULE	NORTRIPTYLINE HCL	00002223511	APX

Discontinued Listing(s), continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
APO-NORTRIPTYLINE 25 MG CAPSULE	NORTRIPTYLINE HCL	00002223538	APX
DIHYDROERGOTAMINE MESYLATE 1 MG / ML INJECTION	DIHYDROERGOTAMINE MESYLATE	00002241163	SDZ
METFORMIN 500 MG TABLET	METFORMIN HCL	00002242794	MEL
MYLAN-ETI-CAL CAREPAC 400 MG / 500 MG TABLET	ETIDRONATE DISODIUM/ CALCIUM CARBONATE	00002247323	MYP
MYLAN-VALACYCLOVIR (CAPLET) 500 MG TABLET	VALACYCLOVIR	00002351579	MYP
NOVO-NORTRIPTYLINE 10 MG CAPSULE	NORTRIPTYLINE HCL	00002231781	TEV
NOVO-NORTRIPTYLINE 25 MG CAPSULE	NORTRIPTYLINE HCL	00002231782	TEV
PMS-NORTRIPTYLINE 10 MG CAPSULE	NORTRIPTYLINE HCL	00002177692	PMS
PMS-NORTRIPTYLINE 25 MG CAPSULE	NORTRIPTYLINE HCL	00002177706	PMS
PMS-VALACYCLOVIR (CAPLET) 1,000 MG TABLET	VALACYCLOVIR	00002381230	PMS
SANDOZ SIMVASTATIN 40 MG TABLET	SIMVASTATIN	00002247831	SDZ

PART 2

Drug Additions

ALBERTA DRUG BENEFIT LIST UPDATE

BACLOFEN

0.05 MG / ML INJECTION

00002413620	VPI-BACLOFEN INTRATHECAL	VPI	\$	11.2500
00002131048	LIORESAL INTRATHECAL	NOV	\$	14.1614

0.5 MG / ML INJECTION

00002413639	VPI-BACLOFEN INTRATHECAL	VPI	\$	8.8625
00002131056	LIORESAL INTRATHECAL	NOV	\$	10.6110

2 MG / ML INJECTION

00002413647	VPI-BACLOFEN INTRATHECAL	VPI	\$	35.4500
00002131064	LIORESAL INTRATHECAL	NOV	\$	42.4444

DESOGESTREL/ ETHINYL ESTRADIOL

0.15 MG * 0.03 MG ORAL TABLET

00002317192	APRI 21	BAR	\$	0.3700
00002396491	FREYA 21	FMP	\$	0.3700
00002410249	MIRVALA 21	APX	\$	0.3700
00002420813	RECLIPSEN (21 DAY)	APH	\$	0.3700
00002042487	MARVELON (21 DAY)	MFC	\$	0.6741

0.15 MG * 0.03 MG ORAL TABLET

00002317206	APRI 28	BAR	\$	0.2775
00002396610	FREYA 28	FMP	\$	0.2775
00002410257	MIRVALA 28	APX	\$	0.2775
00002417464	RECLIPSEN (28 DAY)	APH	\$	0.2775
00002042479	MARVELON (28 DAY)	MFC	\$	0.5056
<input checked="" type="checkbox"/> 00002042533	ORTHO-CEPT (28 DAY)	JAI	\$	0.7850

HYDROXYCHLOROQUINE SULFATE

200 MG ORAL TABLET

00002246691	APO-HYDROXYQUINE	APX	\$	0.2620
00002424991	MINT-HYDROXYCHLOROQUINE	MPI	\$	0.2620
00002252600	MYLAN-HYDROXYCHLOROQUINE	MYP	\$	0.2620
00002017709	PLAQUENIL SULFATE	SAV	\$	0.6302

KETOROLAC TROMETHAMINE

0.45 % OPHTHALMIC SOLUTION

00002369362	ACUVAIL	ALL	\$	0.6042
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ALBERTA DRUG BENEFIT LIST UPDATE

METFORMIN HCL

500 MG ORAL TABLET

00002167786	APO-METFORMIN	APX	\$	0.0587
00002257726	CO METFORMIN	APH	\$	0.0587
00002421828	ECL-METFORMIN	ECL	\$	0.0587
00002380196	JAMP-METFORMIN	JPC	\$	0.0587
00002380722	JAMP-METFORMIN BLACKBERRY	JPC	\$	0.0587
00002378620	MAR-METFORMIN	MAR	\$	0.0587
00002353377	METFORMIN	SNS	\$	0.0587
00002378841	METFORMIN	MAR	\$	0.0587
00002385341	METFORMIN FC	SIV	\$	0.0587
00002388766	MINT-METFORMIN	MPI	\$	0.0587
00002148765	MYLAN-METFORMIN	MYP	\$	0.0587
00002223562	PMS-METFORMIN	PMS	\$	0.0587
00002269031	RAN-METFORMIN	RAN	\$	0.0587
00002242974	RATIO-METFORMIN HYDROCHLORIDE	RPH	\$	0.0587
00002246820	SANDOZ METFORMIN FC	SDZ	\$	0.0587
00002379767	SEPTA-METFORMIN	SEP	\$	0.0587
00002045710	TEVA-METFORMIN	TEV	\$	0.0587
00002099233	GLUCOPHAGE	SAV	\$	0.2716

850 MG ORAL TABLET

00002229785	APO-METFORMIN	APX	\$	0.0847
00002257734	CO METFORMIN	APH	\$	0.0847
00002421836	ECL-METFORMIN	ECL	\$	0.0847
00002380218	JAMP-METFORMIN	JPC	\$	0.0847
00002380730	JAMP-METFORMIN BLACKBERRY	JPC	\$	0.0847
00002378639	MAR-METFORMIN	MAR	\$	0.0847
00002353385	METFORMIN	SNS	\$	0.0847
00002378868	METFORMIN	MAR	\$	0.0847
00002385368	METFORMIN FC	SIV	\$	0.0847
00002388774	MINT-METFORMIN	MPI	\$	0.0847
00002229656	MYLAN-METFORMIN	MYP	\$	0.0847
00002242589	PMS-METFORMIN	PMS	\$	0.0847
00002269058	RAN-METFORMIN	RAN	\$	0.0847
00002242931	RATIO-METFORMIN HYDROCHLORIDE	RPH	\$	0.0847
00002246821	SANDOZ METFORMIN FC	SDZ	\$	0.0847
00002379775	SEPTA-METFORMIN	SEP	\$	0.0847
00002230475	TEVA-METFORMIN	TEV	\$	0.0847
00002162849	GLUCOPHAGE	SAV	\$	0.3623

**NORGESTIMATE/ ETHINYL ESTRADIOL/ NORGESTIMATE/
ETHINYL ESTRADIOL/ NORGESTIMATE/ ETHINYL ESTRADIOL**

0.18 MG * 0.025 MG * 0.215 MG * 0.025 MG * 0.25 MG * 0.025 MG ORAL TABLET

00002401975	TRICIRA LO 28	APX	\$	0.3383
00002258587	TRI-CYCLEN LO 28	JAI	\$	0.4418

0.18 MG * 0.025 MG * 0.215 MG * 0.025 MG * 0.25 MG * 0.025 MG ORAL TABLET

00002401967	TRICIRA LO 21	APX	\$	0.4511
00002258560	TRI-CYCLEN LO 21	JAI	\$	0.5895

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

RABEPRAZOLE SODIUM

20 MG ORAL ENTERIC-COATED TABLET

00002422646	ABBOTT-RABEPRAZOLE	ABB	\$	0.2408
00002345587	APO-RABEPRAZOLE	APX	\$	0.2408
00002408406	MYLAN-RABEPRAZOLE	MYP	\$	0.2408
00002381745	PAT-RABEPRAZOLE	PAT	\$	0.2408
00002310813	PMS-RABEPRAZOLE EC	PMS	\$	0.2408
00002385457	RABEPRAZOLE	SIV	\$	0.2408
00002356538	RABEPRAZOLE EC	SNS	\$	0.2408
00002298082	RAN-RABEPRAZOLE	RAN	\$	0.2408
00002314185	SANDOZ RABEPRAZOLE	SDZ	\$	0.2408
00002296640	TEVA-RABEPRAZOLE	TEV	\$	0.2408
00002243797	PARIET	JAI	\$	1.3377

RAMIPRIL

2.5 MG ORAL CAPSULE/TABLET

00002251531	APO-RAMIPRIL (CAPSULE)	APX	\$	0.1470
00002387395	AURO-RAMIPRIL (CAPSULE)	AUR	\$	0.1470
00002295490	CO RAMIPRIL (CAPSULE)	APH	\$	0.1470
00002331128	JAMP-RAMIPRIL (CAPSULE)	JPC	\$	0.1470
00002420465	MAR-RAMIPRIL (CAPSULE)	MAR	\$	0.1470
00002421305	MINT-RAMIPRIL (CAPSULE)	MPI	\$	0.1470
00002301156	MYLAN-RAMIPRIL (CAPSULE)	MYP	\$	0.1470
00002247917	PMS-RAMIPRIL (CAPSULE)	PMS	\$	0.1470
00002332302	RAMIPRIL (CAPSULE)	RAN	\$	0.1470
00002374846	RAMIPRIL (CAPSULE)	SNS	\$	0.1470
00002411563	RAMIPRIL-2.5 (CAPSULE)	SIV	\$	0.1470
00002310511	RAN-RAMIPRIL (CAPSULE)	RAN	\$	0.1470
00002291401	SANDOZ RAMIPRIL (TABLET)	SDZ	\$	0.1470
00002247945	TEVA-RAMIPRIL (CAPSULE)	TEV	\$	0.1470
00002221837	ALTACE (CAPSULE)	SAV	\$	0.8310

5 MG ORAL CAPSULE/TABLET

00002251574	APO-RAMIPRIL (CAPSULE)	APX	\$	0.1470
00002387409	AURO-RAMIPRIL (CAPSULE)	AUR	\$	0.1470
00002295504	CO RAMIPRIL (CAPSULE)	APH	\$	0.1470
00002331136	JAMP-RAMIPRIL (CAPSULE)	JPC	\$	0.1470
00002420473	MAR-RAMIPRIL (CAPSULE)	MAR	\$	0.1470
00002421313	MINT-RAMIPRIL (CAPSULE)	MPI	\$	0.1470
00002301164	MYLAN-RAMIPRIL (CAPSULE)	MYP	\$	0.1470
00002247918	PMS-RAMIPRIL (CAPSULE)	PMS	\$	0.1470
00002332310	RAMIPRIL (CAPSULE)	RAN	\$	0.1470
00002374854	RAMIPRIL (CAPSULE)	SNS	\$	0.1470
00002411571	RAMIPRIL-5 (CAPSULE)	SIV	\$	0.1470
00002310538	RAN-RAMIPRIL (CAPSULE)	RAN	\$	0.1470
00002291428	SANDOZ RAMIPRIL (TABLET)	SDZ	\$	0.1470
00002247946	TEVA-RAMIPRIL (CAPSULE)	TEV	\$	0.1470
00002221845	ALTACE (CAPSULE)	SAV	\$	0.8320

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ALBERTA DRUG BENEFIT LIST UPDATE

RAMIPRIL

10 MG ORAL CAPSULE/TABLET

00002251582	APO-RAMIPRIL (CAPSULE)	APX	\$	0.1862
00002387417	AURO-RAMIPRIL (CAPSULE)	AUR	\$	0.1862
00002295512	CO RAMIPRIL (CAPSULE)	APH	\$	0.1862
00002331144	JAMP-RAMIPRIL (CAPSULE)	JPC	\$	0.1862
00002420481	MAR-RAMIPRIL (CAPSULE)	MAR	\$	0.1862
00002421321	MINT-RAMIPRIL (CAPSULE)	MPI	\$	0.1862
00002301172	MYLAN-RAMIPRIL (CAPSULE)	MYP	\$	0.1862
00002247919	PMS-RAMIPRIL (CAPSULE)	PMS	\$	0.1862
00002332329	RAMIPRIL (CAPSULE)	RAN	\$	0.1862
00002374862	RAMIPRIL (CAPSULE)	SNS	\$	0.1862
00002411598	RAMIPRIL-10 (CAPSULE)	SIV	\$	0.1862
00002310546	RAN-RAMIPRIL (CAPSULE)	RAN	\$	0.1862
00002291436	SANDOZ RAMIPRIL (TABLET)	SDZ	\$	0.1862
00002247947	TEVA-RAMIPRIL (CAPSULE)	TEV	\$	0.1862
00002221853	ALTACE (CAPSULE)	SAV	\$	1.0553

SOTALOL HCL

160 MG ORAL TABLET

00002167794	APO-SOTALOL	APX	\$	0.1623
00002368625	JAMP-SOTALOL	JPC	\$	0.1623
00002229779	MYLAN-SOTALOL	MYP	\$	0.1623
00002231182	NOVO-SOTALOL	TEV	\$	0.1623
00002238327	PMS-SOTALOL	PMS	\$	0.1623
00002084236	RATIO-SOTALOL	TEV	\$	0.1623
00002257858	SANDOZ SOTALOL	SDZ	\$	0.1623
00002385996	SOTALOL	SIV	\$	0.1623

TRAZODONE HCL

50 MG ORAL TABLET

00002147637	APO-TRAZODONE	APX	\$	0.0554
00002231683	MYLAN-TRAZODONE	MYP	\$	0.0554
00001937227	PMS-TRAZODONE	PMS	\$	0.0554
00002144263	TEVA-TRAZODONE	TEV	\$	0.0554
00002348772	TRAZODONE	SNS	\$	0.0554

100 MG ORAL TABLET

00002147645	APO-TRAZODONE	APX	\$	0.0989
00002231684	MYLAN-TRAZODONE	MYP	\$	0.0989
00001937235	PMS-TRAZODONE	PMS	\$	0.0989
00002144271	TEVA-TRAZODONE	TEV	\$	0.0989
00002348780	TRAZODONE	SNS	\$	0.0989

150 MG ORAL TABLET

00002147653	APO-TRAZODONE D	APX	\$	0.1453
00002144298	TEVA-TRAZODONE	TEV	\$	0.1453
00002348799	TRAZODONE	SNS	\$	0.1453

VANCOMYCIN HCL

10 G / VIAL INJECTION

00002241807	STERILE VANCOMYCIN HCL	PPC	\$	589.9000
00002405830	VAL-VANCOMYCIN	VLP	\$	589.9000
RESTRICTED BENEFIT				

This Drug Product is a benefit for use by Home Parenteral Therapy (HPT) programs only.

PART 3

Special Authorization

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

DUTASTERIDE

"For the treatment of benign prostatic hyperplasia in patients who are poor surgical risks or who have enlarged prostates and have moderate to severe symptoms suggestive of obstruction.

Special authorization may be granted for 6 months"

Information is required regarding the medical condition(s) or circumstances by which this patient would be deemed a poor surgical risk.

All requests (including renewal requests) for dutasteride must be completed using the Dutasteride/Finasteride Special Authorization Request Form (ABC 31257).

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

0.5 MG ORAL CAPSULE

00002412691	ACT DUTASTERIDE	APH	\$	0.4205
00002404206	APO-DUTASTERIDE	APX	\$	0.4205
00002393220	PMS-DUTASTERIDE	PMS	\$	0.4205
00002424444	SANDOZ DUTASTERIDE	SDZ	\$	0.4205
00002408287	TEVA-DUTASTERIDE	TEV	\$	0.4205
00002247813	AVODART	GSK	\$	1.6819

VALGANCICLOVIR HCL

"For the treatment of CMV retinitis in patients with acquired immunodeficiency syndrome (AIDS)."

"Special authorization may be granted for 12 months."

"For the prevention of CMV disease in solid organ transplant patients at risk (i.e. risk is defined as donor +ve/recipient -ve for CMV, or recipient +ve post-active treatment of CMV disease with IV ganciclovir, or recipient +ve in patients receiving antilymphocyte antibody [ALA]).

For the purpose of administering this criterion, islet transplant recipients are at similar risk of CMV disease to patients undergoing a solid organ transplant and qualify for drug coverage."

"Special authorization may be granted for 100 days."

"For the prevention of CMV disease in kidney transplant patients at risk (i.e. risk is defined as donor +ve/recipient -ve for CMV, or recipient +ve post-active treatment of CMV disease with IV ganciclovir, or recipient +ve in patients receiving antilymphocyte antibody [ALA])."

"Special authorization may be granted for 200 days."

All requests for valganciclovir must be completed using the Valganciclovir Special Authorization Request Form (ABC 31483).

50 MG / ML ORAL SUSPENSION

00002306085	VALCYTE	HLR	\$	2.5791
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ALBERTA DRUG BENEFIT LIST UPDATE
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

VORICONAZOLE

"For the treatment of invasive aspergillosis for post-hospital discharge only."

"For treatment of culture proven invasive candidiasis with documented resistance to fluconazole."

"This medication must be prescribed in consultation with a specialist in Infectious Diseases."

50 MG ORAL TABLET

00002409674	APO-VORICONAZOLE	APX	\$ 3.1958
00002256460	VFEND	PFI	\$ 12.7830

200 MG ORAL TABLET

00002409682	APO-VORICONAZOLE	APX	\$ 12.7777
00002256479	VFEND	PFI	\$ 51.1109
