Alberta Human Services Drug Benefit Supplement

Effective April 1, 2021

Alberta Human Services

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) 498-8384
1-877-828-4106 (Toll Free)

Website: https://www.alberta.ca/alberta-supports.aspx

Administered by Alberta Blue Cross
on behalf of *Alberta Human Services*.

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.

Table of Contents

Table of Contents, continued

PART 2

Pharmacologic–Therapeutic Classification of Drugs

Appendices

PART 1

SECTION 1

Policies and Guidelines

INTRODUCTION

Eligibility

The *Alberta Human Services Drug Benefit Supplement (HSDBS)* defines the drugs and drug products that are covered for Alberta Human Services clients in addition to the drugs and drug products defined in the *Alberta Drug Benefit List* (with certain exclusions).

The *Supplement* was developed to take into consideration the essential needs of clients covered under Alberta Human Services programs.

Additional Notes Regarding Application of the *Supplement*

1. The *Supplement* is not intended to be used as a scientific reference or prescribing guide.
2. Formularies used by hospitals and continuing care facilities are developed independently of the *Supplement.*
3. Drugs are classified according to the Pharmacologic–Therapeutic classifications (PTC) developed by the American Society of Hospital Pharmacists for the purpose of the American Hospital Formulary Service.
   Permission to use this system has been granted by the American Society of Hospital Pharmacists. The Society is not responsible for the accuracy of transpositions or excerpts from the original content.
   Where necessary, additional PTCs may have been assigned by Alberta Blue Cross to facilitate product location in the *Supplement*.
4. Where appropriate, the *Compendium of Pharmaceuticals and Specialties*, published by the Canadian Pharmaceutical Association, was used as a reference source for the trade name, generic name, manufacturer, strength and dosage form.
   The Canadian Pharmacist's Association is not responsible for the accuracy of transpositions or excerpts from the original content.
5. Other reference sources used for the trade name, generic name, manufacturer, strength and dosage form are:
   - completed Drug Identification Number (DIN) notification form
   - Notice of Compliance (NOC)
   - Product Monograph
6. DINs listed reflect current manufacturer information available as of April 1, 2021.

Interchangeable Drug Products

A box containing an X ☒ to the left of the DIN or Product Identification Number (PIN) indicates that the product is **not** interchangeable with other products within the category. Refer to Policies and Guidelines Section 1 of the current *Alberta Drug Benefit List* for further information regarding interchangeable drug products.

RESTRICTED BENEFITS

Restricted Benefits

Selected drug products in the PTCs listed below are eligible benefits with restrictions in the *Supplement*. For these products a comment is displayed in the *HSDBS* after the ingredient name or specific strength for each restricted drug product. The comment initially states "RESTRICTED BENEFIT" and is followed by an explanation of the restriction. For eligible drug products, please refer to the applicable PTCs in the *HSDBS*.

00:00:02	**Diabetic Supplies (Blood Glucose Meter)**
02:00	**Pediatric Cough and Cold Preparations**
04:02	**Pediatric Antihistamines**
12:92	**Miscellaneous Autonomic Drugs**
20:04.04	**Antianemia Drugs** **(Iron Preparations)**
28:08.04.92	**Analgesics and Antipyretics** **Nonsteroidal Anti-Inflammatory Agents** **(Other Nonsteroidal Anti-Inflammatory Agents)**
28:16.08.04	**Psychotherapeutic Agents** **Antipsychotics** **(Atypical Antipsychotics)**
56:12	**Cathartics & Laxatives**
84:04.08.28	**Anti-Infectives** **Antifungals** **(Polyenes)**
88:16	**Vitamin D**
88:28	**Multivitamin Preparations**
88:28:01	**Multivitamin Preparations** **(Vitamins & Minerals)**

Example:

LORATADINE

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

1 MG / ML ORAL SYRUP

00002241523	CLARITIN	BIC	$ 0.0542

SPECIAL AUTHORIZATION GUIDELINES

Special Authorization Policy

Drug Products Eligible for Consideration by Special Authorization

Drug products may be considered for coverage by special authorization under one or more of the following circumstances, unless a specific product falls under the criteria for drug products **not** eligible for consideration by special authorization. Please see the end of this section for information regarding drug products not eligible for consideration by special authorization.

1. The drug is covered by Alberta Health and/or Alberta Human Services under specified criteria (listed in the following sections). Drug Products and indications other than those specified are not eligible for consideration by special authorization.
2. The drug is normally covered by another government program or agency for a specific approved clinical condition, but is needed for the treatment of a clinical condition that is not covered by that government program or agency.
3. The drug is required because other drug products listed in the *Alberta Drug Benefit List* or the *Alberta Human Services Drug Benefit Supplement* are contraindicated or inappropriate because of the clinical condition of the patient.
4. The particular brand of drug is considered essential in the care of a patient, where the LCA price policy would otherwise apply. Coverage of a specific brand may be considered where a patient has experienced significant allergic reactions or documented untoward therapeutic effects with alternate brands in an interchangeable grouping. Coverage of a brand name product will not be considered in situations where the interchangeable grouping includes a pseudo-generic to the brand name drug.
5. A particular drug product or dosage form of a drug is essential in the care of a patient where the MAC price policy would otherwise apply. Exceptions may occur at the product level. Coverage may be considered only where a patient has experienced significant allergic reactions or documented untoward therapeutic effects with the drug product which establishes the MAC pricing.

Prior approval must be granted by Alberta Blue Cross to ensure coverage by special authorization. For those special authorization requests that are approved, the effective date for authorization is the beginning of the month in which the physician's request is received by Alberta Blue Cross.

Special authorization is granted for a defined period as indicated in each applicable special authorization drug product criteria (the "Approval Period"). If continued treatment is necessary beyond the Approval Period, it is the responsibility of the patient and physician to **re-apply for coverage prior to the expiration date of the Approved Period, unless the Auto-Renewal Process or Step Therapy Approval Process apply** (see below).

Auto-Renewal Process

Selected drug products are eligible for the following auto-renewal process (for eligibility, see the Special Authorization criteria for each drug product).

1. For initial approval, a special authorization request must be submitted. If approval is granted, it will be effective for the Approval Period outlined in the drug product's Special Authorization criteria.
2. As long as the patient has submitted a claim for the drug product within the preceding Approval Period (example: within the preceding 6 months), approval will be automatically renewed for a further Approval Period (example: a further 6 months). There is no need for the prescriber to

submit a new request as the automated real-time claims adjudication system will read the patient's claims history to determine if a claim has been made within the preceding Approval Period.

3. If the patient does not make a claim for the drug product during the Approval Period, the approval will lapse and a new special authorization request must be submitted.

Step Therapy Approval Process

Select drug products are eligible for coverage via the step therapy process, outlined below.

1. If the patient has made a claim for the First-Line* drug product(s) within the preceding 12 months, the claim for the step therapy drug will be approved.
2. The automated real-time claims adjudication system will read the patient's claims history to determine if the required First-Line* drug product(s) have been claimed within the preceding 12 months.
3. Subsequent claims for drug product(s) permitted by step therapy will continue to be approved as long as the drug product has been claimed within the preceding 12 months.
4. The regular special authorization approval process will continue to be available for step therapy approvals for those patients whose First-Line* drug claims cannot be adjudicated through the automated real-time claims adjudication system.

* A First-Line drug product includes any drug(s) or drug product(s) that, under the drug product's Special Authorization criteria, are required to be utilized before reimbursement for the drug product is permitted.

Drug Products *Not Eligible* for Consideration by Special Authorization

The following categories of drug products are **not** eligible for special authorization:

1. Drug products **deleted** from the *List* or the *Supplement*.
2. Drug products **not yet reviewed** by Alberta Health and/or Alberta Human Services. This applies to:
   - products where a complete submission has been received from the manufacturer and the product is under review,
   - products where an incomplete submission has been received from the manufacturer, and
   - products where the manufacturer has not made a submission for review.

   Drug products not yet reviewed may encompass new pharmaceutical products, new strengths of products already listed, reformulated products and new interchangeable (generic) products.
3. Drug products that have **completed the review** process and are **not included** on the *List* or the *Supplement.*
4. Most drugs available through Health Canada's Special Access Program.
5. Drug products when prescribed for cosmetic indications.
6. Nonprescription or over-the-counter drug products are generally not eligible.

Special Authorization Procedures

A prescriber's request for special authorization should be directed by mail or FAX to:

Clinical Drug Services
Alberta Blue Cross
10009 108 Street NW
Edmonton, Alberta T5J 3C5

FAX: (780) 498-8384 in Edmonton and area
1-877-828-4106 toll-free fax for all other areas

1. A separate request is required for each patient.

2. For a request for special authorization to be considered, the prescriber (an individual authorized by law to prescribe) must contact Alberta Blue Cross and provide the following information:

Patient Identification
- patient's name, address and card holder's name (if different than the patient's),
- Alberta Blue Cross identification number or coverage number/client number of any other applicable coverage (e.g. Alberta Human Services or Alberta Personal Health number, and
- date of birth.

Prescriber Identification
- name of prescriber (e.g. physician, dentist, or optometrist),
- address,
- telephone number and FAX number (if applicable), and
- professional association registration number (e.g. College of Physicians and Surgeons, Alberta Dental Association, or Alberta College of Optometrists registration number).

Drug Requested
- name, strength and dosage form,
- dosage schedule, and
- proposed duration of therapy.

Reason for the Request
- diagnosis and/or indication for which the drug is being used,
- information regarding previous medications which have been used and the patient's response to therapy where appropriate,
- proposed results of therapy, and
- any additional information that may assist in making a decision on the request for special authorization.

3. Special authorization request forms can be found in *Alberta Drug Benefit List*.

SECTION 2

Price Policy

PRICE POLICY

Price Policy

The Price Policy is stated in the *Alberta Drug Benefit List*.

Additional Units of Issue for Pricing

Units of issue for pricing in the *Supplement* are defined in the Policies and Guidelines Section 1 of the *List.* The following are additional units of issue that apply to the *Supplement*.

Dosage Form	Unit of Issue Priced in HSDBS
Buccal Spray	Dose
Oral Gum	Piece
Oral Pudding	Gram
Rectal Pediatric Enema	Enema
Rectal Pediatric Suppository	Suppository
Topical Cream/Vaginal Cream	Kit
Topical Rinse	Millilitre
Topical Shampoo	Millilitre
Vaginal Tablet/Topical Cream	Kit

Excluded Drug Products

Drugs Used in the Treatment of Infertility

All drug products used for the **treatment of infertility** are ***excluded*** as benefits for Alberta Human Services clients and are **not** eligible for special authorization for this indication.

Other Exclusions from the *ADBL*

The following molecules (all brands, forms, routes, and strengths) in the current *Alberta Drug Benefit List* are ***excluded*** as benefits for Alberta Human Services clients **unless coverage has been granted through Special Authorization**. (Refer to Section 3 - Criteria for Special Authorization of Select Drug Products of the *Supplement* for more information.)

Generic Description	Strength / Form
almotriptan malate	6.25 mg & 12.5 mg tablet
naratriptan hcl	1 mg & 2.5 mg tablet
rizatriptan benzoate	5 mg & 10 mg disintegrating tablet
rizatriptan benzoate	5 mg & 10 mg tablet
sumatriptan hemisulfate	5 mg/dose & 20 mg/dose nasal unit dose spray
sumatriptan succinate	50 mg & 100 mg tablet
sumatriptan succinate	6 mg/syringe injection
zolmitriptan	2.5 mg dispersible tablet
zolmitriptan	2.5 mg tablet
zolmitriptan	5 mg/dose nasal unit dose spray

CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

The drug products listed in this section may be considered for coverage by special authorization for patients covered under Alberta Health-sponsored drug programs. (For Alberta Human Services clients, the special authorization criteria for coverage can be found in the Criteria for Special Authorization of Select Drug Products section of the *Alberta Human Services Drug Benefit Supplement.)*

Special Authorization Policy

DRUG PRODUCTS ELIGIBLE FOR CONSIDERATION BY SPECIAL AUTHORIZATION

Drug products may be considered for coverage by special authorization under one or more of the following circumstances, unless a specific product falls under the criteria for drug products **not** eligible for consideration by special authorization. Please see the end of this section for information regarding drug products not eligible for consideration by special authorization.

1. The drug is covered by Alberta Health under specified criteria (listed in the following sections). Drug Products and indications other than those specified are not eligible for consideration by special authorization.
2. The drug is normally covered by another government program or agency for a specific approved clinical condition, but is needed for the treatment of a clinical condition that is not covered by that government program or agency.
3. The drug is required because other drug products listed in the *Alberta Drug Benefit List* are contraindicated or inappropriate because of the clinical condition of the patient.
4. The particular brand of drug is considered essential in the care of a patient, where the LCA price policy would otherwise apply. Coverage of a specific brand may be considered where a patient has experienced significant allergic reactions or documented untoward therapeutic effects with alternate brands in an interchangeable grouping. Coverage of a brand name product will not be considered in situations where the interchangeable grouping includes a pseudo-generic to the brand name drug.
5. A particular drug product or dosage form of a drug is essential in the care of a patient where the MAC price policy would otherwise apply. Exceptions may occur at the product level. Coverage may be considered only where a patient has experienced significant allergic reactions or documented untoward therapeutic effects with the drug product which establishes the MAC pricing.

Prior approval must be granted by Alberta Blue Cross to ensure coverage by special authorization. For those special authorization requests that are approved, the effective date for authorization is the beginning of the month in which the physician's request is received by Alberta Blue Cross.

Special authorization is granted for a defined period as indicated in each applicable special authorization drug product criteria (the "Approval Period"). If continued treatment is necessary beyond the Approval Period, it is the responsibility of the patient and physician to **re-apply for coverage prior to the expiration date of the Approved Period, unless the Auto-Renewal Process or Step Therapy Approval Process apply** (see below).

AUTO-RENEWAL PROCESS

Selected drug products are eligible for the following auto-renewal process (for eligibility, see the Special Authorization criteria for each drug product).

1. For initial approval, a special authorization request must be submitted. If approval is granted, it will be effective for the Approval Period outlined in the drug product's Special Authorization criteria
2. As long as the patient has submitted a claim for the drug product within the preceding Approval Period (example: within the preceding 6 months), approval will be automatically renewed for a further Approval Period (example: a further 6 months). There is no need for the prescriber to submit a new request as the automated real-time claims adjudication system will read the patient's claims history to determine if a claim has been made within the preceding Approval Period.
3. If the patient does not make a claim for the drug product during the Approval Period, the approval will lapse and a new special authorization request must be submitted.

STEP THERAPY APPROVAL PROCESS

Select drug products are eligible for coverage via the step therapy process, outlined below.

1. If the patient has made a claim for the First-Line* drug product(s) within the preceding 12 months, the claim for the step therapy drug will be approved.
2. The automated real-time claims adjudication system will read the patient's claims history to determine if the required First-Line* drug product(s) have been claimed within the preceding 12 months.
3. Subsequent claims for drug product(s) permitted by step therapy will continue to be approved as long as the drug product has been claimed within the preceding 12 months.
4. The regular special authorization approval process will continue to be available for step therapy approvals for those patients whose First-Line* drug claims cannot be adjudicated through the automated real-time claims adjudication system.

* A First-Line drug product includes any drug(s) or drug product(s) that, under the drug product's Special Authorization criteria, are required to be utilized before reimbursement for the drug product is permitted.

DRUG PRODUCTS NOT ELIGIBLE FOR CONSIDERATION BY SPECIAL AUTHORIZATION

The following categories of drug products are **not** eligible for special authorization:

1. Drug products **deleted** from the *List*.
2. Drug products **not yet reviewed** by the Alberta Health Expert Committee on Drug Evaluation and Therapeutics. This applies to:
   * products where a complete submission has been received from the manufacturer and the product is under review,
   * products where an incomplete submission has been received from the manufacturer, and
   * products where the manufacturer has not made a submission for review.

Drug products not yet reviewed may encompass new pharmaceutical products, new strengths of products already listed, reformulated products and new interchangeable (generic) products.

3. Drug products that have **completed the review** process and are **not included** on the *List.*
4. Most drugs available through Health Canada's Special Access Program.
5. Drug products when prescribed for cosmetic indications.
6. Nonprescription or over-the-counter drug products are generally not eligible.

Criteria for Coverage

Wording that appears within quotation marks (" ") in this section is the official special authorization criteria, as recommended by the Alberta Health Expert Committee on Drug Evaluation and Therapeutics, and approved by the Minister of Health. Wording that is not enclosed in quotation marks outlines specific information required to interpret criteria, guidelines for submitting requests and/or information regarding conditions under which coverage cannot be provided.

Products Available through Health Canada's Special Access Program

PEMOLINE

"For the treatment of attention deficit hyperactivity disorder where approval has been provided by Health Canada's Special Access Program."

37.5 MG **ORAL TABLET**
DIN N/A* CYLERT

75 MG **ORAL TABLET**
DIN N/A* CYLERT

**As Cylert has been withdrawn from market, the DINs are no longer valid. Where authorizations for Cylert have been granted, coverage for this product will be provided under PIN 00000999917.*

Other Products

The remaining drug products in this section are listed alphabetically according to the generic ingredient name of the drug. These products can be found on the following pages.

ALMOTRIPTAN MALATE

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

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

6.25 MG (BASE) ORAL TABLET				
00002398435	MYLAN-ALMOTRIPTAN	MYP	$	7.0433
12.5 MG (BASE) ORAL TABLET				
00002466821	**ALMOTRIPTAN**	**SNS**	$	**2.3478**
00002398443	**MYLAN-ALMOTRIPTAN**	**MYP**	$	**2.3478**
00002405334	**SANDOZ ALMOTRIPTAN**	**SDZ**	$	**2.3478**
00002434849	**TEVA-ALMOTRIPTAN**	**TEV**	$	**2.3478**

INFANT FORMULA

"For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the infant formulas which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement). Information is required regarding the patient's diagnosis, previous infant formulas utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other infant formulas."

ORAL POWDER

☒ 00000999543	PURAMINO A+	MJO	$	0.1275

"For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the infant formulas which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement). Information is required regarding the patient's diagnosis, previous infant formulas utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other infant formulas."

☒ 00000999568	NEOCATE WITH DHA & ARA	NUN	$	0.1581

"For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the infant formulas which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement). Information is required regarding the patient's diagnosis, previous infant formulas utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other infant formulas."

NARATRIPTAN HCL

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

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

1 MG (BASE) ORAL TABLET				
00002314290	**TEVA-NARATRIPTAN**	**TEV**	$	**12.4993**
00002237820	AMERGE	GSK	$	15.4403
2.5 MG (BASE) ORAL TABLET				
00002322323	**SANDOZ NARATRIPTAN**	**SDZ**	$	**6.1436**
00002314304	**TEVA-NARATRIPTAN**	**TEV**	$	**6.1436**
00002237821	AMERGE	GSK	$	16.2768

NUTRITIONAL PRODUCT

For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the nutritional products which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement).

Information is required regarding the patient's diagnosis, previous nutritional products utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other nutritional products.

ORAL LIQUID				
☒ 00000999402	BOOST FRUIT FLAVOURED BEVERAGE	NHN	$	0.0074
☒ 00000999890	ISOSOURCE 1.0 HP	NHN	$	0.0086
☒ 00000999886	ISOSOURCE FIBRE 1.0 HP	NHN	$	0.0088
☒ 00000999416	JEVITY 1.2 CAL	ABN	$	0.0130
☒ 00000999475	JEVITY 1.5 CAL	ABN	$	0.0149
☒ 00000999430	TWOCAL HN	ABN	$	0.0152
ORAL PUDDING				
☒ 00000999404	ENSURE	ABN	$	0.0111
☒ 00000999440	BOOST	NHN	$	0.0123

NUTRITIONAL PRODUCT (ADULT MEAL REPLACEMENT)

For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the nutritional products which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement).

Information is required regarding the patient's diagnosis, previous nutritional products utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other nutritional products.

ORAL LIQUID				
00000999427	BOOST HIGH PROTEIN	NHN	$	0.0074

NUTRITIONAL PRODUCT (ADULT)

For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the nutritional products which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement).

Information is required regarding the patient's diagnosis, previous nutritional products utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other nutritional products.

ORAL LIQUID				
☒ 00000999944	PEPTAMEN	NHN	$	0.0279
☒ 00000999435	PEPTAMEN WITH PREBIO 1	NHN	$	0.0279
☒ 00000999927	MCT OIL	NHN	$	0.0378
☒ 00000999421	PEPTAMEN 1.5	NHN	$	0.0400
☒ 00000999467	PEPTAMEN AF 1.2	NHN	$	0.0440
ORAL POWDER				
☒ 00000999935	SCANDISHAKE	AXC	$	0.0395
☒ 00000999929	TOLEREX	NHN	$	0.0503
☒ 00000999444	DUOCAL	NUN	$	0.0716
☒ 00000999415	BENEPROTEIN	NHN	$	0.0745
☒ 00000999983	VIVONEX T.E.N.	NHN	$	0.0842
☒ 00000999405	VIVONEX PLUS	NHN	$	0.0851

NUTRITIONAL PRODUCT (PEDIATRIC)

For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the nutritional products which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement).

Information is required regarding the patient's diagnosis, previous nutritional products utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other nutritional products.

ORAL LIQUID				
☒ 00000999426	COMPLEAT PEDIATRIC	NHN	$	0.0105
☒ 00000999434	PEDIASURE PLUS WITH FIBRE	ABN	$	0.0117
☒ 00000999853	COMPLEAT PEDIATRIC 1.5	NHN	$	0.0156
☒ 00000999565	KETOCAL	NUN	$	0.0258
☒ 00000999408	PEPTAMEN JUNIOR	NHN	$	0.0279
☒ 00000999391	NEOCATE SPLASH	NUN	$	0.0303
☒ 00000999553	PEPTAMEN JUNIOR 1.5	NHN	$	0.0416
ORAL POWDER				
☒ 00000999559	MODULEN IBD	NHN	$	0.0697
☒ 00000999445	KETOCAL	NUN	$	0.1145
☒ 00000999876	PURAMINO A+ JUNIOR	MJO	$	0.1219
☒ 00000999447	NEOCATE JUNIOR	NUN	$	0.1299
☒ 00000999560	NEOCATE JUNIOR WITH FIBRE	NUN	$	0.1299
☒ 00000999422	VIVONEX PEDIATRIC	NHN	$	0.1389

NUTRITIONAL PRODUCTS

For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the nutritional products which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement).

Information is required regarding the patient's diagnosis, previous nutritional products utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other nutritional products.

ORAL LIQUID				
☒ 00000999864	KETOVIE 3:1	CAM	$	0.0242
☒ 00000999866	KETOVIE 4:1	CAM	$	0.0242
☒ 00000999865	KETOVIE PEPTIDE 4:1	CAM	$	0.0322

RIZATRIPTAN BENZOATE

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

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

5 MG (BASE) ORAL TABLET				
00002393468	**APO-RIZATRIPTAN**	**APX**	$	**3.7050**
00002380455	**JAMP-RIZATRIPTAN**	**JPC**	$	**3.7050**
00002429233	**JAMP-RIZATRIPTAN IR**	**JPC**	$	**3.7050**
10 MG (BASE) ORAL TABLET				
00002381702	**ACT RIZATRIPTAN**	**APH**	$	**3.7050**
00002393476	**APO-RIZATRIPTAN**	**APX**	$	**3.7050**
00002441144	**AURO-RIZATRIPTAN**	**AUR**	$	**3.7050**
00002380463	**JAMP-RIZATRIPTAN**	**JPC**	$	**3.7050**
00002429241	**JAMP-RIZATRIPTAN IR**	**JPC**	$	**3.7050**
00002379678	**MAR-RIZATRIPTAN**	**MAR**	$	**3.7050**
00002240521	MAXALT	MFC	$	16.5163
5 MG (BASE) ORAL DISINTEGRATING TABLET				
00002483270	**ACCEL-RIZATRIPTAN ODT**	**ACP**	$	**2.9633**
00002458764	**CCP-RIZATRIPTAN ODT**	**CEL**	$	**2.9633**
00002379198	**MYLAN-RIZATRIPTAN ODT**	**MYP**	$	**2.9633**
00002465086	JAMP-RIZATRIPTAN ODT	JPC	$	3.7050
00002462788	MAR-RIZATRIPTAN ODT	MAR	$	3.7050
00002436604	NAT-RIZATRIPTAN ODT	NTP	$	3.7050
00002393360	PMS-RIZATRIPTAN RDT	PMS	$	3.7050
00002442906	RIZATRIPTAN ODT	SNS	$	3.7050
00002446111	RIZATRIPTAN ODT	SIV	$	3.7050
00002351870	SANDOZ RIZATRIPTAN ODT	SDZ	$	3.7050
00002396661	TEVA-RIZATRIPTAN ODT	TEV	$	3.7050
00002240518	MAXALT RPD	MFC	$	16.5163
10 MG (BASE) ORAL DISINTEGRATING TABLET				
00002483289	**ACCEL-RIZATRIPTAN ODT**	**ACP**	$	**2.9633**
00002458772	**CCP-RIZATRIPTAN ODT**	**CEL**	$	**2.9633**
00002379201	**MYLAN-RIZATRIPTAN ODT**	**MYP**	$	**2.9633**
00002465094	JAMP-RIZATRIPTAN ODT	JPC	$	3.7050
00002462796	MAR-RIZATRIPTAN ODT	MAR	$	3.7050
00002436612	NAT-RIZATRIPTAN ODT	NTP	$	3.7050
00002393379	PMS-RIZATRIPTAN RDT	PMS	$	3.7050
00002442914	RIZATRIPTAN ODT	SNS	$	3.7050
00002446138	RIZATRIPTAN ODT	SIV	$	3.7050
00002351889	SANDOZ RIZATRIPTAN ODT	SDZ	$	3.7050
00002396688	TEVA-RIZATRIPTAN ODT	TEV	$	3.7050
00002240519	MAXALT RPD	MFC	$	16.5163

SUMATRIPTAN HEMISULFATE

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

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

5 MG / DOSE (BASE) NASAL UNIT DOSE SPRAY				
00002230418	IMITREX	GSK	$	16.0217
20 MG / DOSE (BASE) NASAL UNIT DOSE SPRAY				
00002230420	IMITREX	GSK	$	16.4842

SUMATRIPTAN SUCCINATE

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

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

50 MG (BASE) ORAL TABLET				
00002268388	**APO-SUMATRIPTAN**	**APX**	$	**2.7732**
00002268914	**MYLAN-SUMATRIPTAN**	**MYP**	$	**2.7732**
00002256436	**PMS-SUMATRIPTAN**	**PMS**	$	**2.7732**
00002263025	**SANDOZ SUMATRIPTAN**	**SDZ**	$	**2.7732**
00002286521	**SUMATRIPTAN**	**SNS**	$	**2.7732**
00002385570	**SUMATRIPTAN DF**	**SIV**	$	**2.7732**
00002286823	**TEVA-SUMATRIPTAN DF**	**TEV**	$	**2.7732**
00002212153	IMITREX DF	GSK	$	16.5165
100 MG (BASE) ORAL TABLET				
00002268396	**APO-SUMATRIPTAN**	**APX**	$	**3.0549**
00002268922	**MYLAN-SUMATRIPTAN**	**MYP**	$	**3.0549**
00002256444	**PMS-SUMATRIPTAN**	**PMS**	$	**3.0549**
00002263033	**SANDOZ SUMATRIPTAN**	**SDZ**	$	**3.0549**
00002286548	**SUMATRIPTAN**	**SNS**	$	**3.0549**
00002385589	**SUMATRIPTAN DF**	**SIV**	$	**3.0549**
00002239367	**TEVA-SUMATRIPTAN**	**TEV**	$	**3.0549**
00002286831	**TEVA-SUMATRIPTAN DF**	**TEV**	$	**3.0549**
00002212161	IMITREX DF	GSK	$	18.1947
6 MG / SYR (BASE) INJECTION SYRINGE				
00002361698	**TARO-SUMATRIPTAN (0.5 ML)**	**TAR**	$	**37.9982**
00002212188	IMITREX (0.5 ML)	GSK	$	48.3778

ZOLMITRIPTAN

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

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

2.5 MG ORAL TABLET				
00002458780	**CCP-ZOLMITRIPTAN**	**CEL**	$	**3.5375**
00002477106	**JAMP ZOLMITRIPTAN**	**JPC**	$	**3.5375**
00002421623	**JAMP-ZOLMITRIPTAN**	**JPC**	$	**3.5375**
00002419521	**MINT-ZOLMITRIPTAN**	**MPI**	$	**3.5375**
00002421534	**NAT-ZOLMITRIPTAN**	**NTP**	$	**3.5375**
00002324229	**PMS-ZOLMITRIPTAN**	**PMS**	$	**3.5375**
00002362988	**SANDOZ ZOLMITRIPTAN**	**SDZ**	$	**3.5375**
00002313960	**TEVA-ZOLMITRIPTAN**	**TEV**	$	**3.5375**
00002238660	ZOMIG	AZC	$	14.9600
2.5 MG ORAL DISPERSIBLE TABLET				
00002428237	**JAMP-ZOLMITRIPTAN ODT**	**JPC**	$	**1.7532**
00002428474	**SEPTA-ZOLMITRIPTAN-ODT**	**SEP**	$	**1.7532**
00002243045	ZOMIG RAPIMELT	AZC	$	14.9600
5 MG / DOSE NASAL UNIT DOSE SPRAY				
00002248993	ZOMIG	AZC	$	14.9600

SECTION 3

Criteria for Special Authorization of Select Drug Products

CRITERIA FOR OPTIONAL SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

The drug products listed in this section may be considered for coverage by optional special authorization for Alberta Human Services clients.

Criteria for Coverage

Wording that appears within quotation marks (“ ”) in this section is the official Optional Special Authorization Criteria, as recommended by the Alberta Health Expert Committee on Drug Evaluation and Therapeutics, and approved by the Minister of Health. Wording that is not enclosed in quotation marks outlines specific information required to interpret criteria, guidelines for submitting requests and/or information regarding conditions under which coverage cannot be provided.

Role of the Prescribers

In conjunction with the criteria, prescribers have two options by which patients may be eligible for coverage of these select optional special authorization drug products.

1) Prescribers can register to be a *designated prescriber*. Registration allows for patients to receive coverage of select drug products **without Special Authorization** as long as the prescription is written for one of the criteria for coverage set out in this section. Should a designated prescriber wish to prescribe one of the select drug products outside the coverage criteria, they may do so but must indicate this on the prescription; however, patients will not be eligible for payment under the Alberta government-sponsored program for such prescription and the patient may choose to receive the product at their expense. The registration form may be found on the previous page.

2) Prescribers who choose not to register will be considered *non-designated prescribers*. Such prescribers **will be required to apply for Special Authorization** on the patient’s behalf.

ALBERTA BLUE CROSS®

ALBERTA GOVERNMENT SPONSORED DRUG BENEFIT PROGRAMS
OPTIONAL SPECIAL AUTHORIZATION

REGISTRATION FOR DESIGNATED PRESCRIBER STATUS
for *Alberta Drug Benefit List* Claim Coverage

Select Quinolone Antibiotics
ciprofloxacin, levofloxacin, moxifloxacin

Please complete all sections of this form and return it by fax to Alberta Blue Cross

Registrations will be accepted on an ongoing basis

PRESCRIBER LAST NAME	FIRST NAME	INITIAL	OFFICE PHONE	FAX

OFFICE ADDRESS	CITY	PROVINCE	POSTAL CODE

COLLEGE OF PHYSICIANS AND SURGEONS REGISTRATION NUMBER
OR PROFESSIONAL REGISTRATION NUMBER

I have reviewed the criteria for coverage of select quinolone products and I agree to abide by and only prescribe in accordance with such criteria as updated from time to time in the Optional Special Authorization section of the *Alberta Drug Benefit List*.

SIGNATURE OF PRESCRIBER (required) _____ **DATE** _____

The information on this form is being collected and pursuant to sections 20, 21 and 22 of the Health Information Act, and sections 33 and 34 of the Freedom of Information and Protection of Privacy Act, for the purposes of determining or verifying eligibility to participate in a program or receive a benefit, product or health service. If you have any questions regarding the collection or use of this information, please contact an Alberta Blue Cross privacy matters representative toll-free at 1-855-498-7302 or write to Privacy Matters, Alberta Blue Cross, 10009 - 108 Street, Edmonton AB T5J 3C5.

PLEASE RETURN YOUR COMPLETED REGISTRATION BY FAX TO 1-877-305-9911

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

"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,
- prostatitis,
- prophylaxis of urinary tract surgical procedures or
- gonococcal infections; or

3) Skin and Soft Tissue/Bone and Joint Infections:
- malignant/invasive otitis externa,
- 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,
- 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,
- therapy/step-down therapy of hospital acquired gram negative infections,
- 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.
- 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 60042).

100 MG / ML ORAL SUSPENSION				
00002237514	CIPRO	BAI	$	0.5750

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,
- prostatitis,
- prophylaxis of urinary tract surgical procedures or
- gonococcal infections; or

3) Skin and Soft Tissue/Bone and Joint Infections:
- malignant/invasive otitis externa,
- 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,
- 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,
- therapy/step-down therapy of hospital acquired gram negative infections,
- 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.
- 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 60042).

250 MG (BASE) ORAL TABLET

00002247339	**ACT CIPROFLOXACIN**	**APH**	$	**0.4454**
00002381907	**AURO-CIPROFLOXACIN**	**AUR**	$	**0.4454**
00002353318	**CIPROFLOXACIN**	**SNS**	$	**0.4454**
00002386119	**CIPROFLOXACIN**	**SIV**	$	**0.4454**
00002380358	**JAMP-CIPROFLOXACIN**	**JPC**	$	**0.4454**
00002379686	**MAR-CIPROFLOXACIN**	**MAR**	$	**0.4454**
00002423553	**MINT-CIPROFLOX**	**MPI**	$	**0.4454**
00002248437	**PMS-CIPROFLOXACIN**	**PMS**	$	**0.4454**
00002303728	**RAN-CIPROFLOX**	**RAN**	$	**0.4454**
00002248756	**SANDOZ CIPROFLOXACIN**	**SDZ**	$	**0.4454**

500 MG ORAL TABLET

00002247340	**ACT CIPROFLOXACIN**	**APH**	$	**0.5025**
00002381923	**AURO-CIPROFLOXACIN**	**AUR**	$	**0.5025**
00002353326	**CIPROFLOXACIN**	**SNS**	$	**0.5025**
00002386127	**CIPROFLOXACIN**	**SIV**	$	**0.5025**
00002380366	**JAMP-CIPROFLOXACIN**	**JPC**	$	**0.5025**
00002379694	**MAR-CIPROFLOXACIN**	**MAR**	$	**0.5025**
00002492008	**NRA-CIPROFLOXACIN**	**NRA**	$	**0.5025**
00002248438	**PMS-CIPROFLOXACIN**	**PMS**	$	**0.5025**
00002303736	**RAN-CIPROFLOX**	**RAN**	$	**0.5025**
00002248757	**SANDOZ CIPROFLOXACIN**	**SDZ**	$	**0.5025**

CIPROFLOXACIN HCL

750 MG (BASE) ORAL TABLET

00002247341	**ACT CIPROFLOXACIN**	**APH**	$	**0.9201**
00002380374	**JAMP-CIPROFLOXACIN**	**JPC**	$	**0.9201**
00002379708	**MAR-CIPROFLOXACIN**	**MAR**	$	**0.9201**
00002423588	**MINT-CIPROFLOX**	**MPI**	$	**0.9201**
00002248439	**PMS-CIPROFLOXACIN**	**PMS**	$	**0.9201**
00002303744	**RAN-CIPROFLOX**	**RAN**	$	**0.9201**
00002248758	**SANDOZ CIPROFLOXACIN**	**SDZ**	$	**0.9201**

LEVOFLOXACIN

250 MG ORAL TABLET

00002315424	**ACT LEVOFLOXACIN**	**TEV**	$	**1.2038**
00002284707	**APO-LEVOFLOXACIN**	**APX**	$	**1.2038**
00002298635	**SANDOZ LEVOFLOXACIN**	**SDZ**	$	**1.2038**

"To be prescribed according to ONE of the following criteria:

For the treatment of

1) Community acquired pneumonia after failure of first line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or

2) Community acquired pneumonia in patients with co-morbidities (asthma, lung cancer, COPD, diabetes, alcoholism, chronic renal or liver failure, CHF, chronic corticosteroid use, malnutrition or acute weight loss, hospitalization within previous 3 months, HIV/AIDS, smoking); or

3) Acute exacerbation of chronic bronchitis after failure of first and second line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or

4) Acute sinusitis after failure of first line therapy, as defined by clinical deterioration after 72 h of antibiotic therapy or lack of improvement after completion of antibiotic therapy, in patients with beta-lactam (penicillin and cephalosporin) allergy; or

5) For use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases."

All requests for Levofloxacin must be completed using the Select Quinolones Special Authorization Request Form (ABC 60042).

LEVOFLOXACIN

500 MG ORAL TABLET

00002315432	**ACT LEVOFLOXACIN**	**TEV**	$	**1.3718**
00002284715	**APO-LEVOFLOXACIN**	**APX**	$	**1.3718**
00002298643	**SANDOZ LEVOFLOXACIN**	**SDZ**	$	**1.3718**

"To be prescribed according to ONE of the following criteria:

For the treatment of

1) Community acquired pneumonia after failure of first line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or

2) Community acquired pneumonia in patients with co-morbidities (asthma, lung cancer, COPD, diabetes, alcoholism, chronic renal or liver failure, CHF, chronic corticosteroid use, malnutrition or acute weight loss, hospitalization within previous 3 months, HIV/AIDS, smoking); or

3) Acute exacerbation of chronic bronchitis after failure of first and second line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or

4) Acute sinusitis after failure of first line therapy, as defined by clinical deterioration after 72 h of antibiotic therapy or lack of improvement after completion of antibiotic therapy, in patients with beta-lactam (penicillin and cephalosporin) allergy; or

5) For use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases."

All requests for Levofloxacin must be completed using the Select Quinolones Special Authorization Request Form (ABC 60042).

LEVOFLOXACIN

750 MG ORAL TABLET

00002315440	**ACT LEVOFLOXACIN**	**TEV**	$	**4.8478**
00002325942	**APO-LEVOFLOXACIN**	**APX**	$	**4.8478**
00002298651	**SANDOZ LEVOFLOXACIN**	**SDZ**	$	**4.8478**

"To be prescribed according to ONE of the following criteria:

For the treatment of

1) Community acquired pneumonia after failure of first line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or

2) Community acquired pneumonia in patients with co-morbidities (asthma, lung cancer, COPD, diabetes, alcoholism, chronic renal or liver failure, CHF, chronic corticosteroid use, malnutrition or acute weight loss, hospitalization within previous 3 months, HIV/AIDS, smoking); or

3) Acute exacerbation of chronic bronchitis after failure of first and second line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or

4) Acute sinusitis after failure of first line therapy, as defined by clinical deterioration after 72 h of antibiotic therapy or lack of improvement after completion of antibiotic therapy, in patients with beta-lactam (penicillin and cephalosporin) allergy; or

5) For use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases."

All requests for Levofloxacin must be completed using the Select Quinolones Special Authorization Request Form (ABC 60042).

MOXIFLOXACIN HCL

"To be prescribed according to ONE of the following criteria:

For the treatment of

1) Community acquired pneumonia after failure of first line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or

2) Community acquired pneumonia in patients with co-morbidities (asthma, lung cancer, COPD, diabetes, alcoholism, chronic renal or liver failure, CHF, chronic corticosteroid use, malnutrition or acute weight loss, hospitalization within previous 3 months, HIV/AIDS, smoking); or

3) Acute exacerbation of chronic bronchitis after failure of first and second line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy; or

4) Acute sinusitis after failure of first line therapy, as defined by clinical deterioration after 72 h of antibiotic therapy or lack of improvement after completion of antibiotic therapy, in patients with beta-lactam (penicillin and cephalosporin) allergy; or

5) For use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases."

All requests for Moxifloxacin HCl must be completed using the Select Quinolones Special Authorization Request Form (ABC 60042).

400 MG (BASE) ORAL TABLET

00002478137	**AG-MOXIFLOXACIN**	**AGP**	$	**1.5230**
00002404923	**APO-MOXIFLOXACIN**	**APX**	$	**1.5230**
00002432242	**AURO-MOXIFLOXACIN**	**AUR**	$	**1.5230**
00002443929	**JAMP-MOXIFLOXACIN**	**JPC**	$	**1.5230**
00002447061	**JAMP-MOXIFLOXACIN**	**JPC**	$	**1.5230**
00002447053	**MAR-MOXIFLOXACIN**	**MAR**	$	**1.5230**
00002457814	**MED-MOXIFLOXACIN**	**GMP**	$	**1.5230**
00002383381	**SANDOZ MOXIFLOXACIN**	**SDZ**	$	**1.5230**
00002375702	**TEVA-MOXIFLOXACIN**	**TEV**	$	**1.5230**

RARE DISEASES DRUG COVERAGE PROGRAM

Selected drug products used in the treatment of rare diseases may be considered for coverage for individuals covered under Alberta government-sponsored drug programs. The Minister of Health makes the final decisions regarding coverage under this Program, and may list a drug product under this section when the Minister considers it in the public interest to do so.[1].

RARE DISEASES DRUG COVERAGE

In order to be eligible for the Rare Diseases Drug Coverage Program, an individual must:

- have Alberta government-sponsored drug coverage;
- be continuously registered in the Alberta Health Care Insurance Plan for a minimum of five years unless:
    - the individual is less than five years of age at the date of the application, then the individual's parent/guardian/legal representative must be registered continuously in the Alberta Health Care Insurance Plan for a minimum of five years;

    OR

    - the individual has moved to Alberta from another province or territory in Canada (the "province of origin"), and immediately prior to moving to Alberta, was covered for a drug product listed in this section in the province of origin by a provincial or territorial government sponsored drug plan, and the individual has been registered in the Alberta Health Care Insurance Plan (the individual must provide supporting documentation from the province of origin to prove prior coverage).
- meet the clinical criteria for a rare disease drug product published on the *List*;
- have a *Rare Diseases Drug Coverage Application* form ("Application") submitted on their behalf to Alberta Blue Cross by the individual's "Rare Disease Specialist";
- have the Application reviewed and approved for coverage by the Alberta Rare Diseases Clinical Review Panel ("Review Panel")
- complete the required forms, and consent to and acknowledge that
    - approval for initial and continued coverage is conditional upon clinical outcomes;
    - regular monitoring of the individual's clinical outcomes will be required, and
    - that coverage will be discontinued if there is inadequate response or the individual's condition deteriorates as outlined in the withdrawal criteria established in relation to a specific rare diseases drug product and/or as assessed by the Review Panel.

Contraindications

In addition to meeting the above criteria, the individual must not have the following contraindications:

- Significant illness, not including one of the rare diseases, likely to substantially alter or reduce life expectancy**.**

[1] Section 1 of the ADBL does not apply to the Rare Diseases Drug Coverage Program

SECTION 4

Rare Diseases Drug Coverage Program

Rare Diseases Drugs Eligible for Coverage

Drug products approved by Health Canada for the treatment of Rare Diseases may be considered for coverage in accordance with this section.

Rare Diseases are genetic, lysosmal storage disorders occurring at a rate of less than one per 50,000 for the Canadian population for a specific disease (as determined by Alberta Health).

As of April 1, 2009, drug products for the treatment of the following rare diseases are currently under consideration for coverage:

- Gaucher's disease
- Fabry disease
- MPS-I (Hurler/Hurler Scheie)
- Hunter disease
- Pompe disease

Alberta Rare Diseases Clinical Review Panel

The Alberta Rare Diseases Clinical Review Panel ("Review Panel") is a review panel composed of specialists treating rare diseases and other health professionals with clinical expertise, appointed by the Minister of Health.

The Review Panel's functions include:

- Providing advice to Alberta Health regarding the Rare Diseases Drug Coverage Program;
- Reviewing and applying clinical knowledge and skills to individual applications for Rare Diseases Drug Coverage; and
- Providing advice to the Expert Committee on Drug Evaluation and Therapeutics regarding drug products under consideration for coverage under this section, clinical criteria for rare diseases drug products and identifying appropriate "Rare Disease Specialists".

Process for Rare Diseases Drug Coverage

Participating "Rare Disease Specialists" must complete a Rare Diseases Drug Coverage Application form for each individual. The form must be the one specific to the rare diseases drug product being requested. The completed application may be forwarded to Alberta Blue Cross by mail or by facsimile.

To be considered for Rare Diseases Drug Coverage, the "Rare Disease Specialist" must confirm the individual (or individual's parent/guardian/legal representative) has been provided with information regarding the Rare Diseases Drug Coverage Program and have completed the required forms.

Alberta Blue Cross, in providing administrative support to the Review Panel, receives and screens each application for completeness, then forwards to Alberta Health to confirm that the individual has met the Alberta Health Care Insurance Plan registration requirement (please see above).

Once it has been confirmed that the individual meets the Alberta Health Care Insurance Plan registration requirement, Alberta Blue Cross forwards the application to the Review Panel for assessment. Alberta Blue Cross responds to applicants on the Review Panel's behalf. After an application has been assessed by the Review Panel, Alberta Blue Cross notifies the individual's "Rare Disease Specialist" and the individual or individual's parent/guardian/legal representative by letter of the Review Panel's decision. Eligibility will be effective the date coverage is approved by the Review Panel.

Renewals require a new drug product specific Rare Diseases Drug Coverage Application form that is completed by a "Rare Disease Specialist".

To be eligible for Rare Diseases Drug Coverage, prescriptions must be written by a "Rare Disease Specialist" as identified by the eligibility criteria for the drug product. To avoid wastage, prescription quantities are limited to a one-month supply. Extended quantity and vacation supplies are not permitted. Out-of-country claims will only be reimbursed in accordance with standard rules and regulations; individuals should verify with Alberta Blue Cross these rules and regulations prior to obtaining drug products out of the country

Government will not be responsible for reimbursement of costs associated with wastage or improper storage of rare diseases drug products.

Prior approval must be granted to ensure coverage. Approval is granted for a specific period, to a maximum of 12 months. If continued treatment is necessary, it is the responsibility of the individual or individual's parent/guardian/legal representative and the "Rare Disease Specialist" to re-apply for drug product coverage prior to the expiry date of the authorization period.

PART 2

Pharmacologic – Therapeutic Classification of Drugs

00:00 NON-CLASSIFIED DRUGS

00:00.02

(DIABETES SUPPLIES)

BLOOD GLUCOSE METER

00000990024	BLOOD GLUCOSE METER	XXX	$	0.0000

The blood glucose meter is a benefit upon written order from a physician, and is limited to a "one time" benefit not exceeding $70.00 per participant.

DIABETES SUPPLIES

☒ 00000999955	BLOOD GLUCOSE TEST STRIPS	XXX	$	0.0000
☒ 00000999941	BLOOD LETTING LANCET	XXX	$	0.0000
☒ 00000990058	GLUCOSE CALIBRATION SOLUTION	XXX	$	0.0000
☒ 00000990045	INFUSION SETS (TUBING & NEEDLE)	XXX	$	0.0000
☒ 00000990057	INSULIN CARTRIDGES / RESERVOIRS	XXX	$	0.0000
☒ 00000999985	INSULIN PEN NEEDLES	XXX	$	0.0000
☒ 00000999952	INSULIN SYRINGES	XXX	$	0.0000
☒ 00000999942	LANCING DEVICE	XXX	$	0.0000
☒ 00000999957	URINE TEST STRIPS	XXX	$	0.0000

02:00 PEDIATRIC COUGH AND COLD PREPARATIONS

02:00

BROMPHENIRAMINE MALEATE/ PHENYLEPHRINE HCL

RESTRICTED BENEFIT - This product is a benefit for patients 6 to 17 years of age inclusive.

0.4 MG / ML * 1 MG / ML ORAL LIQUID

00002243980	DIMETAPP COLD	GKC	$	0.0513

DEXTROMETHORPHAN HBR/ PSEUDOEPHEDRINE HCL

RESTRICTED BENEFIT - This product is a benefit for patients 6 to 17 years of age inclusive.

1.5 MG / ML * 3 MG / ML ORAL LIQUID

00002044013	ROBITUSSIN CHILDRENS COUGH AND COLD	GKC	$	0.0518

04:00 ANTIHISTAMINE DRUGS

04:02 PEDIATRIC ANTIHISTAMINES

CYPROHEPTADINE HCL

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

4 MG ORAL TABLET

00002332248	CYPROHEPTADINE	JPC	$	0.8334

DESLORATADINE

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

0.5 MG / ML ORAL SYRUP

00002247193	AERIUS KIDS	BIC	$	0.0700

04:00 ANTIHISTAMINE DRUGS

04:02 PEDIATRIC ANTIHISTAMINES

DIPHENHYDRAMINE HCL

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

2.5 MG / ML ORAL ELIXIR

00002298503	DIPHENHYDRAMINE	JPC	$	0.0459

LORATADINE

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

1 MG / ML ORAL SYRUP

00002241523	CLARITIN	BIC	$	0.0542

08:00 ANTI-INFECTIVE AGENTS

08:14.08 ANTIFUNGALS (AZOLES)

FLUCONAZOLE

150 MG ORAL CAPSULE

☒ 00002241895	APO-FLUCONAZOLE-150	APX	$	3.9400
☒ 00002432471	JAMP-FLUCONAZOLE	JPC	$	3.9400
☒ 00002428792	MAR-FLUCONAZOLE-150	MAR	$	3.9400

12:00 AUTONOMIC DRUGS

12:92 MISCELLANEOUS AUTONOMIC DRUGS

BUPROPION HCL

150 MG ORAL SUSTAINED-RELEASE TABLET

☒ 00002238441	ZYBAN	VCL	$	1.0476

NICOTINE

RESTRICTED BENEFIT - Coverage is limited to a lifetime maximum of $500.00 per participant for all over the counter smoking cessation products listed in the Alberta Human Services Drug Benefit Supplement.

1 MG / DOSE BUCCAL SPRAY

00080038858	NICORETTE QUICKMIST	MCL	$	0.2119

2 MG ORAL GUM

00002091933	NICORETTE	JJI	$	0.3027

4 MG ORAL GUM

00002091941	NICORETTE	JJI	$	0.3027

10 MG INHALATION CARTRIDGE

00002241742	NICORETTE INHALER	JJI	$	0.7567

7 MG/DAY TRANSDERMAL PATCH

☒ 00001943057	HABITROL 7 MG/DAY	GKC	$	2.6786
☒ 00002241227	TRANSDERMAL NICOTINE 7 MG/DAY	GKC	$	2.7257
☒ 00002093111	NICODERM 7 MG/DAY	JJI	$	3.7242

14 MG/DAY TRANSDERMAL PATCH

☒ 00001943065	HABITROL 14 MG/DAY	GKC	$	2.6786
☒ 00002241226	TRANSDERMAL NICOTINE 14 MG/DAY	GKC	$	2.7257
☒ 00002093138	NICODERM 14 MG/DAY	JJI	$	3.7242

21 MG/DAY TRANSDERMAL PATCH

☒ 00001943073	HABITROL 21 MG/DAY	GKC	$	2.6786
☒ 00002241228	TRANSDERMAL NICOTINE 21 MG/DAY	GKC	$	2.7257
☒ 00002093146	NICODERM 21 MG/DAY	JJI	$	3.7242

20:00 BLOOD FORMULATION, COAGULATION AND THROMBOSIS

20:04.04 ANTIANEMIA DRUGS (IRON PREPARATIONS)

FERROUS FUMARATE

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

60 MG / ML ORAL SUSPENSION					
☒	00080029822	JAMP-FERROUS FUMARATE	JPC	$	0.0821
☒	00001923439	PALAFER	VCL	$	0.0900

FERROUS SULFATE

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

30 MG / ML ORAL LIQUID					
	00080008295	JAMP FERROUS SULFATE	JPC	$	0.0272
30 MG / ML ORAL SYRUP					
	00000758469	**FERODAN**	**ODN**	$	**0.0272**
	00000017884	FER-IN-SOL	MJO	$	0.0519
75 MG / ML ORAL DROPS					
	00002237385	**FERODAN INFANT**	**ODN**	$	**0.1432**
☒	00080008309	JAMP FERROUS SULFATE INFANT DROPS	JPC	$	0.1432
	00000762954	FER-IN-SOL	MJO	$	0.2558

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.04.92 ANALGESICS AND ANTIPYRETICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS)

IBUPROFEN

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

20 MG / ML ORAL SUSPENSION					
☒	00002242365	CHILDREN'S MOTRIN	MCL	$	0.0472
☒	00002232297	CHILDREN'S ADVIL	GKC	$	0.0655

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.92 ANALGESICS AND ANTIPYRETICS (MISCELLANEOUS ANALGESICS AND ANTIPYRETICS)

ACETAMINOPHEN

500 MG ORAL TABLET					
☒	00002355299	JAMP-ACETAMINOPHEN BLAZON	JPC	$	0.0271
☒	00001939122	JAMP-ACETAMINOPHEN EXTRA STRENGTH	JPC	$	0.0271
☒	00002252813	ACETAMINOPHEN EXTRA STRENGTH	CEL	$	0.0285
	00002229977	**APO-ACETAMINOPHEN (CAPLET)**	**APX**	$	**0.0285**
	00000482323	**NOVO GESIC FORTE**	**TEV**	$	**0.0285**
	00000559407	TYLENOL EXTRA STRENGTH	MCL	$	0.1200
	00000723908	TYLENOL EXTRA-STRENGTH (CAPLET)	MCL	$	0.1200
32 MG / ML ORAL SOLUTION					
	00002027798	PEDIATRIX	TEV	$	0.0434
16 MG / ML ORAL SYRUP					
	00000884553	CHILDRENS TEMPRA	PAL	$	0.0413

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:08.92 ANALGESICS AND ANTIPYRETICS (MISCELLANEOUS ANALGESICS AND ANTIPYRETICS)

ACETAMINOPHEN

32 MG / ML ORAL SYRUP				
00000875996	TEMPRA D.S.	PAL	$	0.0413
80 MG / ML ORAL DROPS				
00002027801	PEDIATRIX	TEV	$	0.1510
120 MG RECTAL SUPPOSITORY				
00002230434	ACET 120	PPH	$	0.9315
325 MG RECTAL SUPPOSITORY				
00002230436	ACET 325	PPH	$	0.9315
650 MG RECTAL SUPPOSITORY				
00002230437	ACET 650	PPH	$	0.9315

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.08.04 PSYCHOTHERAPEUTIC AGENTS ANTIPSYCHOTICS (ATYPICAL ANTIPSYCHOTICS)

ARIPIPRAZOLE

2 MG ORAL TABLET				
00002471086	**APO-ARIPIPRAZOLE**	**APX**	$	**0.8092**
00002460025	**AURO-ARIPIPRAZOLE**	**AUR**	$	**0.8092**
00002483556	**MINT-ARIPIPRAZOLE**	**MPI**	$	**0.8092**
00002466635	**PMS-ARIPIPRAZOLE**	**PMS**	$	**0.8092**
00002473658	**SANDOZ ARIPIPRAZOLE**	**SDZ**	$	**0.8092**
00002322374	ABILIFY	OTS	$	3.1618

ALBERTA HUMAN SERVICES RESTRICTED BENEFIT

This Drug Product is a benefit for Alberta Human Services clients 13 years of age and older.

5 MG ORAL TABLET				
00002471094	**APO-ARIPIPRAZOLE**	**APX**	$	**0.9046**
00002460033	**AURO-ARIPIPRAZOLE**	**AUR**	$	**0.9046**
00002483564	**MINT-ARIPIPRAZOLE**	**MPI**	$	**0.9046**
00002466643	**PMS-ARIPIPRAZOLE**	**PMS**	$	**0.9046**
00002473666	**SANDOZ ARIPIPRAZOLE**	**SDZ**	$	**0.9046**
00002322382	ABILIFY	OTS	$	3.5591

ALBERTA HUMAN SERVICES RESTRICTED BENEFIT

This Drug Product is a benefit for Alberta Human Services clients 13 years of age and older.

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:16.08.04 PSYCHOTHERAPEUTIC AGENTS ANTIPSYCHOTICS (ATYPICAL ANTIPSYCHOTICS)

ARIPIPRAZOLE

10 MG ORAL TABLET

00002471108	**APO-ARIPIPRAZOLE**	**APX**	$	**1.0754**
00002460041	**AURO-ARIPIPRAZOLE**	**AUR**	$	**1.0754**
00002483572	**MINT-ARIPIPRAZOLE**	**MPI**	$	**1.0754**
00002466651	**PMS-ARIPIPRAZOLE**	**PMS**	$	**1.0754**
00002473674	**SANDOZ ARIPIPRAZOLE**	**SDZ**	$	**1.0754**
00002322390	ABILIFY	OTS	$	4.1016

RESTRICTED BENEFIT - This product is a benefit for Alberta Human Services clients 13 years of age and older.

15 MG ORAL TABLET

00002471116	**APO-ARIPIPRAZOLE**	**APX**	$	**1.2692**
00002460068	**AURO-ARIPIPRAZOLE**	**AUR**	$	**1.2692**
00002483580	**MINT-ARIPIPRAZOLE**	**MPI**	$	**1.2692**
00002466678	**PMS-ARIPIPRAZOLE**	**PMS**	$	**1.2692**
00002473682	**SANDOZ ARIPIPRAZOLE**	**SDZ**	$	**1.2692**
00002322404	ABILIFY	OTS	$	4.1016

RESTRICTED BENEFIT - This product is a benefit for Alberta Human Services clients 13 years of age and older.

20 MG ORAL TABLET

00002471124	**APO-ARIPIPRAZOLE**	**APX**	$	**1.0017**
00002460076	**AURO-ARIPIPRAZOLE**	**AUR**	$	**1.0017**
00002483599	**MINT-ARIPIPRAZOLE**	**MPI**	$	**1.0017**
00002466686	**PMS-ARIPIPRAZOLE**	**PMS**	$	**1.0017**
00002473690	**SANDOZ ARIPIPRAZOLE**	**SDZ**	$	**1.0017**
00002322412	ABILIFY	OTS	$	4.1016

RESTRICTED BENEFIT - This product is a benefit for Alberta Human Services clients 13 years of age and older.

30 MG ORAL TABLET

00002471132	**APO-ARIPIPRAZOLE**	**APX**	$	**1.0017**
00002460084	**AURO-ARIPIPRAZOLE**	**AUR**	$	**1.0017**
00002483602	**MINT-ARIPIPRAZOLE**	**MPI**	$	**1.0017**
00002466694	**PMS-ARIPIPRAZOLE**	**PMS**	$	**1.0017**
00002473704	**SANDOZ ARIPIPRAZOLE**	**SDZ**	$	**1.0017**
00002322455	ABILIFY	OTS	$	4.1016

RESTRICTED BENEFIT - This product is a benefit for Alberta Human Services clients 13 years of age and older.

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE

40:12 REPLACEMENT PREPARATIONS

SODIUM CHLORIDE/ POTASSIUM CHLORIDE (K+)(CL-)/ SODIUM CITRATE,ACID/ DEXTROSE

470 MG / G * 300 MG / G * 530 MG / G * 3.56 G / G ORAL POWDER

00001931563	GASTROLYTE	SAV	$	0.1622

SODIUM CHLORIDE/ SODIUM CITRATE,ACID/ DEXTROSE/ POTASSIUM CITRATE (K+)

470 MG * 530 MG * 3.56 G * 390 MG ORAL POWDER PACKET

00080027403	JAMP REHYDRALYTE	JPC	$	0.7010

SODIUM/ POTASSIUM/ CHLORIDE/ CITRATE/ DEXTROSE

0.045 MEQ / ML * 0.02 MEQ / ML * 0.035 MEQ / ML * 0.03 MEQ / ML * 0.025 G / ML ORAL LIQUID

00002219883	PEDIATRIC ELECTROLYTE	PPH	$	0.0074

SODIUM/ POTASSIUM/ CHLORIDE/ CITRATE/ ZINC/ DEXTROSE

0.045 MEQ / ML * 0.02 MEQ / ML * 0.035 MEQ / ML * 0.014 MEQ / ML * 0.0078 MG / ML * 0.025 G / ML ORAL SOLUTION

00080072902	PEDIALYTE (UNFLAVOURED)	ABN	$	0.0074

0.045 MEQ / ML * 0.02 MEQ / ML * 0.035 MEQ / ML * 0.0255 MEQ / ML * 0.0078 MG / ML * 0.025 G / ML ORAL SOLUTION

00080074173	PEDIALYTE (FLAVOURED)	ABN	$	0.0074

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE

40:20 CALORIC AGENTS

INFANT FORMULA

ORAL LIQUID

00000999449	ALIMENTUM	ABN	$	0.0066

ORAL POWDER

☒ 00000999788	SIMILAC ALIMENTUM	ABN	$	0.0381
☒ 00000999465	SIMILAC NEOSURE	ABN	$	0.0403
☒ 00000999564	ENFAMIL ENFACARE A+	MJO	$	0.0422
☒ 00000999520	NUTRAMIGEN A+ HYPOALLERGENIC	MJO	$	0.0457

NUTRITIONAL PRODUCT

ORAL LIQUID

☒ 00000999889	ISOSOURCE 1.2	NHN	$	0.0064
☒ 00000999895	ISOSOURCE FIBRE 1.2	NHN	$	0.0076
☒ 00000999888	ISOSOURCE 1.5	NHN	$	0.0077
☒ 00000999896	ISOSOURCE FIBRE 1.5	NHN	$	0.0077
☒ 00009998877	ISOSOURCE 2.0	NHN	$	0.0111
☒ 00000999938	JEVITY 1 CAL	ABN	$	0.0114

NUTRITIONAL PRODUCT (ADULT MEAL REPLACEMENT)

ORAL LIQUID

☒ 00000999932	BOOST 1.5 PLUS CALORIES	NHN	$	0.0068
☒ 00000999920	BOOST	NHN	$	0.0074
☒ 00000999921	BOOST PLUS CALORIES	NHN	$	0.0074
☒ 00000999902	ENSURE PLUS	ABN	$	0.0080
☒ 00000999901	ENSURE REGULAR	ABN	$	0.0080
☒ 00000999525	ENSURE SCFOS FIBRE	ABN	$	0.0080
☒ 00000999409	RESOURCE 2.0	NHN	$	0.0088

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE

40:20 CALORIC AGENTS

NUTRITIONAL PRODUCT (ADULT)

ORAL LIQUID				
☒ 00000999966	COMPLEAT	NHN	$	0.0083
☒ 00000999856	COMPLEAT 1.5	NHN	$	0.0116

NUTRITIONAL PRODUCT (DIABETIC)

ORAL LIQUID				
☒ 00000999413	RESOURCE DIABETIC	NHN	$	0.0072
☒ 00000999940	GLUCERNA	ABN	$	0.0079
ORAL LIQUID				
00000999483	BOOST DIABETIC	NHN	$	0.0074

NUTRITIONAL PRODUCT (PEDIATRIC)

ORAL LIQUID				
☒ 00000999418	NUTREN JUNIOR	NHN	$	0.0069
☒ 00000999419	NUTREN JUNIOR FIBRE W PREBIO 1	NHN	$	0.0069
☒ 00000999458	RESOURCE KID ESSENTIALS 1.5 CAL	NHN	$	0.0100
☒ 00000999933	PEDIASURE	ABN	$	0.0107
☒ 00000990029	PEDIASURE FIBRE	ABN	$	0.0107
☒ 00000989998	PEDIASURE PEPTIDE 1 CAL	ABN	$	0.0110

NUTRITIONAL PRODUCT (RENAL)

ORAL LIQUID				
☒ 00000990056	NOVASOURCE RENAL	NHN	$	0.0092
☒ 00000999545	NEPRO	ABN	$	0.0095
☒ 00000999414	SUPLENA	ABN	$	0.0099

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:02 ANTIALLERGIC AGENTS

SODIUM CROMOGLYCATE

Not a benefit for Alberta Human Services Group 19824 and Group 20403 clients.

2 % OPHTHALMIC SOLUTION				
00002230621	**OPTICROM**	**ALL**	$	**1.0130**
00002009277	CROMOLYN	PPH	$	1.0474

52:00 EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

52:92 MISCELLANEOUS EENT DRUGS

SODIUM CHLORIDE

0.9 % NASAL SOLUTION				
00080024901	SALINEX (DROPS)	EXP	$	0.1650

56:00 GASTROINTESTINAL DRUGS

56:08 ANTIDIARRHEA AGENTS

LOPERAMIDE HCL

2 MG ORAL TABLET				
00002228351	**PMS-LOPERAMIDE (CAPLET)**	**PMS**	$	**0.0952**
00002132591	**TEVA-LOPERAMIDE (CAPLET)**	**TEV**	$	**0.0952**
0.13 MG / ML ORAL SOLUTION				
00002291800	IMODIUM	MCL	$	0.0364

56:00 GASTROINTESTINAL DRUGS

56:12 CATHARTICS AND LAXATIVES

BISACODYL

5 MG ORAL ENTERIC-COATED TABLET

00000254142	DULCOLAX	SAV	$	0.1950

10 MG RECTAL SUPPOSITORY

☒ 00002361450	BISACODYL	JPC	$	0.4681
☒ 00002241091	THE MAGIC BULLET	DCM	$	0.9100
☒ 00000003875	DULCOLAX	SAV	$	1.1800

DOCUSATE SODIUM

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

4 MG / ML ORAL SYRUP

00002086018	**COLACE**	**WSB**	$	**0.0220**
00000870226	**RATIO-DOCUSATE SODIUM**	**TEV**	$	**0.0220**

10 MG / ML ORAL DROPS

00002090163	COLACE	WSB	$	0.1770

GLYCERIN

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

RECTAL PEDIATRIC SUPPOSITORY

00001926047	GLYCERIN INFANT	WSB	$	0.1783

POLYETHYLENE GLYCOL/ POTASSIUM CHLORIDE (K+)/ SODIUM SULFATE/ SODIUM CHLORIDE/ SODIUM BICARBONATE

238.18 G / G * 3.05 G / G * 22.96 G / G * 5.85 G / G * 6.76 G / G ORAL POWDER

00000777838	PEG-LYTE	PPH	$	0.0785

RESTRICTED BENEFIT - This product is a benefit for patients 18 years of age and older for bowel cleansing prior to procedures (such as colonoscopy). Coverage is restricted to a total of 840g (i.e. 3 fills of 280g) per patient per year.

POLYETHYLENE GLYCOL/ SODIUM SULFATE/ SODIUM BICARBONATE/ SODIUM CHLORIDE/ POTASSIUM CHLORIDE (K+)

238.8 G / G * 22.7 G / G * 6.7 G / G * 5.8 G / G * 3 G / G ORAL POWDER

00000677442	COLYTE	PPH	$	0.0785

RESTRICTED BENEFIT - This product is a benefit for patients 18 years of age and older for bowel cleansing prior to procedures (such as colonoscopy). Coverage is restricted to a total of 840g (i.e. 3 fills of 280g) per patient per year.

SODIUM PHOSPHATE/ SODIUM ACID PHOSPHATE

10.4 G / ENM * 3.9 G / ENM RECTAL ENEMA

00002231170	**ENE-MED**	**HJS**	$	**1.9500**
00000009911	FLEET ENEMA	CBF	$	3.8800

10.4 G / ENM * 3.9 G / ENM RECTAL PEDIATRIC ENEMA

00000108065	FLEET ENEMA PEDIATRIC (65 ML)	CBF	$	3.9000

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

56:00 GASTROINTESTINAL DRUGS

56:16 DIGESTANTS

LACTASE

3,000 UNIT ORAL TABLET				
00002230653	LACTAID	MCL	$	0.1407
4,500 UNIT ORAL TABLET				
00002230654	EXTRA STRENGTH LACTAID	MCL	$	0.2119
9,000 UNIT ORAL TABLET				
☒ 00080070358	JAMP-LACTASE ENZYME	JPC	$	0.2928
☒ 00002231507	LACTAID ULTRA (CAPLET)	MCL	$	0.3517
3,000 UNIT ORAL CHEWABLE TABLET				
00002239139	JAMP-LACTASE ENZYME	JPC	$	0.1036
4,500 UNIT ORAL CHEWABLE TABLET				
00080018706	JAMP-LACTASE ENZYME	JPC	$	0.1283

56:00 GASTROINTESTINAL DRUGS

56:22.08 ANTIEMETICS (ANTIHISTAMINES)

DIMENHYDRINATE

50 MG ORAL TABLET				
00002245416	JAMP-DIMENHYDRINATE	JPC	$	0.0450
50 MG RECTAL SUPPOSITORY				
00000392553	SANDOZ DIMENHYDRINATE	SDZ	$	0.6080
100 MG RECTAL SUPPOSITORY				
☒ 00000392545	SANDOZ DIMENHYDRINATE	SDZ	$	0.6195

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.08.08 ANTI-INFECTIVES ANTIFUNGALS (AZOLES)

CLOTRIMAZOLE

1 % TOPICAL CREAM				
00002239432	CANESTEN EXTERNAL CREAM REFILL	BIC	$	0.3962
1 % VAGINAL CREAM				
☒ 00000812366	CLOTRIMADERM	TAR	$	0.2176
☒ 00002150891	CANESTEN 6	BIC	$	0.2560
2 % VAGINAL CREAM				
☒ 00000812374	CLOTRIMADERM	TAR	$	0.4352
☒ 00002150905	CANESTEN 3	BIC	$	0.5223
10 % VAGINAL CREAM				
00002150883	CANESTEN 1	BIC	$	2.6620

CLOTRIMAZOLE/ CLOTRIMAZOLE

1 % * 10 % TOPICAL/VAGINAL CREAM/CREAM				
00002230509	CANESTEN 1 CREAM COMBI-PAK	BIC	$	14.5400
200 MG * 1 % VAGINAL/TOPICAL TABLET/CREAM				
00002264099	CANESTEN 3 COMFORTAB COMBI-PAK	BIC	$	14.2600
500 MG * 1 % VAGINAL/TOPICAL TABLET/CREAM				
00002264102	CANESTEN 1 COMFORTAB COMBI-PAK	BIC	$	14.5400

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.08.08 ANTI-INFECTIVES ANTIFUNGALS (AZOLES)

MICONAZOLE NITRATE

2 % VAGINAL CREAM

00002231106	MICOZOLE	TAR	$	0.2774

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.08.28 ANTI-INFECTIVES ANTIFUNGALS (POLYENES)

NYSTATIN

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

100,000 UNIT / G TOPICAL CREAM

00000716871	NYADERM	TAR	$	0.0698

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04.12 ANTI-INFECTIVES (SCABICIDES AND PEDICULICIDES)

DIMETHICONE

50 % TOPICAL SOLUTION

00002373785	NYDA	GXP	$	0.4484

ISOPROPYL MYRISTATE

50 % TOPICAL SOLUTION

00002279592	RESULTZ	ARA	$	0.1022

PERMETHRIN

5 % TOPICAL CREAM

00002219905	NIX DERMAL	GKC	$	0.4977

5 % TOPICAL LOTION

00002231348	KWELLADA-P	MTC	$	0.5053

10 MG / ML TOPICAL RINSE

00000771368	**NIX CREME**	**IPH**	$	**0.1907**
00002231480	KWELLADA-P CREME	MTC	$	0.2328

PYRETHRINS/ PIPERONYL BUTOXIDE

0.33 % * 3 % TOPICAL SHAMPOO

00002125447	R & C SHAMPOO WITH CONDITIONER	MTC	$	0.1558

88:00 VITAMINS

88:16 VITAMIN D

VITAMIN D3

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

400 UNIT / ML ORAL DROPS

☒	00080003038	JAMP-VITAMIN D	JPC	$	0.1697
☒	00000762881	D-VI-SOL INFANT	MJO	$	0.1996
☒	00080019649	D3-DOL	JPC	$	5.3892

88:00 VITAMINS

88:28 MULTIVITAMIN PREPARATIONS

VITAMIN A ACETATE/ THIAMINE MONONITRATE/ RIBOFLAVIN (VITAMIN B2)/ PYRIDOXINE HCL/ CYANOCOBALAMIN/ SODIUM ASCORBATE/ VITAMIN D/ FOLIC ACID/ NIACINAMIDE (NICOTINAMIDE)

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

1,600 UNIT (BASE) * 1.5 MG * 1.5 MG * 1 MG * 3 MCG * 50 MG * 400 UNIT * 0.1 MG * 8 MG ORAL CHEWABLE TABLET

00002247975	FLINTSTONES MULTI VITAMINS W EXTRA C	BIC	$	0.1362

VITAMIN A PALMITATE/ VITAMIN D/ ASCORBIC ACID

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

2,500 UNIT / ML (BASE) * 667 UNIT / ML * 50 MG / ML ORAL DROPS

00000762903	TRI-VI-SOL	MJO	$	0.2346

VITAMIN A PALMITATE/ VITAMIN D/ SODIUM ASCORBATE/ THIAMINE HCL/ RIBOFLAVIN (VITAMIN B2)/ NIACINAMIDE (NICOTINAMIDE)

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

1,500 UNIT / ML * 400 UNIT / ML * 30 MG / ML * 0.5 MG / ML * 0.6 MG / ML * 4 MG / ML ORAL DROPS

00000762946	POLY-VI-SOL	MJO	$	0.2346

88:00 VITAMINS

88:28.01 MULTIVITAMIN PREPARATIONS (VITAMINS & MINERALS)

BETA CAROTENE/ BIOTIN/ CALCIUM CARBONATE/ CHROMIUM CHLORIDE/ COPPER CITRATE/ FOLIC ACID/ POTASSIUM IODIDE/ IRON/ MAGNESIUM OXIDE/ MANGANESE/ SODIUM MOLYBDATE/ NIACINAMIDE (NICOTINAMIDE)/ CALCIUM D-PANTOTHENATE/ RIBOFLAVIN (VITAMIN B2)/ SODIUM SELENATE/ THIAMINE MONONITRATE/ VITAMIN A ACETATE/ CYANOCOBALAMIN/ PYRIDOXINE HCL/ ASCORBIC ACID/ VITAMIN D/ VITAMIN E (DL-ALPHA TOCOPHERYL ACETATE)/ ZINC OXIDE

5,400 MCG * 24 MCG * 250 MG * 9 MCG * 0.3 MG * 600 MCG * 225 MCG * 24 MG * 50 MG * 1.2 MG * 28 MCG * 8 MG * 3.6 MG * 0.9 MG * 17 MCG * 0.9 MG * 462 MCG * 2.8 MCG * 1.4 MG * 70 MG * 15 MCG * 4.8 MG * 2.4 MG ORAL TABLET

00080082297	NESTLE MATERNA	NES	$	0.1587

88:00 VITAMINS

88:28.01 MULTIVITAMIN PREPARATIONS (VITAMINS & MINERALS)

VITAMIN A ACETATE/ THIAMINE MONONITRATE/ RIBOFLAVIN (VITAMIN B2)/ PYRIDOXINE HCL/ CYANOCOBALAMIN/ SODIUM ASCORBATE/ VITAMIN D/ FOLIC ACID/ NIACINAMIDE (NICOTINAMIDE)/ FERROUS FUMARATE

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

1,600 UNIT (BASE) * 1.5 MG * 1.5 MG * 1 MG * 3 MCG * 50 MG * 400 UNIT * 0.1 MG * 8 MG * 4 MG (BASE)
ORAL CHEWABLE TABLET

00002247995	FLINTSTONES MULTI VITAMINS PLUS IRON	BIC	$	0.1344

92:00 MISCELLANEOUS THERAPEUTIC AGENTS

92:00

INSTANT FOOD THICKENER

ORAL POWDER

☒ 00000999455	CONSIST-RITE	DFI	$	0.0179
☒ 00000999453	RESOURCE THICKENUP	NHN	$	0.0230
☒ 00000999561	RESOURCE THICKENUP CLEAR	NHN	$	0.3157

APPENDICES

Pharmaceutical Manufacturers

Appendix 2
Pharmaceutical Manufacturers

A
ABN Abbott Nutrition
ALL Allergan Inc.
APX Apotex Inc.
ARA Aralez Pharmaceuticals Inc.
AUR Auro Pharma Inc.

B
BIC Bayer Inc. Consumer Care

C
CBF C.B. Fleet Company Inc.
CEL Cellchem Pharmaceuticals Inc.

D
DCM D & C Mobility Solutions Inc.
DFI Donmar Foods Incorporated

E
EXP Exzell Pharma

G
GKC GlaxoSmithKline Consumer Healthcare
GXP G Pohl Boskamp GMBH & Co/Pediapharm Inc

H
HJS H.J. Sutton/Quality Home Products

I
IPH Insight Pharmaceuticals LLC

J
JJI Johnson & Johnson Inc.
JPC Jamp Pharma Corporation

M
MAR Marcan Pharmaceuticals Inc
MCL McNeil Consumer Healthcare
MJO Mead Johnson Nutrition (Canada) Co.
MPI Mint Pharmaceuticals Inc.
MTC MedTech Products Inc.

N
NES Nestle Canada Inc.
NHN Nestle Health Science

O
ODN Odan Laboratories Ltd.
OTS Otsuka Pharmaceutical Co. Ltd.

P
PAL Paladin Labs Inc.
PMS Pharmascience Inc.
PPH Pendopharm Inc.

S
SAV Sanofi-Aventis
SDZ Sandoz Canada Inc.

T
TAR Taro Pharmaceuticals Inc.
TEV Teva Canada Limited

V
VCL Bausch Health

W
WSB ANB Canada/Boyd Pharmaceuticals Inc.

X
XXX Miscellaneous Manufacturers