

Summary of Changes to the Alberta Drug Benefit List

Effective April 1, 2020



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Website: <https://www.alberta.ca/drug-benefit-list-and-drug-review-process.aspx>

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.

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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.

New Drug Product(s) Available by Special Authorization

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
PREVYMIS 20 MG / ML (240 MG / 12 ML) INJECTION	LETTERMOVIR	00002469367	MFC
PREVYMIS 20 MG / ML (480 MG / 24 ML) INJECTION	LETTERMOVIR	00002469405	MFC
PREVYMIS 240 MG TABLET	LETTERMOVIR	00002469375	MFC
PREVYMIS 480 MG TABLET	LETTERMOVIR	00002469383	MFC

Added Product(s)

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
METOJECT SUBCUTANEOUS 10 MG / SYRINGE INJECTION	METHOTREXATE SODIUM	00002454831	MDX
METOJECT SUBCUTANEOUS 12.5 MG / SYRINGE INJECTION	METHOTREXATE SODIUM	00002454750	MDX
METOJECT SUBCUTANEOUS 15 MG / SYRINGE INJECTION	METHOTREXATE SODIUM	00002454858	MDX

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, 2020. Groupings affected by a price increase, will be effective April 1, 2020. Please review the online Alberta Drug Benefit List at https://www.ab.bluecross.ca/dbl/idbl_main1.php for further information.

<u>Generic Description</u>	<u>Strength / Form</u>	<u>New LCA Price</u>
AMOXICILLIN TRIHYDRATE/ CLAVULANATE POTASSIUM	875 MG / 125 MG TABLET	1.1103
CEFUROXIME AXETIL	250 MG TABLET	0.8388
LEFLUNOMIDE	10 MG TABLET	2.1146
LEFLUNOMIDE	20 MG TABLET	2.1146
METHYLPHENIDATE HCL	10 MG TABLET	0.2216
ONDANSETRON HCL DIHYDRATE	4 MG TABLET	2.6790
ONDANSETRON HCL DIHYDRATE	8 MG TABLET	4.0880
QUINAPRIL	10 MG TABLET	0.4642
QUINAPRIL	20 MG TABLET	0.4642

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

<u>Generic Description</u>	<u>Strength / Form</u>	<u>New LCA Price</u>
QUINAPRIL	40 MG TABLET	0.4642
RAMIPRIL/ HYDROCHLOROTHIAZIDE	10 MG / 12.5 MG TABLET	0.2634
RAMIPRIL/ HYDROCHLOROTHIAZIDE	10 MG / 25 MG TABLET	0.2634
RIZATRIPTAN BENZOATE	5 MG DISINTEGRATING TABLET	2.9633
RIZATRIPTAN BENZOATE	10 MG DISINTEGRATING TABLET	2.9633

Product(s) with a Price Change

The following product(s) had a Price Change. The previous higher price will be recognized until April 30, 2020. For products within an established IC Grouping, the LCA price may apply. Please see the April 1, 2020 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-LEFLUNOMIDE 10 MG TABLET	LEFLUNOMIDE	00002478862	ACP
ACCEL-LEFLUNOMIDE 20 MG TABLET	LEFLUNOMIDE	00002478870	ACP
ACCEL-ONDANSETRON 4 MG TABLET	ONDANSETRON HCL DIHYDRATE	00002478927	ACP
ACCEL-ONDANSETRON 8 MG TABLET	ONDANSETRON HCL DIHYDRATE	00002478935	ACP
ACCEL-RIZATRIPTAN ODT 5 MG DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002483270	ACP
ACCEL-RIZATRIPTAN ODT 10 MG DISINTEGRATING TABLET	RIZATRIPTAN BENZOATE	00002483289	ACP
APO-AMOXI CLAV 875 MG / 125 MG TABLET	AMOXICILLIN TRIHYDRATE/ CLAVULANATE POTASSIUM	00002245623	APX
APO-CEFUROXIME 250 MG TABLET	CEFUROXIME AXETIL	00002244393	APX
APO-METHYLPHENIDATE 10 MG TABLET	METHYLPHENIDATE HCL	00002249324	APX
APO-QUINAPRIL 10 MG TABLET	QUINAPRIL	00002248500	APX
APO-QUINAPRIL 20 MG TABLET	QUINAPRIL	00002248501	APX
APO-QUINAPRIL 40 MG TABLET	QUINAPRIL	00002248502	APX
AURO-CEFUROXIME 250 MG TABLET	CEFUROXIME AXETIL	00002344823	AUR
AZARGA 1 % / 0.5 % OPHTHALMIC SUSPENSION	BRINZOLAMIDE/ TIMOLOL MALEATE	00002331624	NOV
DUOTRAV PQ 0.004 % / 0.5 % OPHTHALMIC SOLUTION	TRAVOPROST/ TIMOLOL MALEATE	00002278251	NOV
FONDAPARINUX SODIUM (0.6 ML SYRINGE) 7.5 MG INJECTION SYRINGE	FONDAPARINUX SODIUM	00002406896	DRL
MYLAN-NITRO PATCH 0.4 MG / HR TRANSDERMAL PATCH	NITROGLYCERIN	00002407450	MYP

Product(s) with a Price Change, continued

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
MYLAN-NITRO PATCH 0.6 MG / HR TRANSDERMAL PATCH	NITROGLYCERIN	00002407469	MYP
PMS-METHYLPHENIDATE 10 MG TABLET	METHYLPHENIDATE HCL	00000584991	PMS
PMS-QUINAPRIL 10 MG TABLET	QUINAPRIL	00002340569	PMS
PMS-QUINAPRIL 20 MG TABLET	QUINAPRIL	00002340577	PMS
PMS-QUINAPRIL 40 MG TABLET	QUINAPRIL	00002340585	PMS
PMS-RAMIPRIL-HCTZ 10 MG / 12.5 MG TABLET	RAMIPRIL/ HYDROCHLOROTHIAZIDE	00002342154	PMS
PMS-RAMIPRIL-HCTZ 10 MG / 25 MG TABLET	RAMIPRIL/ HYDROCHLOROTHIAZIDE	00002342170	PMS
RAN-RAMIPRIL HCTZ 10 MG / 12.5 MG TABLET	RAMIPRIL/ HYDROCHLOROTHIAZIDE	00002449455	RAN
RAN-RAMIPRIL HCTZ 10 MG / 25 MG TABLET	RAMIPRIL/ HYDROCHLOROTHIAZIDE	00002449471	RAN
RATIO-TOPISALIC 0.5 MG / ML / 20 MG / ML TOPICAL LOTION	BETAMETHASONE DIPROPIONATE/ SALICYLIC ACID	00002245688	TEV
SANDOZ AMOXI-CLAV 875 MG / 125 MG TABLET	AMOXICILLIN TRIHYDRATE/ CLAVULANATE POTASSIUM	00002482584	SDZ
SOLYSTAT ORAL POWDER	SODIUM POLYSTYRENE SULFONATE	00000755338	PPH
SULFATRIM DS 800 MG / 160 MG TABLET	SULFAMETHOXAZOLE/ TRIMETHOPRIM	00000445282	AAP
TEVA-TOPISONE 0.05% TOPICAL LOTION	BETAMETHASONE DIPROPIONATE	00000809187	TEV

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, 2020, 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, 2020 claims will no longer pay for these products.

<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
APO-CLINDAMYCIN 150 MG CAPSULE	CLINDAMYCIN HCL	00002245232	APX
APO-CLINDAMYCIN 300 MG CAPSULE	CLINDAMYCIN HCL	00002245233	APX
BETAGAN 0.5 % OPHTHALMIC SOLUTION	LEVOBUNOLOL HCL	00000637661	ALL
DEMULEN 30 (21 DAY) 2 MG / 30 MCG TABLET	ETHYNODIOL DIACETATE/ ETHINYL ESTRADIOL	00000469327	PFI
DEMULEN 30 (28 DAY) 2 MG / 30 MCG TABLET	ETHYNODIOL DIACETATE/ ETHINYL ESTRADIOL	00000471526	PFI
DEXIRON 50 MG / ML INJECTION	IRON DEXTRAN COMPLEX	00002205963	LPI
ENGERIX-B 20 MCG / ML INJECTION	HEPATITIS B SURFACE ANTIGEN (RECOMBINANT)	00001919431	GSK

Discontinued Listing(s), continued

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
FOLIC ACID 5 MG / ML INJECTION	FOLIC ACID	00000816086	SDZ
HYDROMORPHONE HP 50 MG / ML INJECTION	HYDROMORPHONE HCL	00002146126	SDZ
KETOROLAC TROMETHAMINE 30 MG / ML INJECTION	KETOROLAC TROMETHAMINE	00002239944	SDZ
MYLAN-ENALAPRIL 2.5 MG TABLET	ENALAPRIL MALEATE	00002300036	MYP
MYLAN-ENALAPRIL 5 MG TABLET	ENALAPRIL MALEATE	00002300044	MYP
MYLAN-ENALAPRIL 10 MG TABLET	ENALAPRIL MALEATE	00002300052	MYP
MYLAN-ENALAPRIL 20 MG TABLET	ENALAPRIL MALEATE	00002300060	MYP
PMS-CYPROHEPTADINE HCL 4 MG TABLET	CYPROHEPTADINE HCL	00000757713	PPH
RAN-FENTANYL MATRIX 12 MCG / HR TRANSDERMAL PATCH	FENTANYL	00002330105	RAN
RAN-FENTANYL MATRIX 25 MCG / HR TRANSDERMAL PATCH	FENTANYL	00002330113	RAN
RAN-FENTANYL MATRIX 75 MCG / HR TRANSDERMAL PATCH	FENTANYL	00002330148	RAN
RAN-FENTANYL MATRIX 100 MCG / HR TRANSDERMAL PATCH	FENTANYL	00002330156	RAN
SANDOZ ANUZINC HC 0.5 % / 0.5 % RECTAL OINTMENT	HYDROCORTISONE ACETATE/ ZINC SULFATE	00002247691	SDZ
SANDOZ DILTIAZEM T 240 MG EXTENDED-RELEASE CAPSULE	DILTIAZEM HCL	00002245920	SDZ
SANDOZ DILTIAZEM T 300 MG EXTENDED-RELEASE CAPSULE	DILTIAZEM HCL	00002245921	SDZ
SANDOZ METOPROLOL (TYPE L) 50 MG TABLET	METOPROLOL TARTRATE	00002354187	SDZ
SANDOZ METOPROLOL (TYPE L) 100 MG TABLET	METOPROLOL TARTRATE	00002354195	SDZ
SINEMET CR 100 MG / 25 MG SUSTAINED-RELEASE TABLET	LEVODOPA/ CARBIDOPA	00002028786	MFC
SINEMET CR 200 MG / 50 MG SUSTAINED-RELEASE TABLET	LEVODOPA/ CARBIDOPA	00000870935	MFC

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, 2020, 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, 2020 claims will no longer pay for these products.

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
AMINOPHYLLINE 25 MG / ML INJECTION	AMINOPHYLLINE	00000497193	HSP
SOLU-CORTEF 1 G / VIAL INJECTION	HYDROCORTISONE SODIUM SUCCINATE	00000030635	PFI