

Updates to the Alberta Drug Benefit List

Effective December 1, 2018



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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* 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.)

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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>
BRIV/LERA 10 MG TABLET	BRIVARACETAM	00002452936	UCB
BRIV/LERA 25 MG TABLET	BRIVARACETAM	00002452944	UCB
BRIV/LERA 50 MG TABLET	BRIVARACETAM	00002452952	UCB
BRIV/LERA 75 MG TABLET	BRIVARACETAM	00002452960	UCB
BRIV/LERA 100 MG TABLET	BRIVARACETAM	00002452979	UCB
HEMANGIOL 3.75 MG / ML ORAL SOLUTION	PROPRANOLOL HCL	00002457857	PIE
LANCORA 5 MG TABLET	IVABRADINE HYDROCHLORIDE	00002459973	SEV
LANCORA 7.5 MG TABLET	IVABRADINE HYDROCHLORIDE	00002459981	SEV
QUINSAIR 100 MG / ML INHALATION SOLUTION	LEVOFLOXACIN	00002442302	RAP
SPINRAZA 2.4 MG / ML INJECTION	NUSINERSEN SODIUM	00002465663	BIO

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

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
AURO-LACOSAMIDE 50 MG TABLET	LACOSAMIDE	00002475332	AUR
AURO-LACOSAMIDE 100 MG TABLET	LACOSAMIDE	00002475340	AUR
AURO-LACOSAMIDE 150 MG TABLET	LACOSAMIDE	00002475359	AUR
AURO-LACOSAMIDE 200 MG TABLET	LACOSAMIDE	00002475367	AUR
PHARMA-LACOSAMIDE 50 MG TABLET	LACOSAMIDE	00002478196	PMS
PHARMA-LACOSAMIDE 100 MG TABLET	LACOSAMIDE	00002478218	PMS
PHARMA-LACOSAMIDE 150 MG TABLET	LACOSAMIDE	00002478226	PMS
PHARMA-LACOSAMIDE 200 MG TABLET	LACOSAMIDE	00002478234	PMS
SANDOZ LACOSAMIDE 50 MG TABLET	LACOSAMIDE	00002474670	SDZ
SANDOZ LACOSAMIDE 100 MG TABLET	LACOSAMIDE	00002474689	SDZ
SANDOZ LACOSAMIDE 150 MG TABLET	LACOSAMIDE	00002474697	SDZ
SANDOZ LACOSAMIDE 200 MG TABLET	LACOSAMIDE	00002474700	SDZ
TEVA-LACOSAMIDE 50 MG TABLET	LACOSAMIDE	00002472902	TEV
TEVA-LACOSAMIDE 100 MG TABLET	LACOSAMIDE	00002472910	TEV
TEVA-LACOSAMIDE 150 MG TABLET	LACOSAMIDE	00002472929	TEV
TEVA-LACOSAMIDE 200 MG TABLET	LACOSAMIDE	00002472937	TEV

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>
CAYSTON 75 MG / VIAL INHALATION POWDER FOR SOLUTION	AZTREONAM	00002329840	GIL

Added Product(s)

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
ACTIKERALL 0.5 % / 10 % TOPICAL SOLUTION	5-FLUOROURACIL/ SALICYLIC ACID	00002428946	CIP
APO-HYDROMORPHONE CR 3 MG CONTROLLED-RELEASE CAPSULE	HYDROMORPHONE HCL	00002476614	APX
APO-HYDROMORPHONE CR 4.5 MG CONTROLLED-RELEASE CAPSULE	HYDROMORPHONE HCL	00002476622	APX
APO-HYDROMORPHONE CR 6 MG CONTROLLED-RELEASE CAPSULE	HYDROMORPHONE HCL	00002476630	APX
APO-HYDROMORPHONE CR 9 MG CONTROLLED-RELEASE CAPSULE	HYDROMORPHONE HCL	00002476649	APX
APO-HYDROMORPHONE CR 18 MG CONTROLLED-RELEASE CAPSULE	HYDROMORPHONE HCL	00002476665	APX
APO-HYDROMORPHONE CR 24 MG CONTROLLED-RELEASE CAPSULE	HYDROMORPHONE HCL	00002476673	APX
APO-HYDROMORPHONE CR 30 MG CONTROLLED-RELEASE CAPSULE	HYDROMORPHONE HCL	00002476681	APX
AURO-DUTASTERIDE 0.5 MG CAPSULE	DUTASTERIDE	00002469308	AUR
AURO-TRANDOLAPRIL 0.5 MG CAPSULE	TRANDOLAPRIL	00002471868	AUR
AURO-TRANDOLAPRIL 1 MG CAPSULE	TRANDOLAPRIL	00002471876	AUR
AURO-TRANDOLAPRIL 2 MG CAPSULE	TRANDOLAPRIL	00002471884	AUR
AURO-TRANDOLAPRIL 4 MG CAPSULE	TRANDOLAPRIL	00002471892	AUR
BACLOFEN 0.05 MG / ML INJECTION	BACLOFEN	00002457059	TGT
BACLOFEN 0.5 MG / ML INJECTION	BACLOFEN	00002457067	TGT
BACLOFEN 2 MG / ML INJECTION	BACLOFEN	00002457075	TGT
DYSPORT THERAPEUTIC 300 IU / VIAL INJECTION	ABOBOTULINUMTOXINA	00002460203	ISP
DYSPORT THERAPEUTIC 500 IU / VIAL INJECTION	ABOBOTULINUMTOXINA	00002456117	ISP
ENSTILAR 50 MCG / G / 0.5 MG / G TOPICAL FOAM	CALCIPOTRIOL MONOHYDRATE/ BETAMETHASONE DIPROPIONATE	00002457393	LEO
JAMP-PREGABALIN 25 MG CAPSULE	PREGABALIN	00002435977	JPC
JAMP-PREGABALIN 50 MG CAPSULE	PREGABALIN	00002435985	JPC
JAMP-PREGABALIN 75 MG CAPSULE	PREGABALIN	00002435993	JPC
JAMP-PREGABALIN 150 MG CAPSULE	PREGABALIN	00002436000	JPC

Added Product(s), continued

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
JAMP-URSODIOL 250 MG TABLET	URSODIOL	00002472392	JPC
JAMP-URSODIOL 500 MG TABLET	URSODIOL	00002472406	JPC
MAR-METHIMAZOLE 5 MG TABLET	THIAMAZOLE	00002480107	MAR
MINT-CANDESARTAN 8 MG TABLET	CANDESARTAN CILEXETIL	00002476916	MPI
MINT-CANDESARTAN 16 MG TABLET	CANDESARTAN CILEXETIL	00002476924	MPI
MINT-FUROSEMIDE 20 MG TABLET	FUROSEMIDE	00002466759	MPI
MINT-FUROSEMIDE 40 MG TABLET	FUROSEMIDE	00002466767	MPI
ONDANSETRON USP 2 MG / ML INJECTION	ONDANSETRON HCL DIHYDRATE	00002464578	STM
TEVA-TRANDOLAPRIL 0.5 MG CAPSULE	TRANDOLAPRIL	00002415429	TEV
TEVA-TRANDOLAPRIL 1 MG CAPSULE	TRANDOLAPRIL	00002415437	TEV
TEVA-TRANDOLAPRIL 2 MG CAPSULE	TRANDOLAPRIL	00002415445	TEV
TEVA-TRANDOLAPRIL 4 MG CAPSULE	TRANDOLAPRIL	00002415453	TEV
TRESIBA FLEXTOUCH PEN 100 UNIT / ML INJECTION	INSULIN DEGLUDEC	00002467879	NNA
TRESIBA FLEXTOUCH PEN 200 UNIT / ML INJECTION	INSULIN DEGLUDEC	00002467887	NNA

New Established Interchangeable (IC) Grouping(s)

The following IC Grouping(s) have been established and LCA pricing will be applied effective January 1, 2019.

<u>Generic Description</u>	<u>Strength / Form</u>	<u>New LCA Price</u>
HYDROMORPHONE HCL	3 MG CONTROLLED-RELEASE CAPSULE	0.6023
HYDROMORPHONE HCL	4.5 MG CONTROLLED-RELEASE CAPSULE	0.7275
HYDROMORPHONE HCL	6 MG CONTROLLED-RELEASE CAPSULE	0.903
HYDROMORPHONE HCL	9 MG CONTROLLED-RELEASE CAPSULE	1.1925
HYDROMORPHONE HCL	18 MG CONTROLLED-RELEASE CAPSULE	2.259
HYDROMORPHONE HCL	24 MG CONTROLLED-RELEASE CAPSULE	2.6138
HYDROMORPHONE HCL	30 MG CONTROLLED-RELEASE CAPSULE	3.1309
LACOSAMIDE	50 MG TABLET	0.6313
LACOSAMIDE	100 MG TABLET	0.8750
LACOSAMIDE	150 MG TABLET	1.1763
LACOSAMIDE	200 MG TABLET	1.4500
THIAMAZOLE	5 MG TABLET	0.2297

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 January 1, 2019.

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>
BACLOFEN	0.05 MG / ML INJECTION	7.5160
BACLOFEN	0.5 MG / ML INJECTION	5.6328
BACLOFEN	2 MG / ML INJECTION	22.5334
FUROSEMIDE	20 MG TABLET	0.0219
FUROSEMIDE	40 MG TABLET	0.0327
TRANDOLAPRIL	0.5 MG CAPSULE	0.0698
TRANDOLAPRIL	1 MG CAPSULE	0.1762
TRANDOLAPRIL	2 MG CAPSULE	0.2025
TRANDOLAPRIL	4 MG CAPSULE	0.2498
URSODIOL	250 MG TABLET	0.3818
URSODIOL	500 MG TABLET	0.7242

Product(s) with a Price Change

The following product(s) had a Price Decrease. The previous higher price will be recognized until December 31, 2018. For products within an established IC Grouping, the LCA price may apply.

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
APO-FUROSEMIDE 20 MG TABLET	FUROSEMIDE	0000396788	APX
APO-FUROSEMIDE 40 MG TABLET	FUROSEMIDE	0000362166	APX
BACLOFEN INTRATHECAL 0.05 MG / ML INJECTION	BACLOFEN	00002413620	STM
BACLOFEN INTRATHECAL 0.5 MG / ML INJECTION	BACLOFEN	00002413639	STM
BACLOFEN INTRATHECAL 2 MG / ML INJECTION	BACLOFEN	00002413647	STM
FUROSEMIDE 20 MG TABLET	FUROSEMIDE	00002351420	SNS
FUROSEMIDE 40 MG TABLET	FUROSEMIDE	00002351439	SNS
PMS-TRANDOLAPRIL 0.5 MG CAPSULE	TRANDOLAPRIL	00002357755	PMS
PMS-TRANDOLAPRIL 1 MG CAPSULE	TRANDOLAPRIL	00002357763	PMS
PMS-TRANDOLAPRIL 2 MG CAPSULE	TRANDOLAPRIL	00002357771	PMS
PMS-TRANDOLAPRIL 4 MG CAPSULE	TRANDOLAPRIL	00002357798	PMS
PMS-URSODIOL C 250 MG TABLET	URSODIOL	00002273497	PMS
PMS-URSODIOL C 500 MG TABLET	URSODIOL	00002273500	PMS
SANDOZ TRANDOLAPRIL 0.5 MG CAPSULE	TRANDOLAPRIL	00002325721	SDZ

Product(s) with a Price Change, continued

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
SANDOZ TRANDOLAPRIL 1 MG CAPSULE	TRANDOLAPRIL	00002325748	SDZ
SANDOZ TRANDOLAPRIL 2 MG CAPSULE	TRANDOLAPRIL	00002325756	SDZ
SANDOZ TRANDOLAPRIL 4 MG CAPSULE	TRANDOLAPRIL	00002325764	SDZ
TEVA-FUROSEMIDE 20 MG TABLET	FUROSEMIDE	00000337730	TEV
TEVA-FUROSEMIDE 40 MG TABLET	FUROSEMIDE	00000337749	TEV
URSODIOL TABLETS USP 250 MG TABLET	URSODIOL	00002426900	GLM
URSODIOL TABLETS USP 500 MG TABLET	URSODIOL	00002426919	GLM

Discontinued Listing(s)

Notification of discontinuation has been received from the manufacturer(s). The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective December 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 January 1, 2019 claims will no longer pay for these product(s).

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
APO-CYCLOSPORINE 100 MG / ML ORAL SOLUTION	CYCLOSPORINE	00002244324	APX
APO-LACTULOSE 667 MG / ML ORAL SYRUP	LACTULOSE	00002242814	APX
HOLKIRA PAK 12.5 MG / 75 MG / 50 MG / 250 MG TABLET	OMBITASVIR/ PARITAPREVIR/ RITONAVIR/ DASABUVIR SODIUM MONOHYDRATE	00002436027	ABV
MYLAN-ALPRAZOLAM 0.25 MG TABLET	ALPRAZOLAM	00002137534	MYP
PDP-PROCYCLIDINE 0.5 MG / ML ORAL ELIXIR	PROCYCLIDINE HCL	00000587362	PPH
PDP-PROCYCLIDINE 2.5 MG TABLET	PROCYCLIDINE HCL	00000649392	PPH
PDP-PROCYCLIDINE 5 MG TABLET	PROCYCLIDINE HCL	00000587354	PPH

PART 2

Drug Additions

ALBERTA DRUG BENEFIT LIST UPDATE

5-FLUOROURACIL/ SALICYLIC ACID

0.5 % * 10 % TOPICAL SOLUTION				
00002428946	ACTIKERALL	CIP	\$	1.5336

ABOBOTULINUMTOXINA

300 IU / VIAL INJECTION				
00002460203	DYSPORE THERAPEUTIC	ISP	\$	385.5600
500 IU / VIAL INJECTION				
00002456117	DYSPORE THERAPEUTIC	ISP	\$	642.6000

BACLOFEN

0.05 MG / ML INJECTION				
00002457059	BACLOFEN INJECTION	TGT	\$	7.5160
00002413620	BACLOFEN INTRATHECAL	STM	\$	7.5160
00002131048	LIORESAL INTRATHECAL	NOV	\$	15.0320
0.5 MG / ML INJECTION				
00002457067	BACLOFEN INJECTION	TGT	\$	5.6328
00002413639	BACLOFEN INTRATHECAL	STM	\$	5.6328
00002131056	LIORESAL INTRATHECAL	NOV	\$	11.2655
2 MG / ML INJECTION				
00002457075	BACLOFEN INJECTION	TGT	\$	22.5334
00002413647	BACLOFEN INTRATHECAL	STM	\$	22.5334
00002131064	LIORESAL INTRATHECAL	NOV	\$	45.0668

CANDESARTAN CILEXETIL

8 MG ORAL TABLET				
00002365359	APO-CANDESARTAN	APX	\$	0.2281
00002445794	AURO-CANDESARTAN	AUR	\$	0.2281
00002388707	CANDESARTAN	SIV	\$	0.2281
00002388928	CANDESARTAN	SNS	\$	0.2281
00002379279	CANDESARTAN CILEXETIL	AHI	\$	0.2281
00002386518	JAMP-CANDESARTAN	JPC	\$	0.2281
00002476916	MINT-CANDESARTAN	MPI	\$	0.2281
00002391198	PMS-CANDESARTAN	PMS	\$	0.2281
00002380692	RAN-CANDESARTAN	RAN	\$	0.2281
00002326965	SANDOZ CANDESARTAN	SDZ	\$	0.2281
00002366312	TEVA-CANDESARTAN	TEV	\$	0.2281
00002239091	ATACAND	AZC	\$	1.2490
16 MG ORAL TABLET				
00002365367	APO-CANDESARTAN	APX	\$	0.2281
00002388715	CANDESARTAN	SIV	\$	0.2281
00002388936	CANDESARTAN	SNS	\$	0.2281
00002379287	CANDESARTAN CILEXETIL	AHI	\$	0.2281
00002386526	JAMP-CANDESARTAN	JPC	\$	0.2281
00002476924	MINT-CANDESARTAN	MPI	\$	0.2281
00002391201	PMS-CANDESARTAN	PMS	\$	0.2281
00002380706	RAN-CANDESARTAN	RAN	\$	0.2281
00002326973	SANDOZ CANDESARTAN	SDZ	\$	0.2281
00002366320	TEVA-CANDESARTAN	TEV	\$	0.2281
00002239092	ATACAND	AZC	\$	1.2490

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

DUTASTERIDE

0.5 MG ORAL CAPSULE

00002412691	ACT DUTASTERIDE	APH	\$	0.3027
00002404206	APO-DUTASTERIDE	APX	\$	0.3027
00002469308	AURO-DUTASTERIDE	AUR	\$	0.3027
00002429012	DUTASTERIDE	SIV	\$	0.3027
00002443058	DUTASTERIDE	SNS	\$	0.3027
00002416298	MED-DUTASTERIDE	GMP	\$	0.3027
00002428873	MINT-DUTASTERIDE	MPI	\$	0.3027
00002393220	PMS-DUTASTERIDE	PMS	\$	0.3027
00002424444	SANDOZ DUTASTERIDE	SDZ	\$	0.3027
00002408287	TEVA-DUTASTERIDE	TEV	\$	0.3027
00002247813	AVODART	GSK	\$	1.6819

FUROSEMIDE

20 MG ORAL TABLET

00000396788	APO-FUROSEMIDE	APX	\$	0.0219
00002351420	FUROSEMIDE	SNS	\$	0.0219
00002466759	MINT-FUROSEMIDE	MPI	\$	0.0219
00000337730	TEVA-FUROSEMIDE	TEV	\$	0.0219

40 MG ORAL TABLET

00000362166	APO-FUROSEMIDE	APX	\$	0.0327
00002351439	FUROSEMIDE	SNS	\$	0.0327
00002466767	MINT-FUROSEMIDE	MPI	\$	0.0327
00000337749	TEVA-FUROSEMIDE	TEV	\$	0.0327

INSULIN DEGLUDEC

100 U/ML / ML INJECTION

00002467879	TRESIBA FLEXTOUCH PEN	NNA	\$	7.2593
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200 U/ML / ML INJECTION

00002467887	TRESIBA FLEXTOUCH PEN	NNA	\$	14.5189
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ONDANSETRON HCL DIHYDRATE

2 MG / ML (BASE) INJECTION

00002420414	JAMP-ONDANSETRON (PRESERVATIVE FREE)	JPC	\$	3.4552
00002390019	ONDANSETRON (PRESERVATIVE FREE)	MYP	\$	3.4552
00002279428	ONDANSETRON (UNPRESERVED)	SDZ	\$	3.4552
00002464578	ONDANSETRON INJECTION USP	STM	\$	3.4552
00002213745	ZOFTRAN	NOV	\$	10.4695

ALBERTA DRUG BENEFIT LIST UPDATE

PREGABALIN**25 MG ORAL CAPSULE**

00002394235	APO-PREGABALIN	APX	\$	0.1481
00002433869	AURO-PREGABALIN	AUR	\$	0.1481
00002435977	JAMP-PREGABALIN	JPC	\$	0.1481
00002423804	MINT-PREGABALIN	MPI	\$	0.1481
00002359596	PMS-PREGABALIN	PMS	\$	0.1481
00002403692	PREGABALIN	SIV	\$	0.1481
00002405539	PREGABALIN	SNS	\$	0.1481
00002392801	RAN-PREGABALIN	RAN	\$	0.1481
00002390817	SANDOZ PREGABALIN	SDZ	\$	0.1481
00002361159	TEVA-PREGABALIN	TEV	\$	0.1481

50 MG ORAL CAPSULE

00002394243	APO-PREGABALIN	APX	\$	0.2324
00002433877	AURO-PREGABALIN	AUR	\$	0.2324
00002435985	JAMP-PREGABALIN	JPC	\$	0.2324
00002423812	MINT-PREGABALIN	MPI	\$	0.2324
00002359618	PMS-PREGABALIN	PMS	\$	0.2324
00002403706	PREGABALIN	SIV	\$	0.2324
00002405547	PREGABALIN	SNS	\$	0.2324
00002392828	RAN-PREGABALIN	RAN	\$	0.2324
00002390825	SANDOZ PREGABALIN	SDZ	\$	0.2324
00002361175	TEVA-PREGABALIN	TEV	\$	0.2324

75 MG ORAL CAPSULE

00002394251	APO-PREGABALIN	APX	\$	0.3007
00002433885	AURO-PREGABALIN	AUR	\$	0.3007
00002435993	JAMP-PREGABALIN	JPC	\$	0.3007
00002424185	MINT-PREGABALIN	MPI	\$	0.3007
00002359626	PMS-PREGABALIN	PMS	\$	0.3007
00002403714	PREGABALIN	SIV	\$	0.3007
00002405555	PREGABALIN	SNS	\$	0.3007
00002392836	RAN-PREGABALIN	RAN	\$	0.3007
00002390833	SANDOZ PREGABALIN	SDZ	\$	0.3007
00002361183	TEVA-PREGABALIN	TEV	\$	0.3007

150 MG ORAL CAPSULE

00002394278	APO-PREGABALIN	APX	\$	0.4145
00002433907	AURO-PREGABALIN	AUR	\$	0.4145
00002436000	JAMP-PREGABALIN	JPC	\$	0.4145
00002424207	MINT-PREGABALIN	MPI	\$	0.4145
00002359634	PMS-PREGABALIN	PMS	\$	0.4145
00002403722	PREGABALIN	SIV	\$	0.4145
00002405563	PREGABALIN	SNS	\$	0.4145
00002392844	RAN-PREGABALIN	RAN	\$	0.4145
00002390841	SANDOZ PREGABALIN	SDZ	\$	0.4145
00002361205	TEVA-PREGABALIN	TEV	\$	0.4145

THIAMAZOLE**5 MG ORAL TABLET**

00002480107	MAR-METHIMAZOLE	MAR	\$	0.2297
00000015741	TAPAZOLE	PAL	\$	0.2722

ALBERTA DRUG BENEFIT LIST UPDATE

TRANDOLAPRIL**0.5 MG ORAL CAPSULE**

00002471868	AURO-TRANDOLAPRIL	AUR	\$	0.0698
00002357755	PMS-TRANDOLAPRIL	PMS	\$	0.0698
00002325721	SANDOZ TRANDOLAPRIL	SDZ	\$	0.0698
00002415429	TEVA-TRANDOLAPRIL	TEV	\$	0.0698
00002231457	MAVIK	BGP	\$	0.2790

1 MG ORAL CAPSULE

00002471876	AURO-TRANDOLAPRIL	AUR	\$	0.1762
00002357763	PMS-TRANDOLAPRIL	PMS	\$	0.1762
00002325748	SANDOZ TRANDOLAPRIL	SDZ	\$	0.1762
00002415437	TEVA-TRANDOLAPRIL	TEV	\$	0.1762
00002231459	MAVIK	BGP	\$	0.7046

2 MG ORAL CAPSULE

00002471884	AURO-TRANDOLAPRIL	AUR	\$	0.2025
00002357771	PMS-TRANDOLAPRIL	PMS	\$	0.2025
00002325756	SANDOZ TRANDOLAPRIL	SDZ	\$	0.2025
00002415445	TEVA-TRANDOLAPRIL	TEV	\$	0.2025
00002231460	MAVIK	BGP	\$	0.8098

4 MG ORAL CAPSULE

00002471892	AURO-TRANDOLAPRIL	AUR	\$	0.2498
00002357798	PMS-TRANDOLAPRIL	PMS	\$	0.2498
00002325764	SANDOZ TRANDOLAPRIL	SDZ	\$	0.2498
00002415453	TEVA-TRANDOLAPRIL	TEV	\$	0.2498
00002239267	MAVIK	BGP	\$	0.9990

URSODIOL**250 MG ORAL TABLET**

00002472392	JAMP-URSODIOL	JPC	\$	0.3818
00002273497	PMS-URSODIOL C	PMS	\$	0.3818
00002426900	URSODIOL TABLETS USP	GLM	\$	0.3818
00002238984	URSO	AXC	\$	1.4941

500 MG ORAL TABLET

00002472406	JAMP-URSODIOL	JPC	\$	0.7242
00002273500	PMS-URSODIOL C	PMS	\$	0.7242
00002426919	URSODIOL TABLETS USP	GLM	\$	0.7242
00002245894	URSO DS	AXC	\$	2.8339

PART 3

Special Authorization

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

AZTREONAM

The drug product(s) listed below are eligible for coverage via the step therapy/special authorization process.

FIRST-LINE DRUG PRODUCT(S): TOBRAMYCIN INHALATION SOLUTION

"For the treatment of chronic pulmonary Pseudomonas aeruginosa infections when used as cyclic treatment (28-day cycles) in patients 6 years of age and older with moderate to severe cystic fibrosis (CF) and deteriorating clinical condition despite treatment with inhaled tobramycin.

Coverage will not be considered when inhaled aztreonam and other inhaled antibiotic(s) (e.g. levofloxacin, tobramycin) are intended for use in combination.

Special authorization may be granted for 6 months."

Note: If a claim for the Step therapy drug product is rejected, pharmacists can use their professional judgment to determine the appropriateness of using the intervention code(s) noted below to re-submit a claim. The pharmacist is responsible to document on the patient's record the rationale for using the second-line therapy drug.

UP - First-line therapy ineffective

UQ - First-line therapy not tolerated

75 MG / VIAL INHALATION POWDER FOR SOLUTION

00002329840	CAYSTON	GIL	\$	44.0631
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BRIVARACETAM

"For adjunctive therapy in patients with refractory partial-onset seizures who meet all of the following criteria:

- Are currently receiving two or more antiepileptic medications, AND
- Have failed or demonstrated intolerance to three other antiepileptic medications, AND
- Patients are not receiving concurrent therapy with levetiracetam, AND,
- Therapy must be initiated by a Neurologist.

For the purpose of administering these criteria failure is defined as inability to achieve satisfactory seizure control.

Special authorization may be granted for six months.

Coverage cannot be provided for brivaracetam, eslicarbazepine, lacosamide or perampanel when these medications are intended for use in combination."

Each of these products is eligible for auto-renewal.

10 MG ORAL TABLET

00002452936	BRIVLERA	UCB	\$	4.3200
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25 MG ORAL TABLET

00002452944	BRIVLERA	UCB	\$	4.3200
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50 MG ORAL TABLET

00002452952	BRIVLERA	UCB	\$	4.3200
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75 MG ORAL TABLET

00002452960	BRIVLERA	UCB	\$	4.3200
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100 MG ORAL TABLET

00002452979	BRIVLERA	UCB	\$	4.3200
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ALBERTA DRUG BENEFIT LIST UPDATE
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

IVABRADINE HYDROCHLORIDE

"For the treatment of heart failure (HF) in patients with the following criteria:

- 1) Reduced left ventricular ejection fraction (LVEF) (less than or equal to 35%)
And
- 2) New York Heart Association (NYHA) class II or III HF symptoms despite at least FOUR weeks of optimal treatment with:
 - a stable dose of an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARB)
 - in combination with a beta-blocker and, if tolerated, a mineralocorticoid receptor antagonist (MRA)And
- 3) Who are in sinus rhythm with a resting heart rate greater than or equal to 77 beats per minute (bpm) on average using either an ECG on at least three separate visits or by continuous monitoring
And
- 4) Who had at least one hospitalization due to HF in the last year

For coverage, this drug must be initiated by a Specialist in Cardiology or Internal Medicine, and the initial request must be completed by the Specialist.

Special authorization may be granted for six months."

This product is eligible for auto-renewal.

All requests (including renewal requests) for ivabradine hydrochloride must be completed using the Eplerenone/Ivabradine/Sacubitril+Valsartan Special Authorization Request Form (ABC 60050).

5 MG (BASE) ORAL TABLET				
00002459973	LANCORA	SEV	\$	0.8506
7.5 MG (BASE) ORAL TABLET				
00002459981	LANCORA	SEV	\$	1.5568

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

LACOSAMIDE

"For adjunctive therapy in patients with refractory partial-onset seizures who meet all of the following criteria:

- Are currently receiving two or more antiepileptic medications, AND
- Have failed or demonstrated intolerance to three other antiepileptic medications, AND
- Therapy must be initiated by a Neurologist.

For the purpose of administering these criteria failure is defined as inability to achieve satisfactory seizure control.

Special authorization may be granted for six months.

Coverage cannot be provided for eslicarbazepine, lacosamide or perampanel when these medications are intended for use in combination."

Each of these products is eligible for auto-renewal.

50 MG ORAL TABLET

00002475332	AURO-LACOSAMIDE	AUR	\$	0.6313
00002478196	PHARMA-LACOSAMIDE	PMS	\$	0.6313
00002474670	SANDOZ LACOSAMIDE	SDZ	\$	0.6313
00002472902	TEVA-LACOSAMIDE	TEV	\$	0.6313
00002357615	VIMPAT	UCB	\$	2.4093

100 MG ORAL TABLET

00002475340	AURO-LACOSAMIDE	AUR	\$	0.8750
00002478218	PHARMA-LACOSAMIDE	PMS	\$	0.8750
00002474689	SANDOZ LACOSAMIDE	SDZ	\$	0.8750
00002472910	TEVA-LACOSAMIDE	TEV	\$	0.8750
00002357623	VIMPAT	UCB	\$	3.4477

150 MG ORAL TABLET

00002475359	AURO-LACOSAMIDE	AUR	\$	1.1763
00002478226	PHARMA-LACOSAMIDE	PMS	\$	1.1763
00002474697	SANDOZ LACOSAMIDE	SDZ	\$	1.1763
00002472929	TEVA-LACOSAMIDE	TEV	\$	1.1763
00002357631	VIMPAT	UCB	\$	4.4862

200 MG ORAL TABLET

00002475367	AURO-LACOSAMIDE	AUR	\$	1.4500
00002478234	PHARMA-LACOSAMIDE	PMS	\$	1.4500
00002474700	SANDOZ LACOSAMIDE	SDZ	\$	1.4500
00002472937	TEVA-LACOSAMIDE	TEV	\$	1.4500
00002357658	VIMPAT	UCB	\$	5.5247

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

LEVOFLOXACIN

The drug product(s) listed below are eligible for coverage via the step therapy/special authorization process.

FIRST-LINE DRUG PRODUCT(S): TOBRAMYCIN INHALATION SOLUTION

"For the treatment of chronic pulmonary *Pseudomonas aeruginosa* infections when used as cyclic treatment (28-day cycles) in patients 18 years of age and older with moderate to severe cystic fibrosis (CF) and deteriorating clinical condition despite treatment with inhaled tobramycin."

"Coverage will not be considered when inhaled levofloxacin and other inhaled antibiotic(s) (e.g. tobramycin, aztreonam) are intended for use in combination, either concurrently or for antibiotic cycling during off-treatment periods."

"Special authorization may be granted for 6 months."

Note: If a claim for the Step therapy drug product is rejected, pharmacists can use their professional judgment to determine the appropriateness of using the intervention code(s) noted below to re-submit a claim. The pharmacist is responsible to document on the patient's record the rationale for using the second-line therapy drug.

UP - First-line therapy ineffective
UQ - First-line therapy not tolerated

100 MG / ML INHALATION SOLUTION				
00002442302	QUINSAIR	RAP	\$	64.4887

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

NUSINERSEN SODIUM

"For patients diagnosed with 5q Spinal Muscular Atrophy (SMA) Type 1 under the care of a specialist with experience in the diagnosis and management of SMA, if the following clinical criteria are met:

- Genetic documentation of 5q SMA homozygous gene deletion, homozygous mutation, or compound heterozygote, AND
- Genetic documentation of two copies of the survival motor neuron 2 (SMN2) gene, AND
- Disease duration less than 26 weeks with onset of clinical signs and symptoms consistent with SMA after the first week after birth and on or before 7 months of age, AND
- Patient is not currently requiring permanent invasive ventilation.*

Initial coverage may be approved for three 12 mg doses at Day 0, Day 14 and Day 28, followed by one 12 mg dose at Day 63.

Patients will be limited to receiving one dose of nusinersen per prescription at their pharmacy.

For continued coverage, the patient must meet the following criteria:

- there is demonstrated maintenance of motor milestone function (as assessed using the Hammersmith Infant Neurological Examination [HINE] Section 2) compared to pre-treatment baseline; OR
- there is demonstrated improvement in motor milestone function (as assessed using the HINE Section 2) compared to pre-treatment baseline; AND
- patient does not require permanent invasive ventilation*.

Continued coverage may be considered for one 12 mg maintenance dose at a time, to be administered at 4-month intervals.

Each maintenance dose cannot be considered prior to 4 months elapsing from the date of the previous dose.

Treatment should be discontinued if, prior to the fifth dose or every subsequent dose of nusinersen, the above renewal criteria are not met.

*Permanent invasive ventilation is defined as the use of tracheostomy and a ventilator due to progression of SMA that is not due to an identifiable and reversible cause.

All requests (including renewal requests) for nusinersen must be completed using the Nusinersen Special Authorization Request Form (ABC 60064)."

2.4 MG / ML (BASE)	INJECTION		
00002465663	SPINRAZA	BIO	\$ 23600.0000
