

Summary of Changes to the Alberta Drug Benefit List

Effective April 1, 2018



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* 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.

Table of Contents

| | |
|---|---|
| Special Authorization..... | 1 |
| ■ Drug Product(s) with Changes to Criteria for Coverage | 1 |
| Added Product(s) | 1 |
| Least Cost Alternative (LCA) Price Change(s)..... | 1 |
| Maximum Allowable Cost (MAC) Price Change(s) | 3 |
| Product(s) with a Price Change..... | 3 |
| Discontinued Listing(s) | 5 |
| Product(s) Removed from the ADBL as Price Policy Requirements Not Satisfied | 8 |

Special Authorization

Drug Product(s) with Changes to Criteria for Coverage

| <u>Trade Name / Strength / Form</u> | <u>Generic Description</u> | <u>DIN</u> | <u>MFR</u> |
|-------------------------------------|-----------------------------|-------------|------------|
| DAKLINZA 30 MG TABLET | DACLATASVIR DIHYDROCHLORIDE | 00002444747 | BMS |
| DAKLINZA 60 MG TABLET | DACLATASVIR DIHYDROCHLORIDE | 00002444755 | BMS |
| EPCLUSA 400 MG / 100 MG TABLET | SOFOSBUVIR/ VELPATASVIR | 00002456370 | GIL |
| HARVONI 400 MG / 90 MG TABLET | SOFOSBUVIR/ LEDIPASVIR | 00002432226 | GIL |
| HUMIRA 40 MG / SYRINGE INJECTION | ADALIMUMAB | 00002258595 | ABV |
| SOVALDI 400 MG TABLET | SOFOSBUVIR | 00002418355 | GIL |
| XOLAIR 150 MG / VIAL INJECTION | OMALIZUMAB | 00002260565 | NOV |
| ZEPATIER 50 MG / 100 MG TABLET | ELBASVIR/ GRAZOPREVIR | 00002451131 | MFC |

Added Product(s)

| <u>Trade Name / Strength / Form</u> | <u>Generic Description</u> | <u>DIN</u> | <u>MFR</u> |
|--|----------------------------|-------------|------------|
| ACT DEXTROAMPHETAMINE SR 15 MG SUSTAINED-RELEASE CAPSULE | DEXTROAMPHETAMINE SULFATE | 00002448327 | APH |
| METOJECT SUBCUTANEOUS 17.5 MG / SYRINGE INJECTION | METHOTREXATE SODIUM | 00002454769 | MDX |
| METOJECT SUBCUTANEOUS 20 MG / SYRINGE INJECTION | METHOTREXATE SODIUM | 00002454866 | MDX |
| METOJECT SUBCUTANEOUS 22.5 MG / SYRINGE INJECTION | METHOTREXATE SODIUM | 00002454777 | MDX |
| METOJECT SUBCUTANEOUS 25 MG / SYRINGE INJECTION | METHOTREXATE SODIUM | 00002454874 | MDX |
| SERTRALINE 25 MG CAPSULE | SERTRALINE HCL | 00002469626 | JPC |
| SERTRALINE 50 MG CAPSULE | SERTRALINE HCL | 00002469634 | JPC |
| SERTRALINE 100 MG CAPSULE | SERTRALINE HCL | 00002469642 | JPC |

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 May 1, 2018. Groupings affected by a price increase, will be effective April 1, 2018.

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

| <u>Generic Description</u> | <u>Strength / Form</u> | <u>New LCA Price</u> |
|----------------------------|----------------------------|----------------------|
| AMCINONIDE | 0.1% TOPICAL CREAM | 0.2146 |
| CARBAMAZEPINE | 20 MG / ML ORAL SUSPENSION | 0.0679 |

SUMMARY OF CHANGES TO THE ALBERTA DRUG BENEFIT LIST

Least Cost Alternative (LCA) Price Change(s), continued

| <u>Generic Description</u> | <u>Strength / Form</u> | <u>New LCA Price</u> |
|----------------------------------|---------------------------------|----------------------|
| CLOBAZAM | 10 MG TABLET | 0.1210 |
| CODEINE PHOSPHATE/ ACETAMINOPHEN | 60 MG / 300 MG TABLET | 0.1605 |
| DESMOPRESSIN ACETATE | 0.1 MG TABLET | 0.6609 |
| DESMOPRESSIN ACETATE | 0.2 MG TABLET | 1.3216 |
| ESTRADIOL-17B | 50 MCG / DAY TRANSDERMAL PATCH | 2.5331 |
| ESTRADIOL-17B | 75 MCG / DAY TRANSDERMAL PATCH | 2.7169 |
| ESTRADIOL-17B | 100 MCG / DAY TRANSDERMAL PATCH | 2.8744 |
| HYDROMORPHONE HCL | 1 MG / ML ORAL LIQUID | 0.0750 |
| HYDROXYZINE HCL | 2 MG / ML ORAL SYRUP | 0.0530 |
| IPRATROPIUM BROMIDE | 0.03% NASAL SPRAY | 0.8470 |
| LEVOTHYROXINE SODIUM | 0.05 MG TABLET | 0.0310 |
| LEVOTHYROXINE SODIUM | 0.1 MG TABLET | 0.0381 |
| LEVOTHYROXINE SODIUM | 0.15 MG TABLET | 0.0430 |
| LEVOTHYROXINE SODIUM | 0.2 MG TABLET | 0.0455 |
| MOMETASONE FUROATE | 0.1% TOPICAL LOTION | 0.3788 |
| PHENYTOIN | 25 MG / ML ORAL SUSPENSION | 0.0411 |
| PIMOZIDE | 4 MG TABLET | 0.4308 |
| PIOGLITAZONE HCL | 15 MG TABLET | 0.3170 |
| PIOGLITAZONE HCL | 30 MG TABLET | 0.4550 |
| PIOGLITAZONE HCL | 45 MG TABLET | 0.6900 |
| PREDNISOLONE SODIUM PHOSPHATE | 1 MG / ML ORAL LIQUID | 0.1132 |
| SUCRALFATE | 1 G TABLET | 0.1443 |
| TEMAZEPAM | 15 MG CAPSULE | 0.1489 |
| TEMAZEPAM | 30 MG CAPSULE | 0.1790 |
| TRIAMCINOLONE ACETONIDE | 40 MG / ML INJECTION | 5.7750 |
| VALPROIC ACID | 250 MG CAPSULE | 0.2905 |
| VALPROIC ACID | 50 MG / ML ORAL SYRUP | 0.0605 |

Maximum Allowable Cost (MAC) Price Changes

The following Maximum Allowable Cost (MAC) Grouping(s) are affected and a revised MAC price has been established. Groupings affected by a price decrease, will be effective May 1, 2018. Groupings affected by a price increase, will be effective April 1, 2018.

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

| <u>Generic Description</u> | <u>Strength / Form</u> | <u>Reference Product</u> | <u>New MAC Price</u> |
|---------------------------------|------------------------------------|--|----------------------|
| KETOPROFEN | 200 MG SUSTAINED-RELEASE TABLET | KETOPROFEN 100 MG ENTERIC-COATED TABLET | 1.4210 |
| POTASSIUM CHLORIDE (K+)(CL-) | 1.33 MEQ ORAL LIQUID | POTASSIUM CHLORIDE (K+)(CL-) 1.33 MEQ ORAL LIQUID | 0.0146 |

Product(s) with a Price Change

The following product(s) had a Price Decrease. The previous higher price will be recognized until April 30, 2018. For products within an established LCA or MAC Grouping, the established LCA or MAC price may apply. Please see the April 1, 2018 ADBL for a complete listing of products and their corresponding prices.

| <u>Trade Name / Strength / Form</u> | <u>Generic Description</u> | <u>DIN</u> | <u>MFR</u> |
|---|--|-------------|------------|
| ACCEL-PIOGLITAZONE 15 MG TABLET | PIOGLITAZONE HCL | 00002303442 | ACP |
| ACCEL-PIOGLITAZONE 30 MG TABLET | PIOGLITAZONE HCL | 00002303450 | ACP |
| ACCEL-PIOGLITAZONE 45 MG TABLET | PIOGLITAZONE HCL | 00002303469 | ACP |
| ACT LOSARTAN 50 MG TABLET | LOSARTAN POTASSIUM | 00002354837 | APH |
| ACT LOSARTAN 100 MG TABLET | LOSARTAN POTASSIUM | 00002354845 | APH |
| ACUVAIL 0.45% OPHTHALMIC SOLUTION | KETOROLAC TROMETHAMINE | 00002369362 | ALL |
| ANUGESIC-HC 0.5% / 1% / 0.5% RECTAL OINTMENT | HYDROCORTISONE ACETATE/ PRAMOXINE HCL/ ZINC SULFATE | 00000505781 | MCL |
| ANUGESIC-HC 10 MG / 20 MG / 10 MG RECTAL SUPPOSITORY | HYDROCORTISONE ACETATE/ PRAMOXINE HCL/ ZINC SULFATE | 00000476242 | MCL |
| APO-LOSARTAN 25 MG TABLET | LOSARTAN POTASSIUM | 00002379058 | APX |
| APO-LOSARTAN 50 MG TABLET | LOSARTAN POTASSIUM | 00002353504 | APX |
| APO-LOSARTAN 100 MG TABLET | LOSARTAN POTASSIUM | 00002353512 | APX |
| AURO-LOSARTAN 25 MG TABLET | LOSARTAN POTASSIUM | 00002403323 | AUR |
| AURO-LOSARTAN 50 MG TABLET | LOSARTAN POTASSIUM | 00002403331 | AUR |
| AURO-LOSARTAN 100 MG TABLET | LOSARTAN POTASSIUM | 00002403358 | AUR |
| BIO-LOSARTAN 25 MG TABLET | LOSARTAN POTASSIUM | 00002445964 | BMD |
| BIO-LOSARTAN 50 MG TABLET | LOSARTAN POTASSIUM | 00002445972 | BMD |
| BIO-LOSARTAN 100 MG TABLET | LOSARTAN POTASSIUM | 00002445980 | BMD |
| BRENZYS 50 MG / SYRINGE AUTO INJECTOR SYRINGE | ETANERCEPT | 00002455331 | SSB |

SUMMARY OF CHANGES TO THE ALBERTA DRUG BENEFIT LIST

Product(s) with a Price Change, continued

| <u>Trade Name / Strength / Form</u> | <u>Generic Description</u> | <u>DIN</u> | <u>MFR</u> |
|--|----------------------------|-------------|------------|
| BRENZYS 50 MG / SYRINGE INJECTION | ETANERCEPT | 00002455323 | SSB |
| ISOPTIN SR 240 MG SUSTAINED-RELEASE TABLET | VERAPAMIL HCL | 00000742554 | BGP |
| JAMP-K 8 8 MEQ SUSTAINED-RELEASE TABLET | POTASSIUM CHLORIDE (K+) | 00080013005 | JPC |
| JAMP-LOSARTAN 25 MG TABLET | LOSARTAN POTASSIUM | 00002398834 | JPC |
| JAMP-LOSARTAN 50 MG TABLET | LOSARTAN POTASSIUM | 00002398842 | JPC |
| JAMP-LOSARTAN 100 MG TABLET | LOSARTAN POTASSIUM | 00002398850 | JPC |
| JAMP-ZOLMITRIPTAN ODT 2.5 MG ORAL DISPERSIBLE TABLET | ZOLMITRIPTAN | 00002428237 | JPC |
| LOSARTAN 25 MG TABLET | LOSARTAN POTASSIUM | 00002388790 | SIV |
| LOSARTAN 50 MG TABLET | LOSARTAN POTASSIUM | 00002388804 | SIV |
| LOSARTAN 100 MG TABLET | LOSARTAN POTASSIUM | 00002388812 | SIV |
| MINT-LOSARTAN 25 MG TABLET | LOSARTAN POTASSIUM | 00002405733 | MPI |
| MINT-LOSARTAN 50 MG TABLET | LOSARTAN POTASSIUM | 00002405741 | MPI |
| MINT-LOSARTAN 100 MG TABLET | LOSARTAN POTASSIUM | 00002405768 | MPI |
| PMS-SALBUTAMOL POLYNEB 2 MG / ML INHALATION UNIT DOSE SOLUTION | SALBUTAMOL SULFATE | 00002208237 | PMS |
| SANDOZ LOSARTAN 25 MG TABLET | LOSARTAN POTASSIUM | 00002313332 | SDZ |
| SANDOZ LOSARTAN 50 MG TABLET | LOSARTAN POTASSIUM | 00002313340 | SDZ |
| SANDOZ LOSARTAN 100 MG TABLET | LOSARTAN POTASSIUM | 00002313359 | SDZ |
| TEVA-LOSARTAN 25 MG TABLET | LOSARTAN POTASSIUM | 00002380838 | TEV |
| TEVA-LOSARTAN 50 MG TABLET | LOSARTAN POTASSIUM | 00002357968 | TEV |
| TEVA-LOSARTAN 100 MG TABLET | LOSARTAN POTASSIUM | 00002357976 | TEV |
| TEVA-SALBUTAMOL STERINEBS P.F. 2 MG / ML INHALATION UNIT DOSE SOLUTION | SALBUTAMOL SULFATE | 00002173360 | TEV |
| VAN-PIOGLITAZONE 15 MG TABLET | PIOGLITAZONE HCL | 00002434121 | VAN |
| VAN-PIOGLITAZONE 30 MG TABLET | PIOGLITAZONE HCL | 00002434148 | VAN |
| VAN-PIOGLITAZONE 45 MG TABLET | PIOGLITAZONE HCL | 00002434156 | VAN |
| VAN-ZOLMITRIPTAN ODT 2.5 MG ORAL DISPERSIBLE TABLET | ZOLMITRIPTAN | 00002438763 | VAN |

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 April 1, 2018, 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 May 1, 2018 claims will no longer pay for these products.

| <u>Trade Name / Strength / Form</u> | <u>Generic Description</u> | <u>DIN</u> | <u>MFR</u> |
|--|--|-------------|------------|
| ACT BETAHISTINE 16 MG TABLET | BETAHISTINE DIHYDROCHLORIDE | 00002374757 | APH |
| ACT ETIDRONATE 200 MG TABLET | ETIDRONATE DISODIUM | 00002248686 | APH |
| ACT LOSARTAN 25 MG TABLET | LOSARTAN POTASSIUM | 00002354829 | APH |
| ACT LOSARTAN / HCT 100 MG / 12.5 MG TABLET | LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE | 00002388278 | APH |
| ARANESP (0.3 / 0.4 / 0.5 ML SYRINGE) 100 MCG INJECTION | DARBEPOETIN | 00002246357 | AMG |
| ARANESP (0.3 / 0.4 / 0.5 / 0.65 ML SYRINGE) 200 MCG INJECTION | DARBEPOETIN | 00002246358 | AMG |
| ARANESP (0.3 / 0.4 / 0.6 / 1.0 ML SYRINGE) 500 MCG INJECTION | DARBEPOETIN | 00002246360 | AMG |
| ARANESP (0.4 ML SYRINGE) 10 MCG INJECTION SYRINGE | DARBEPOETIN | 00002246354 | AMG |
| ARANESP (0.5 ML SYRINGE) 20 MCG INJECTION SYRINGE | DARBEPOETIN | 00002246355 | AMG |
| BENTYLOL 10 MG TABLET | DICYCLOMINE HCL | 00002103087 | AXC |
| BENTYLOL 20 MG TABLET | DICYCLOMINE HCL | 00002103095 | AXC |
| CEFPROZIL 250 MG TABLET | CEFPROZIL | 00002332035 | RAN |
| CEFPROZIL 500 MG TABLET | CEFPROZIL | 00002332043 | RAN |
| CEFZIL 25 MG ORAL SUSPENSION | CEFPROZIL | 00002163675 | BMS |
| CLOXACILLIN SODIUM 500 MG INJECTION | CLOXACILLIN SODIUM | 00001912429 | TEV |
| CLOXACILLIN SODIUM 1 G INJECTION | CLOXACILLIN SODIUM | 00001975447 | TEV |
| CLOXACILLIN SODIUM 2 G INJECTION | CLOXACILLIN SODIUM | 00001912410 | TEV |
| CO LISINOPRIL 10 MG TABLET | LISINOPRIL | 00002271451 | APH |
| CO LISINOPRIL 20 MG TABLET | LISINOPRIL | 00002271478 | APH |
| CYCLOCORT 0.1% TOPICAL LOTION | AMCINONIDE | 00002192276 | GSK |
| CYCLOCORT 0.1% TOPICAL OINTMENT | AMCINONIDE | 00002192268 | GSK |
| DIPROLENE GLYCOL 0.05 % TOPICAL GLYCOL LOTION | BETAMETHASONE DIPROPIONATE | 00000862975 | MFC |
| FLUCONAZOLE 2 MG INJECTION | FLUCONAZOLE | 00002247922 | TEV |
| LUTERA 21 100 MCG / 20 MCG TABLET | LEVONORGESTREL/ ETHINYL ESTRADIOL | 00002401185 | APH |

Discontinued Listing(s), continued

| <u>Trade Name / Strength / Form</u> | <u>Generic Description</u> | <u>DIN</u> | <u>MFR</u> |
|---|---------------------------------------|-------------|------------|
| LUTERA 28 100 MCG / 20 MCG TABLET | LEVONORGESTREL/ ETHINYL ESTRADIOL | 00002401207 | APH |
| MINT-RIVASTIGMINE 1.5 MG CAPSULE | RIVASTIGMINE HYDROGEN TARTRATE | 00002406985 | MPI |
| MINT-RIVASTIGMINE 3 MG CAPSULE | RIVASTIGMINE HYDROGEN TARTRATE | 00002406993 | MPI |
| MINT-RIVASTIGMINE 4.5 MG CAPSULE | RIVASTIGMINE HYDROGEN TARTRATE | 00002407000 | MPI |
| MINT-RIVASTIGMINE 6 MG CAPSULE | RIVASTIGMINE HYDROGEN TARTRATE | 00002407019 | MPI |
| MINT-RIZATRIPTAN ODT 5 MG DISINTEGRATING TABLET | RIZATRIPTAN BENZOATE | 00002439573 | MPI |
| MINT-RIZATRIPTAN ODT 10 MG DISINTEGRATING TABLET | RIZATRIPTAN BENZOATE | 00002439581 | MPI |
| NOVAMILOR 50 MG / 5 MG TABLET | HYDROCHLOROTHIAZIDE/ AMILORIDE HCL | 00001937219 | TEV |
| NOVO-CILAZAPRIL 2.5 MG TABLET | CILAZAPRIL | 00002266369 | TEV |
| NOVO-CLOBETASOL 0.05% TOPICAL CREAM | CLOBETASOL 17-PROPIONATE | 00002093162 | TEV |
| NOVO-CLOBETASOL 0.05% TOPICAL OINTMENT | CLOBETASOL 17-PROPIONATE | 00002126192 | TEV |
| NOVO-FLURPROFEN 50 MG TABLET | FLURBIPROFEN | 00002100509 | TEV |
| NOVO-FLURPROFEN 100 MG TABLET | FLURBIPROFEN | 00002100517 | TEV |
| NOVO-HYDROXYZIN 10 MG CAPSULE | HYDROXYZINE HCL | 00000738824 | TEV |
| NOVO-RIVASTIGMINE 1.5 MG CAPSULE | RIVASTIGMINE HYDROGEN TARTRATE | 00002305984 | TEV |
| NOVO-RIVASTIGMINE 3 MG CAPSULE | RIVASTIGMINE HYDROGEN TARTRATE | 00002305992 | TEV |
| NOVO-RIVASTIGMINE 4.5 MG CAPSULE | RIVASTIGMINE HYDROGEN TARTRATE | 00002306018 | TEV |
| NOVO-RIVASTIGMINE 6 MG CAPSULE | RIVASTIGMINE HYDROGEN TARTRATE | 00002306026 | TEV |
| PEGETRON CLEARCLICK (KIT) 100 MCG / 200 MG INJECTION SYRINGE / CAPSULE | PEGINTERFERON ALFA-2B/ RIBAVIRIN | 00002254603 | MFC |
| PMS-DILTIAZEM CD 240 MG CONTROLLED- DELIVERY CAPSULE | DILTIAZEM HCL | 00002355779 | PMS |
| PMS-DILTIAZEM CD 300 MG CONTROLLED- DELIVERY CAPSULE | DILTIAZEM HCL | 00002355787 | PMS |
| PMS-DORZOLAMIDE-TIMOLOL 2% / 0.5% OPHTHALMIC SOLUTION | DORZOLAMIDE HCL/ TIMOLOL MALEATE | 00002442426 | PMS |
| PMS-HYDROMORPHONE 3 MG RECTAL SUPPOSITORY | HYDROMORPHONE HCL | 00001916394 | PMS |
| PMS-KETOPROFEN 100 MG RECTAL SUPPOSITORY | KETOPROFEN | 00002015951 | PMS |
| PMS-LEVOCARB CR 100 MG / 25 MG SUSTAINED-RELEASE TABLET | LEVODOPA/ CARBIDOPA | 00002421488 | PMS |

SUMMARY OF CHANGES TO THE ALBERTA DRUG BENEFIT LIST

Discontinued Listing(s), continued

| <u>Trade Name / Strength / Form</u> | <u>Generic Description</u> | <u>DIN</u> | <u>MFR</u> |
|--|--|-------------|------------|
| PMS-LEVOCARB CR 200 MG / 50 MG SUSTAINED-RELEASE TABLET | LEVODOPA/ CARBIDOPA | 00002421496 | PMS |
| PMS-LEVOFLOXACIN 250 MG TABLET | LEVOFLOXACIN | 00002284677 | PMS |
| PMS-LEVOFLOXACIN 750 MG TABLET | LEVOFLOXACIN | 00002305585 | PMS |
| PMS-PAROXETINE 40 MG TABLET | PAROXETINE HCL | 00002293749 | PMS |
| PMS-RISPERIDONE ODT 1 MG DISINTEGRATING TABLET | RISPERIDONE | 00002291789 | PMS |
| PMS-RISPERIDONE ODT 2 MG DISINTEGRATING TABLET | RISPERIDONE | 00002291797 | PMS |
| PMS-RISPERIDONE ODT 3 MG DISINTEGRATING TABLET | RISPERIDONE | 00002370697 | PMS |
| PMS-RISPERIDONE ODT 4 MG DISINTEGRATING TABLET | RISPERIDONE | 00002370700 | PMS |
| PREVEX B 0.1% TOPICAL OCCLUSIVE CREAM | BETAMETHASONE VALERATE | 00000804541 | GSK |
| RATIO-ACLAVULANATE 875 MG / 125 MG TABLET | AMOXICILLIN TRIHYDRATE/ CLAVULANATE POTASSIUM | 00002247021 | TEV |
| RATIO-ACYCLOVIR 200 MG TABLET | ACYCLOVIR | 00002078627 | TEV |
| RATIO-ACYCLOVIR 400 MG TABLET | ACYCLOVIR | 00002078635 | TEV |
| RATIO-ACYCLOVIR 800 MG TABLET | ACYCLOVIR | 00002078651 | TEV |
| RATIO-BACLOFEN 20 MG TABLET | BACLOFEN | 00002236508 | TEV |
| RATIO-BUPROPION SR 150 MG SUSTAINED- RELEASE TABLET | BUPROPION HCL | 00002285665 | TEV |
| RATIO-CEFUROXIME 250 MG TABLET | CEFUROXIME AXETIL | 00002242656 | TEV |
| RATIO-IPRATROPIUM UDV 125 MCG INHALATION UNIT DOSE SOLUTION | IPRATROPIUM BROMIDE | 00002097176 | TEV |
| RATIO-MORPHINE 1 MG ORAL SYRUP | MORPHINE HCL | 00000607762 | TEV |
| RATIO-MORPHINE 5 MG ORAL SYRUP | MORPHINE HCL | 00000607770 | TEV |
| RATIO-MORPHINE 10 MG ORAL SYRUP | MORPHINE HCL | 00000690783 | TEV |
| RATIO-MORPHINE 20 MG ORAL SYRUP | MORPHINE HCL | 00000690791 | TEV |
| RATIO-SALBUTAMOL UNIT DOSE P.F. 0.5 MG INHALATION SOLUTION | SALBUTAMOL SULFATE | 00002239365 | 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 |
| REMINYL ER 24 MG EXTENDED-RELEASE CAPSULE | GALANTAMINE HYDROBROMIDE | 00002266733 | JAI |

Discontinued Listing(s), continued

| <u>Trade Name / Strength / Form</u> | <u>Generic Description</u> | <u>DIN</u> | <u>MFR</u> |
|--|--------------------------------|-------------|------------|
| REQUIP 1 MG TABLET | ROPINIROLE HCL | 00002232567 | GSK |
| REQUIP 2 MG TABLET | ROPINIROLE HCL | 00002232568 | GSK |
| REQUIP 5 MG TABLET | ROPINIROLE HCL | 00002232569 | GSK |
| SINEMET 100 / 10 100 MG / 10 MG TABLET | LEVODOPA/ CARBIDOPA | 00000355658 | MFC |
| SLOW K 8 MEQ SUSTAINED-RELEASE TABLET | POTASSIUM CHLORIDE (K+) | 00080040226 | NOV |
| TEGRETOL 100 MG CHEWABLE TABLET | CARBAMAZEPINE | 00000369810 | NOV |
| TEGRETOL 200 MG CHEWABLE TABLET | CARBAMAZEPINE | 00000665088 | NOV |
| TEVA-TAMSULOSIN 0.4 MG SUSTAINED-RELEASE CAPSULE | TAMSULOSIN HCL | 00002281392 | TEV |
| TEVA-TRIMEL 400 MG / 80 MG TABLET | SULFAMETHOXAZOLE/ TRIMETHOPRIM | 00000510637 | TEV |
| TEVA-TRIMEL DS 800 MG / 160 MG TABLET | SULFAMETHOXAZOLE/ TRIMETHOPRIM | 00000510645 | TEV |
| VALACYCLOVIR 1000 MG TABLET | VALACYCLOVIR | 00002442019 | SIV |
| VANCOMYCIN HYDROCHLORIDE 125 MG CAPSULE | VANCOMYCIN HCL | 00002377470 | FKC |
| VANCOMYCIN HYDROCHLORIDE 250 MG CAPSULE | VANCOMYCIN HCL | 00002377489 | FKC |
| ZANTAC 150 MG TABLET | RANITIDINE HCL | 00002212331 | GSK |
| ZANTAC 300 MG TABLET | RANITIDINE HCL | 00002212358 | GSK |

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 April 1, 2018, 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 May 1, 2018 claims will no longer pay for these products.

| <u>Trade Name / Strength / Form</u> | <u>Generic Description</u> | <u>DIN</u> | <u>MFR</u> |
|--|----------------------------|-------------|------------|
| AG-ZOLMITRIPTAN ODT 2.5 MG ORAL DISPERSIBLE TABLET | ZOLMITRIPTAN | 00002438453 | AGP |
| ALLERJECT 0.15 MG / SYRINGE INJECTION | EPINEPHRINE | 00002382059 | KAI |
| ALLERJECT 0.3 MG / SYRINGE INJECTION | EPINEPHRINE | 00002382067 | KAI |
| GD-AZITHROMYCIN 20 MG / ML ORAL SUSPENSION | AZITHROMYCIN | 00002274566 | GMD |
| LOSARTAN 25 MG TABLET | LOSARTAN POTASSIUM | 00002388863 | SNS |
| LOSARTAN 50 MG TABLET | LOSARTAN POTASSIUM | 00002388871 | SNS |
| LOSARTAN 100 MG TABLET | LOSARTAN POTASSIUM | 00002388898 | SNS |
| NORFLOX 400 MG TABLET | NORFLOXACIN | 00002229524 | AAP |

SUMMARY OF CHANGES TO THE ALBERTA DRUG BENEFIT LIST

Product(s) Removed from the ADBL as Price Policy Requirements not Satisfied, continued

| <u>Trade Name / Strength / Form</u> | <u>Generic Description</u> | <u>DIN</u> | <u>MFR</u> |
|---|-------------------------------|-------------|------------|
| ORGARAN 1250 UNIT / ML INJECTION | DANAPAROID SODIUM | 00002129043 | ASN |
| PMS-RAMIPRIL-HCTZ 2.5 MG / 12.5 MG TABLET | RAMIPRIL/ HYDROCHLOROTHIAZIDE | 00002342138 | PMS |
| PMS-RAMIPRIL-HCTZ 5 MG / 12.5 MG TABLET | RAMIPRIL/ HYDROCHLOROTHIAZIDE | 00002342146 | PMS |
| PMS-RAMIPRIL-HCTZ 5 MG / 25 MG TABLET | RAMIPRIL/ HYDROCHLOROTHIAZIDE | 00002342162 | PMS |
| SINEQUAN 10 MG CAPSULE | DOXEPIN HCL | 00000024325 | AAP |
| SINEQUAN 25 MG CAPSULE | DOXEPIN HCL | 00000024333 | AAP |
| SINEQUAN 50 MG CAPSULE | DOXEPIN HCL | 00000024341 | AAP |
| TEVA-ZOLMITRIPTAN OD 2.5 MG ORAL DISPERSIBLE TABLET | ZOLMITRIPTAN | 00002342545 | TEV |