Updates to the Alberta Drug Benefit List

Effective July 1, 2020

Alberta Government

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

Administered by Alberta Blue Cross
on behalf of Alberta Health.

The Drug Benefit List (DBL) is a list of drugs for which coverage may be provided to program participants. The DBL is not intended to be and must not be used as a diagnostic or prescribing tool. Inclusion of a drug on the DBL does not mean or imply that the drug is fit or effective for any specific purpose. Prescribing professionals must always use their professional judgment and should refer to product monographs and any applicable practice guidelines when prescribing drugs. The product monograph contains information that may be required for the safe and effective use of the product.

Copies of the *Alberta Drug Benefit List* are available from Pharmacy Services, Alberta Blue Cross at the address shown above.

Binder and contents: **$42.00** ($40.00 + $2.00 G.S.T.)
Contents only: **$36.75** ($35.00 + $1.75 G.S.T.)

A cheque or money order must accompany the request for copies.

Table of Contents

Special Authorization

The following drug product(s) will be considered for coverage by Special Authorization for patients covered under Alberta government-sponsored drug programs.

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
NUCALA (AUTOINJECTOR) 100 MG / SYRINGE INJECTION	MEPOLIZUMAB	00002492989	GSK
NUCALA 100 MG / SYRINGE INJECTION	MEPOLIZUMAB	00002492997	GSK

New Drug Product(s) Available by Step Therapy / Special Authorization

Trade Name / Strength / Form	Generic Description	DIN	MFR
ADLYXINE 0.05 MG / ML PEN INJECTION	LIXISENATIDE	00002464276	SAV
ADLYXINE 0.1 MG / ML PEN INJECTION	LIXISENATIDE	00002464284	SAV

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

Trade Name / Strength / Form	Generic Description	DIN	MFR
APO-PIOGLITAZONE 15 MG TABLET	PIOGLITAZONE HCL	00002302942	APX
APO-PIOGLITAZONE 30 MG TABLET	PIOGLITAZONE HCL	00002302950	APX
APO-PIOGLITAZONE 45 MG TABLET	PIOGLITAZONE HCL	00002302977	APX

Drug Product(s) with Changes to Criteria for Coverage

Trade Name / Strength / Form	Generic Description	DIN	MFR
PHEBURANE 483 MG / G ORAL GRANULES	SODIUM PENYLBUTYRATE	00002436663	MDK

Restricted Benefit(s)

Additional Brand(s) and/or Strength(s) of Drug Product(s) Available by Restricted Benefit

Trade Name / Strength / Form	Generic Description	DIN	MFR
MINT-ARIPIPRAZOLE 2 MG TABLET	ARIPIPRAZOLE	00002483556	MPI
MINT-ARIPIPRAZOLE 5 MG TABLET	ARIPIPRAZOLE	00002483564	MPI

Added Product(s)

Trade Name / Strength / Form	Generic Description	DIN	MFR
CLARITHROMYCIN 500 MG TABLET	CLARITHROMYCIN	00002442485	SIV
DICLOFENAC 0.1% OPHTHALMIC SOLUTION	DICLOFENAC SODIUM	00002475065	PSL
DORZOLAMIDE AND TIMOLOL 2% / 0.5% OPHTHALMIC SOLUTION	DORZOLAMIDE HYDROCHLORIDE/ TIMOLOL MALEATE	00002489635	TGT
MAR-DILTIAZEM CD 120 MG CONTROLLED-DELIVERY CAPSULE	DILTIAZEM HCL	00002484064	MAR
MAR-DILTIAZEM CD 180 MG CONTROLLED-DELIVERY CAPSULE	DILTIAZEM HCL	00002484072	MAR
MAR-DILTIAZEM CD 240 MG CONTROLLED-DELIVERY CAPSULE	DILTIAZEM HCL	00002484080	MAR
MAR-DILTIAZEM CD 300 MG CONTROLLED-DELIVERY CAPSULE	DILTIAZEM HCL	00002484099	MAR
MINT-ARIPIPRAZOLE 10 MG TABLET	ARIPIPRAZOLE	00002483572	MPI
MINT-ARIPIPRAZOLE 15 MG TABLET	ARIPIPRAZOLE	00002483580	MPI
MINT-ARIPIPRAZOLE 20 MG TABLET	ARIPIPRAZOLE	00002483599	MPI
MINT-ARIPIPRAZOLE 30 MG TABLET	ARIPIPRAZOLE	00002483602	MPI
MINT-SPIRONOLACTONE 25 MG TABLET	SPIRONOLACTONE	00002488140	MPI
MINT-SPIRONOLACTONE 100 MG TABLET	SPIRONOLACTONE	00002488159	MPI
RIVA-LABETALOL 100 MG TABLET	LABETALOL HCL	00002489406	RIV
RIVA-LABETALOL 200 MG TABLET	LABETALOL HCL	00002489414	RIV
SANDOZ BISOPROLOL 5 MG TABLET	BISOPROLOL FUMARATE	00002494035	SDZ
SANDOZ BISOPROLOL 10 MG TABLET	BISOPROLOL FUMARATE	00002494043	SDZ
TARO-CLOTRIMAZOLE / BETAMETHASONE 0.05% / 1% TOPICAL CREAM	BETAMETHASONE DIPROPIONATE/ CLOTRIMAZOLE	00002496410	TAR
TEVA-DULOXETINE 30 MG DELAYED-RELEASE CAPSULE	DULOXETINE HYDROCHLORIDE	00002456753	TEV
TEVA-DULOXETINE 60 MG DELAYED-RELEASE CAPSULE	DULOXETINE HYDROCHLORIDE	00002456761	TEV

New Established Interchangeable (IC) Grouping(s)

The following IC Grouping(s) have been established and LCA pricing will be applied effective August 1, 2020.

Generic Description	Strength / Form	New LCA Price
BETAMETHASONE DIPROPIONATE/ CLOTRIMAZOLE	0.05% / 1% TOPICAL CREAM	0.6964
LABETAOLOL	100 MG TABLET	0.2974
LABETAOLOL	200 MG TABLET	0.5256

New Established Interchangeable (IC) Grouping(s), continued

Generic Description	Strength / Form	New LCA Price
SPIRONOLACTONE	25 MG TABLET	0.0810
SPIRONOLACTONE	100 MG TABLET	0.1910

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 August 1, 2020. Groupings affected by a price increase, will be effective July 1, 2020. Please review the **Interactive Drug Benefit List** for further information.*

Generic Description	Strength / Form	New LCA Price
LEVOCARNITINE	100 MG / ML SOLUTION	0.3898

Product(s) with a Price Change

The following product(s) had a Price Change. The previous higher price will be recognized until July 31, 2020. For products within an established IC Grouping, the LCA price may apply.

Trade Name / Strength / Form	Generic Description	DIN	MFR
LAPELGA (0.6 ML) 6 MG / SYRINGE INJECTION	PEGFILGRASTIM	00002474565	APX
ODAN LEVOCARNITINE 100 MG / ML SOLUTION	LEVOCARNITINE	00002492105	ODN
TEVA-SPIRONOLACTONE 25 MG	SPIRONOLACTONE	00000613215	TEV
TEVA-SPIRONOLACTONE 100 MG	SPIRONOLACTONE	00000613223	TEV

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 July 1, 2020, the listed product(s) will no longer be a benefit and will not be considered for coverage by Special Authorization. A transition period will be applied and, as of August 1, 2020 claims will no longer pay for these product(s).

Trade Name / Strength / Form	Generic Description	DIN	MFR
ACT PAROXETINE 20 MG TABLET	PAROXETINE HCL	00002262754	APH
APO-RILUZOLE 50 MG TABLET	RILUZOLE	00002352583	APX
COUMADIN 1 MG TABLET	WARFARIN SODIUM	00001918311	BMS
COUMADIN 2 MG TABLET	WARFARIN SODIUM	00001918338	BMS
COUMADIN 2.5 MG TABLET	WARFARIN SODIUM	00001918346	BMS
COUMADIN 3 MG TABLET	WARFARIN SODIUM	00002240205	BMS
COUMADIN 4 MG TABLET	WARFARIN SODIUM	00002007959	BMS
COUMADIN 5 MG TABLET	WARFARIN SODIUM	00001918354	BMS
COUMADIN 10 MG TABLET	WARFARIN SODIUM	00001918362	BMS

Discontinued Listing(s), continued

Trade Name / Strength / Form	Generic Description	DIN	MFR
DIABETA 2.5 MG TABLET	GLYBURIDE	00002224550	SAV
DIABETA 5 MG TABLET	GLYBURIDE	00002224569	SAV
ORAP 4 MG TABLET	PIMOZIDE	00000313823	PPH
RAN-OLANZAPINE ODT 5 MG ORAL DISINTEGRATING TABLET	OLANZAPINE	00002414090	RAN
SANDOZ QUETIAPINE 25 MG TABLET	QUETIAPINE FUMARATE	00002313995	SDZ
SANDOZ QUETIAPINE 100 MG TABLET	QUETIAPINE FUMARATE	00002314002	SDZ
SANDOZ QUETIAPINE 200 MG TABLET	QUETIAPINE FUMARATE	00002314010	SDZ
SANDOZ QUETIAPINE 300 MG TABLET	QUETIAPINE FUMARATE	00002314029	SDZ
SEPTA-LOSARTAN HCTZ 50 MG / 12.5 MG TABLET	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	00002428539	SEP
SEPTA-ONDANSETRON 4 MG TABLET	ONDANSETRON HCL DIHYDRATE	00002376091	SEP
SEPTA-ONDANSETRON 8 MG TABLET	ONDANSETRON HCL DIHYDRATE	00002376105	SEP
STATEX 1 MG / ML ORAL SYRUP	MORPHINE SULFATE	00000591467	PAL
TARO-DEFERASIROX 125 MG ORAL DISPERSIBLE TABLET FOR SUSPENSION	DEFERASIROX	00002463520	TAR
TENOXICAM 20 MG TABLET	TENOXICAM	00002230661	AAP
VIROPTIC 1% OPHTHALMIC SOLUTION	TRIFLURIDINE	00000687456	VCL

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

The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective July 1, 2020, the listed product(s) will no longer be a benefit and will not be considered for coverage by special authorization. A transition period will be applied and, as of August 1, 2020 claims will no longer pay for these products.

Trade Name / Strength / Form	Generic Description	DIN	MFR
PROGESTERONE 50 MG / ML INJECTION USP	PROGESTERONE	00001977652	CYT

PART 2

Drug Additions

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 HEALTH RESTRICTED BENEFIT

This Drug Product is a benefit for patients 13 to 17 years of age inclusive.

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 HEALTH RESTRICTED BENEFIT

This Drug Product is a benefit for patients 13 to 17 years of age inclusive.

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**
00002464160	**TEVA-ARIPIPRAZOLE**	**TEV**	$	**1.0754**
00002322390	ABILIFY	OTS	$	4.1016

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**
00002464179	**TEVA-ARIPIPRAZOLE**	**TEV**	$	**1.2692**
00002322404	ABILIFY	OTS	$	4.1016

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**
00002464187	**TEVA-ARIPIPRAZOLE**	**TEV**	$	**1.0017**
00002322412	ABILIFY	OTS	$	4.1016

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**
00002464195	**TEVA-ARIPIPRAZOLE**	**TEV**	$	**1.0017**
00002322455	ABILIFY	OTS	$	4.1016

BETAMETHASONE DIPROPIONATE/ CLOTRIMAZOLE

0.05 % (BASE) * 1 % TOPICAL CREAM

00002496410	**TARO-CLOTRIMAZOLE/BETAMETHASONE**	**TAR**	$	**0.6964**
00000611174	LOTRIDERM	MFC	$	0.8193

BISOPROLOL FUMARATE

5 MG ORAL TABLET

00002256134	**APO-BISOPROLOL**	**APX**	$	**0.0715**
00002383055	**BISOPROLOL**	**SIV**	$	**0.0715**
00002391589	**BISOPROLOL**	**SNS**	$	**0.0715**
00002465612	**MINT-BISOPROLOL**	**MPI**	$	**0.0715**
00002247439	**SANDOZ BISOPROLOL**	**SDZ**	$	**0.0715**
00002494035	**SANDOZ BISOPROLOL**	**SDZ**	$	**0.0715**
00002267470	**TEVA-BISOPROLOL**	**TEV**	$	**0.0715**

10 MG ORAL TABLET

00002256177	**APO-BISOPROLOL**	**APX**	$	**0.1044**
00002383063	**BISOPROLOL**	**SIV**	$	**0.1044**
00002391597	**BISOPROLOL**	**SNS**	$	**0.1044**
00002465620	**MINT-BISOPROLOL**	**MPI**	$	**0.1044**
00002247440	**SANDOZ BISOPROLOL**	**SDZ**	$	**0.1044**
00002494043	**SANDOZ BISOPROLOL**	**SDZ**	$	**0.1044**
00002267489	**TEVA-BISOPROLOL**	**TEV**	$	**0.1044**

CLARITHROMYCIN

500 MG ORAL TABLET

00002442485	**CLARITHROMYCIN**	**SIV**	$	**0.8318**
00002247574	**PMS-CLARITHROMYCIN**	**PMS**	$	**0.8318**
00002361434	**RAN-CLARITHROMYCIN**	**RAN**	$	**0.8318**
00002266547	**SANDOZ CLARITHROMYCIN**	**SDZ**	$	**0.8318**
00002248805	**TEVA-CLARITHROMYCIN**	**TEV**	$	**0.8318**
00002126710	BIAXIN BID	BGP	$	3.3271

DICLOFENAC SODIUM

0.1 % OPHTHALMIC SOLUTION

00002441020	**APO-DICLOFENAC OPHTHALMIC**	**APX**	$	**1.2397**
00002475065	**DICLOFENAC**	**PSL**	$	**1.2397**
00002454807	**SANDOZ DICLOFENAC OPHTHA**	**SDZ**	$	**1.2397**
00001940414	VOLTAREN OPHTHA	NOV	$	2.6860

DILTIAZEM HCL

120 MG ORAL CONTROLLED-DELIVERY CAPSULE

00002370611	**ACT DILTIAZEM CD**	**APH**	$	**0.3529**
00002230997	**APO-DILTIAZ CD**	**APX**	$	**0.3529**
00002445999	**DILTIAZEM CD**	**SIV**	$	**0.3529**
00002484064	**MAR-DILTIAZEM CD**	**MAR**	$	**0.3529**
00002243338	**SANDOZ DILTIAZEM CD**	**SDZ**	$	**0.3529**
00002242538	**TEVA-DILTIAZEM CD**	**TEV**	$	**0.3529**

180 MG ORAL CONTROLLED-DELIVERY CAPSULE

00002230998	**APO-DILTIAZ CD**	**APX**	$	**0.4684**
00002446006	**DILTIAZEM CD**	**SIV**	$	**0.4684**
00002484072	**MAR-DILTIAZEM CD**	**MAR**	$	**0.4684**
00002243339	**SANDOZ DILTIAZEM CD**	**SDZ**	$	**0.4684**
00002242539	**TEVA-DILTIAZEM CD**	**TEV**	$	**0.4684**

DILTIAZEM HCL

240 MG ORAL CONTROLLED-DELIVERY CAPSULE

00002370646	**ACT DILTIAZEM CD**	**APH**	$	**0.6213**
00002230999	**APO-DILTIAZ CD**	**APX**	$	**0.6213**
00002446014	**DILTIAZEM CD**	**SIV**	$	**0.6213**
00002484080	**MAR-DILTIAZEM CD**	**MAR**	$	**0.6213**
00002243340	**SANDOZ DILTIAZEM CD**	**SDZ**	$	**0.6213**
00002242540	**TEVA-DILTIAZEM CD**	**TEV**	$	**0.6213**

300 MG ORAL CONTROLLED-DELIVERY CAPSULE

00002370654	**ACT DILTIAZEM CD**	**APH**	$	**0.7766**
00002229526	**APO-DILTIAZ CD**	**APX**	$	**0.7766**
00002446022	**DILTIAZEM CD**	**SIV**	$	**0.7766**
00002484099	**MAR-DILTIAZEM CD**	**MAR**	$	**0.7766**
00002243341	**SANDOZ DILTIAZEM CD**	**SDZ**	$	**0.7766**
00002242541	**TEVA-DILTIAZEM CD**	**TEV**	$	**0.7766**

DORZOLAMIDE HCL/ TIMOLOL MALEATE

2 % (BASE) * 0.5 % (BASE) OPHTHALMIC SOLUTION

00002299615	**APO-DORZO-TIMOP**	**APX**	$	**1.9887**
00002489635	**DORZOLAMIDE AND TIMOLOL**	**TGT**	$	**1.9887**
00002457539	**JAMP DORZOLAMIDE-TIMOLOL**	**JPC**	$	**1.9887**
00002437686	**MED-DORZOLAMIDE-TIMOLOL**	**GMP**	$	**1.9887**
00002344351	**SANDOZ DORZOLAMIDE/ TIMOLOL**	**SDZ**	$	**1.9887**
☒ 00002258692	COSOPT PRESERVATIVE-FREE	PUR	$	2.6590
00002240113	COSOPT	PUR	$	6.5650

DULOXETINE HYDROCHLORIDE

30 MG (BASE) ORAL DELAYED-RELEASE CAPSULE

00002440423	**APO-DULOXETINE**	**APX**	$	**0.4814**
00002436647	**AURO-DULOXETINE**	**AUR**	$	**0.4814**
00002453630	**DULOXETINE**	**SIV**	$	**0.4814**
00002490889	**DULOXETINE**	**SNS**	$	**0.4814**
00002437082	**DULOXETINE DR**	**TEV**	$	**0.4814**
00002451913	**JAMP-DULOXETINE**	**JPC**	$	**0.4814**
00002446081	**MAR-DULOXETINE**	**MAR**	$	**0.4814**
00002438984	**MINT-DULOXETINE**	**MPI**	$	**0.4814**
00002429446	**PMS-DULOXETINE**	**PMS**	$	**0.4814**
00002438259	**RAN-DULOXETINE**	**RAN**	$	**0.4814**
00002439948	**SANDOZ DULOXETINE**	**SDZ**	$	**0.4814**
00002456753	**TEVA-DULOXETINE**	**TEV**	$	**0.4814**
00002301482	CYMBALTA	LIL	$	2.0217

60 MG (BASE) ORAL DELAYED-RELEASE CAPSULE

00002440431	**APO-DULOXETINE**	**APX**	$	**0.9769**
00002436655	**AURO-DULOXETINE**	**AUR**	$	**0.9769**
00002453649	**DULOXETINE**	**SIV**	$	**0.9769**
00002490897	**DULOXETINE**	**SNS**	$	**0.9769**
00002437090	**DULOXETINE DR**	**TEV**	$	**0.9769**
00002451921	**JAMP-DULOXETINE**	**JPC**	$	**0.9769**
00002446103	**MAR-DULOXETINE**	**MAR**	$	**0.9769**
00002438992	**MINT-DULOXETINE**	**MPI**	$	**0.9769**
00002429454	**PMS-DULOXETINE**	**PMS**	$	**0.9769**
00002438267	**RAN-DULOXETINE**	**RAN**	$	**0.9769**
00002439956	**SANDOZ DULOXETINE**	**SDZ**	$	**0.9769**
00002456761	**TEVA-DULOXETINE**	**TEV**	$	**0.9769**
00002301490	CYMBALTA	LIL	$	4.1029

LABETALOL HCL

100 MG ORAL TABLET				
00002489406	**RIVA-LABETALOL**	**RIV**	$	**0.2974**
00002106272	TRANDATE	PAL	$	0.2994
200 MG ORAL TABLET				
00002489414	**RIVA-LABETALOL**	**RIV**	$	**0.5256**
00002106280	TRANDATE	PAL	$	0.5293

SPIRONOLACTONE

25 MG ORAL TABLET				
00002488140	**MINT-SPIRONOLACTONE**	**MPI**	$	**0.0810**
00000613215	**TEVA-SPIRONOLACTONE**	**TEV**	$	**0.0810**
100 MG ORAL TABLET				
00002488159	**MINT-SPIRONOLACTONE**	**MPI**	$	**0.1910**
00000613223	**TEVA-SPIRONOLACTONE**	**TEV**	$	**0.1910**

PART 3

Special Authorization

LEVOCARNITINE

"For the treatment of primary carnitine deficiency. Information is required regarding the total plasma carnitine levels."

"For the treatment of patients with an inborn error of metabolism that results in secondary carnitine deficiency. Information is required regarding the patient's diagnosis."

"Special authorization may be granted for 6 months."

In order to comply with the first criteria: Information is required regarding pre-treatment total plasma carnitine levels.

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

100 MG / ML ORAL SOLUTION				
00002492105	**ODAN LEVOCARNITINE**	**ODN**	$	**0.3898**
00002144336	CARNITOR	SGM	$	0.5711

LIXISENATIDE

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

FIRST-LINE DRUG PRODUCT(S): METFORMIN
SECOND-LINE DRUG PRODUCT(S): SULFONYLUREAS
AND INSULIN

"As add-on therapy for the treatment of Type 2 diabetes in patients with intolerance to and/or inadequate glycemic control on:
- a sufficient trial (i.e. a minimum of 6 months) of metformin, AND
- a sulfonylurea, AND
- insulin

Or, for whom these products are contraindicated."

Special authorization may be granted for 24 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
CA - Prior adverse reaction
CB - Previous treatment failure
CJ - Product is not effective

All requests for lixisenatide must be completed using the DPP-4/SGLT2 Inhibitors/GLP-1 Receptor Agonist Special Authorization Request Form (ABC 60012).

0.05 MG / ML INJECTION				
00002464276	ADLYXINE	SAV	$	18.9933
0.1 MG / ML INJECTION				
00002464284	ADLYXINE	SAV	$	18.9933

MEPOLIZUMAB

"Special authorization coverage may be provided for add-on maintenance treatment of adult patients with severe eosinophilic asthma if the following clinical criteria and conditions are met:

Patient is inadequately controlled with high-dose inhaled corticosteroids (ICS) and one or more additional asthma controller(s) (e.g., a long-acting beta-agonist [LABA]).

AND

Patient has a blood eosinophil count of greater than or equal to 300 cells/mcL AND has experienced two or more clinically significant asthma exacerbations* in the 12 months prior to treatment initiation with mepolizumab;
OR

Patient has a blood eosinophil count of greater than or equal to 150 cells/mcL AND is receiving daily maintenance treatment with oral corticosteroids (OCS).

For coverage, the drug must be initiated and monitored by a respirologist or clinical immunologist or allergist.

Initial coverage may be approved for 12 months of 100 mg administered every 4 weeks.

-Patients will be limited to receiving a one-month supply of mepolizumab per prescription at their pharmacy.
-Patients will be permitted to switch from one biologic agent to another following an adequate trial of the first biologic agent if unresponsive to therapy, or due to serious adverse effects or contraindications. An adequate trial is defined as at a minimum the completion of induction dosing (e.g. initial coverage period).
-Patients will not be permitted to switch back to a previously trialed biologic agent if they were deemed unresponsive to therapy.
-Coverage cannot be provided for mepolizumab when this medication is intended for use in combination with other biologics for the treatment of asthma.

If ALL the following criteria are met, special authorization may be approved for 100 mg administered every 4 weeks for a further 12-month period.

1) An improvement in the Asthma Control Questionnaire (ACQ-5) score of at least 0.5 when compared to pre-treatment baseline or an ACQ-5 score of less than or equal to 1; AND
2) Maintenance or reduction in the number of clinically significant exacerbations* compared to the 12 months prior to initiation of treatment with mepolizumab; AND
3) For patients on daily maintenance therapy with OCS prior to initiating mepolizumab, a decrease in the OCS dose.

Continued coverage may be considered for 100 mg administered every 4 weeks if ALL of the following criteria are met at the end of each additional 12-month period:
1) The ACQ-5 score achieved during the first 12 months of therapy is at least maintained throughout treatment or the ACQ-5 score is less than or equal to 1; AND
2) Maintenance or reduction in the number of clinically significant exacerbations* compared to the previous 12-month period; AND

3) For patients on daily maintenance therapy with OCS prior to initiating mepolizumab, the reduction in the OCS dose achieved after the first 12 months of therapy is at least maintained throughout treatment.

* Clinically significant asthma exacerbation is defined as worsening of asthma such that the treating physician elected to administer systemic glucocorticoids for at least 3 days or the patient visited an emergency department or was hospitalized."

All requests (including renewal requests) for mepolizumab must be completed using the Benralizumab/Mepolizumab Special Authorization Request Form (ABC 60061).

MEPOLIZUMAB

100 MG / SYR INJECTION SYRINGE

☒ 00002492997	NUCALA	GSK	$	1938.4600
☒ 00002492989	NUCALA (AUTOINJECTOR)	GSK	$	1938.4600

PEGFILGRASTIM

Effective March 1, 2020, all Special Authorization requests for pegfilgrastim will be assessed for coverage with Fulphila or Lapelga. Neulasta will not be approved for new pegfilgrastim starts or repeat treatments (e.g., new course of chemotherapy).

"In patients with non-myeloid malignancies, receiving myelosuppresive anti-neoplastic drugs with curative intent, to decrease the incidence of infection, as manifested by febrile neutropenia."

All requests for pegfilgrastim must be completed using the Filgrastim/Pegfilgrastim/Plerixafor Special Authorization Request Form (ABC 60013).

Please note: Coverage cannot be considered for palliative patients.

6 MG / SYR INJECTION SYRINGE

☒ 00002484153	FULPHILA (0.6 ML SYRINGE)	BGP	$	1600.0000
☒ 00002474565	LAPELGA (0.6 ML SYRINGE)	APX	$	1600.0000
☒ 00002249790	NEULASTA (0.6 ML SYRINGE)	AMG	$	2555.0600

PIOGLITAZONE HCL

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

FIRST-LINE DRUG PRODUCT(S): METFORMIN

"For the treatment of Type 2 diabetes in patients who have an inadequate response to a sufficient trial (i.e. a minimum of 6 months) of metformin or who are intolerant to metformin (e.g. dermatologic reactions) or for whom the product is contraindicated."

Special authorization may be granted for 24 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

15 MG (BASE) ORAL TABLET				
00002302942	APO-PIOGLITAZONE	APX	$	0.6225
30 MG (BASE) ORAL TABLET				
00002302950	APO-PIOGLITAZONE	APX	$	0.8721
45 MG (BASE) ORAL TABLET				
00002302977	APO-PIOGLITAZONE	APX	$	1.3113

SODIUM PHENYLBUTYRATE

"For chronic management of patients with urea cycle disorders (UCDs) who cannot be managed by dietary protein restriction and/or amino acid supplementation alone.

For coverage, this drug must be prescribed by or in consultation with a metabolic or genetic physician. The diagnosis must be confirmed by blood, enzymatic, biochemical, or genetic testing.

Special authorization may be granted for 12 months."

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

483 MG / G ORAL GRANULE				
00002436663	PHEBURANE	MDK	$	9.2690