

# **Updates to the Alberta Drug Benefit List**

**Effective November 1, 2018**



Inquiries should be directed to:

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**Website:** <http://www.health.alberta.ca/services/drug-benefit-list.html>

Administered by Alberta Blue Cross  
on behalf of Alberta Health.

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

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

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

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

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## Special Authorization

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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 Restricted Benefit / Special Authorization

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
MEROPENEM 500 MG INJECTION	MEROPENEM	00002378787	SDZ
MEROPENEM 1 G INJECTION	MEROPENEM	00002378795	SDZ

## Restricted Benefit(s)

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

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
TEVA-ARIPIRAZOLE 2 MG TABLET	ARIPIRAZOLE	00002464144	TEV
TEVA-ARIPIRAZOLE 5 MG TABLET	ARIPIRAZOLE	00002464152	TEV
TEVA-ARIPIRAZOLE 10 MG TABLET	ARIPIRAZOLE	00002464160	TEV
TEVA-ARIPIRAZOLE 30 MG TABLET	ARIPIRAZOLE	00002464195	TEV

## Added Product(s)

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<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
APO-LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN 30 MG / 500 MG / 500 MG TABLET / CAPSULE	LANSOPRAZOLE/ AMOXICILLIN TRIHYDRATE/ CLARITHROMYCIN	00002470780	APX
APO-SOLIFENACIN 5 MG TABLET	SOLIFENACIN SUCCINATE	00002423375	APX
APO-SOLIFENACIN 10 MG TABLET	SOLIFENACIN SUCCINATE	00002423383	APX
AURO-PRAVASTATIN 10 MG TABLET	PRAVASTATIN SODIUM	00002458977	AUR
AURO-PRAVASTATIN 20 MG TABLET	PRAVASTATIN SODIUM	00002458985	AUR
AURO-PRAVASTATIN 40 MG TABLET	PRAVASTATIN SODIUM	00002458993	AUR
AURO-PREGABALIN 25 MG CAPSULE	PREGABALIN	00002433869	AUR
AURO-PREGABALIN 50 MG CAPSULE	PREGABALIN	00002433877	AUR
AURO-PREGABALIN 75 MG CAPSULE	PREGABALIN	00002433885	AUR
AURO-PREGABALIN 150 MG CAPSULE	PREGABALIN	00002433907	AUR
JAMP-FOSFOMYCIN 3 G ORAL POWDER PACKET	FOSFOMYCIN TROMETHAMINE	00002473801	JPC
MAR-MIDODRINE 2.5 MG TABLET	MIDODRINE HCL	00002473984	MAR
MAR-MIDODRINE 5 MG TABLET	MIDODRINE HCL	00002473992	MAR

## Added Product(s), continued

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
PHARMA-RAMIPRIL (CAPSULE) 1.25 MG CAPSULE / TABLET	RAMIPRIL	00002469057	PMS
PHARMA-RAMIPRIL (CAPSULE) 2.5 MG CAPSULE / TABLET	RAMIPRIL	00002469065	PMS
PHARMA-RAMIPRIL (CAPSULE) 5 MG CAPSULE / TABLET	RAMIPRIL	00002469073	PMS
PHARMA-RAMIPRIL (CAPSULE) 10 MG CAPSULE / TABLET	RAMIPRIL	00002469081	PMS
QUETIAPINE XR 50 MG EXTENDED-RELEASE TABLET	QUETIAPINE FUMARATE	00002417359	SIV
QUETIAPINE XR 150 MG EXTENDED-RELEASE TABLET	QUETIAPINE FUMARATE	00002417367	SIV
QUETIAPINE XR 200 MG EXTENDED-RELEASE TABLET	QUETIAPINE FUMARATE	00002417375	SIV
QUETIAPINE XR 300 MG EXTENDED-RELEASE TABLET	QUETIAPINE FUMARATE	00002417383	SIV
QUETIAPINE XR 400 MG EXTENDED-RELEASE TABLET	QUETIAPINE FUMARATE	00002417391	SIV
TEVA-PREGABALIN 25 MG CAPSULE	PREGABALIN	00002361159	TEV
TEVA-PREGABALIN 50 MG CAPSULE	PREGABALIN	00002361175	TEV
TEVA-PREGABALIN 75 MG CAPSULE	PREGABALIN	00002361183	TEV
TEVA-PREGABALIN 150 MG CAPSULE	PREGABALIN	00002361205	TEV
TEVA-PREGABALIN 300 MG CAPSULE	PREGABALIN	00002361248	TEV

## New Established Interchangeable (IC) Grouping(s)

The following IC Grouping(s) have been established and LCA pricing will be applied effective December 1, 2018.

<u>Generic Description</u>	<u>Strength / Form</u>	<u>New LCA Price</u>
FOSFOMYCIN TROMETHAMINE	3 G ORAL POWDER PACKET	14.0250
LANSOPRAZOLE/ AMOXICILLIN/ CLARITHROMYCIN	30 MG / 500 MG / 500 MG TABLET / CAPSULE	67.9125
MEROPENEM	500 MG INJECTION	9.2225
MIDODRINE HCL	2.5 MG TABLET	0.2305
MIDODRINE HCL	5 MG TABLET	0.3842

## Product(s) with a Price Change

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The following product(s) had a Price Decrease. The previous higher price will be recognized until November 30, 2018. For products within an established IC Grouping, the LCA price may apply.

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
MEROPENEM FOR INJECTION USP 1 G INJECTION	MEROPENEM	00002436507	STM
MIDODRINE 2.5 MG TABLET	MIDODRINE HCL	00002278677	AAP
MIDODRINE 5 MG TABLET	MIDODRINE HCL	00002278685	AAP

## Discontinued Listing(s)

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Notification of discontinuation has been received from the manufacturer(s). The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective November 1, 2018, the listed product(s) will no longer be a benefit and will not be considered for coverage by Special Authorization. A transition period will be applied and, as of December 1, 2018 claims will no longer pay for these product(s).

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
ACEBUTOLOL 100 MG TABLET	ACEBUTOLOL HCL	00002286246	SNS
ACEBUTOLOL 200 MG TABLET	ACEBUTOLOL HCL	00002286254	SNS
ACEBUTOLOL 400 MG TABLET	ACEBUTOLOL HCL	00002286262	SNS
APO-IRBESARTAN/HCTZ 300 MG / 25 MG TABLET	IRBESARTAN/ HYDROCHLOROTHIAZIDE	00002387662	APX
APO-OFLOXACIN 0.3 % OPHTHALMIC SOLUTION	OFLOXACIN	00002248398	APX
APO-REPAGLINIDE 0.5 MG TABLET	REPAGLINIDE	00002355663	APX
APO-TELMISARTAN 40 MG TABLET	TELMISARTAN	00002420082	APX
MAR-FLUOXETINE 10 MG CAPSULE	FLUOXETINE HCL	00002392909	MAR
MAR-FLUOXETINE 20 MG CAPSULE	FLUOXETINE HCL	00002392917	MAR
MODERIBA 400 MG TABLET	RIBAVIRIN	00002436418	ABV
MYLAN-CANDESARTAN 32 MG TABLET	CANDESARTAN CILEXETIL	00002379155	MYP
MYLAN-HYDROXYCHLOROQUINE 200 MG TABLET	HYDROXYCHLOROQUINE SULFATE	00002252600	MYP
MYLAN-OLANZAPINE 15 MG TABLET	OLANZAPINE	00002337916	MYP
MYLAN-PANTOPRAZOLE 40 MG ENTERIC-COATED TABLET	PANTOPRAZOLE SODIUM	00002299585	MYP
MYLAN-ROSUVASTATIN 20 MG TABLET	ROSUVASTATIN CALCIUM	00002381281	MYP
MYLAN-TELMISARTAN 80 MG TABLET	TELMISARTAN	00002376725	MYP
MYLAN-VALSARTAN 80 MG TABLET	VALSARTAN	00002383535	MYP
MYLAN-VALSARTAN 320 MG TABLET	VALSARTAN	00002383551	MYP

## Discontinued Listing(s), continued

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
MYLAN-VENLAFAXINE XR 150 MG EXTENDED- RELEASE CAPSULE	VENLAFAXINE HCL	00002310295	MYP
MYLAN-ZOLMITRIPTAN 2.5 MG TABLET	ZOLMITRIPTAN	00002369036	MYP
NAT-ALPRAZOLAM 0.25 MG TABLET	ALPRAZOLAM	00002417634	NTP
NAT-ALPRAZOLAM 0.5 MG TABLET	ALPRAZOLAM	00002417634	NTP
RATIO-ATORVASTATIN 20 MG TABLET	ATORVASTATIN CALCIUM	00002350319	TEV
RATIO-ATORVASTATIN 40 MG TABLET	ATORVASTATIN CALCIUM	00002350327	TEV
RATIO-CIPROFLOXACIN 500 MG TABLET	CIPROFLOXACIN HCL	00002246826	TEV
SECTRAL 200 MG TABLET	ACEBUTOLOL HCL	00001926551	SAV
TEVA-DOMPERIDONE 10 MG TABLET	DOMPERIDONE MALEATE	00002157195	TEV
TEVA-LISINOPRIL (TYPE P) 5 MG TABLET	LISINOPRIL	00002285061	TEV
TEVA-PRAMIPEXOLE 1.5 MG TABLET	PRAMIPEXOLE DIHYDROCHLORIDE	00002269333	TEV
TEVA-QUETIAPINE 25 MG TABLET	QUETIAPINE FUMARATE	00002284235	TEV
TEVA-QUETIAPINE 200 MG TABLET	QUETIAPINE FUMARATE	00002284278	TEV
TEVA-RANITIDINE 150 MG TABLET	RANITIDINE HCL	00000828564	TEV
TEVA-RANITIDINE 300 MG TABLET	RANITIDINE HCL	00000828556	TEV

## **PART 2**

# Drug Additions



ALBERTA DRUG BENEFIT LIST UPDATE

**ARIPIPIRAZOLE**

**2 MG ORAL TABLET**

00002471086	APO-ARIPIPIRAZOLE	APX	\$	0.8092
00002460025	AURO-ARIPIPIRAZOLE	AUR	\$	0.8092
00002466635	PMS-ARIPIPIRAZOLE	PMS	\$	0.8092
00002473658	SANDOZ ARIPIPIRAZOLE	SDZ	\$	0.8092
00002464144	TEVA-ARIPIPIRAZOLE	TEV	\$	0.8092
00002322374	ABILIFY	OTS	\$	3.0878

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-ARIPIPIRAZOLE	APX	\$	0.9046
00002460033	AURO-ARIPIPIRAZOLE	AUR	\$	0.9046
00002466643	PMS-ARIPIPIRAZOLE	PMS	\$	0.9046
00002473666	SANDOZ ARIPIPIRAZOLE	SDZ	\$	0.9046
00002464152	TEVA-ARIPIPIRAZOLE	TEV	\$	0.9046
00002322382	ABILIFY	OTS	\$	3.4757

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-ARIPIPIRAZOLE	APX	\$	1.0754
00002460041	AURO-ARIPIPIRAZOLE	AUR	\$	1.0754
00002466651	PMS-ARIPIPIRAZOLE	PMS	\$	1.0754
00002473674	SANDOZ ARIPIPIRAZOLE	SDZ	\$	1.0754
00002322390	ABILIFY	OTS	\$	4.0055

**30 MG ORAL TABLET**

00002471132	APO-ARIPIPIRAZOLE	APX	\$	1.0017
00002460084	AURO-ARIPIPIRAZOLE	AUR	\$	1.0017
00002466694	PMS-ARIPIPIRAZOLE	PMS	\$	1.0017
00002473704	SANDOZ ARIPIPIRAZOLE	SDZ	\$	1.0017
00002322455	ABILIFY	OTS	\$	4.0055

**FOSFOMYCIN TROMETHAMINE**

**3 G (BASE) ORAL POWDER PACKET**

00002473801	JAMP-FOSFOMYCIN	JPC	\$	14.0250
00002240335	MONUROL	PAL	\$	17.7600

**LANSOPRAZOLE/ AMOXICILLIN TRIHYDRATE/  
CLARITHROMYCIN**

**30 MG \* 500 MG (BASE) \* 500 MG ORAL TABLET/CAPSULE**

00002470780	APO-LANSOPRAZOLE-AMOXICILLIN- CLARITHROMYCIN	APX	\$	67.9125
00002238525	HP-PAC (KIT)	BGP	\$	90.5388

ALBERTA DRUG BENEFIT LIST UPDATE

**MEROPENEM**

RESTRICTED BENEFIT - This product is a benefit when prescribed by a Specialist in Infectious Diseases or Hematology, or a designated prescriber.

(Refer to Section 3 - Criteria for Special Authorization of Select Drug Products of the Alberta Drug Benefit List for eligibility when the prescriber prescribing the medication is not a Specialist in Infectious Diseases or Hematology, or a designated prescriber.)

**500 MG / VIAL INJECTION**

00002378787	MEROPENEM	SDZ	\$	9.2225
00002218488	MERREM	PFI	\$	26.3500

**1 G / VIAL INJECTION**

00002378795	MEROPENEM	SDZ	\$	18.4450
00002436507	MEROPENEM FOR INJECTION USP	STM	\$	18.4450
00002218496	MERREM	PFI	\$	52.7000

**MIDODRINE HCL**

**2.5 MG ORAL TABLET**

00002473984	MAR-MIDODRINE	MAR	\$	0.2305
00002278677	MIDODRINE	AAP	\$	0.2305

**5 MG ORAL TABLET**

00002473992	MAR-MIDODRINE	MAR	\$	0.3842
00002278685	MIDODRINE	AAP	\$	0.3842

**PRAVASTATIN SODIUM**

**10 MG ORAL TABLET**

00002248182	ACT PRAVASTATIN	APH	\$	0.2916
00002243506	APO-PRAVASTATIN	APX	\$	0.2916
00002458977	AURO-PRAVASTATIN	AUR	\$	0.2916
00002330954	JAMP-PRAVASTATIN	JPC	\$	0.2916
00002432048	MAR-PRAVASTATIN	MAR	\$	0.2916
00002317451	MINT-PRAVASTATIN	MPI	\$	0.2916
00002247655	PMS-PRAVASTATIN	PMS	\$	0.2916
00002356546	PRAVASTATIN	SNS	\$	0.2916
00002389703	PRAVASTATIN	SIV	\$	0.2916
00002284421	RAN-PRAVASTATIN	RAN	\$	0.2916
00002468700	SANDOZ PRAVASTATIN	SDZ	\$	0.2916
00002247008	TEVA-PRAVASTATIN	TEV	\$	0.2916

**20 MG ORAL TABLET**

00002248183	ACT PRAVASTATIN	APH	\$	0.3440
00002243507	APO-PRAVASTATIN	APX	\$	0.3440
00002458985	AURO-PRAVASTATIN	AUR	\$	0.3440
00002330962	JAMP-PRAVASTATIN	JPC	\$	0.3440
00002432056	MAR-PRAVASTATIN	MAR	\$	0.3440
00002317478	MINT-PRAVASTATIN	MPI	\$	0.3440
00002247656	PMS-PRAVASTATIN	PMS	\$	0.3440
00002356554	PRAVASTATIN	SNS	\$	0.3440
00002389738	PRAVASTATIN	SIV	\$	0.3440
00002284448	RAN-PRAVASTATIN	RAN	\$	0.3440
00002468719	SANDOZ PRAVASTATIN TABLETS	SDZ	\$	0.3440
00002247009	TEVA-PRAVASTATIN	TEV	\$	0.3440
00000893757	PRAVACHOL	BMS	\$	1.1243

ALBERTA DRUG BENEFIT LIST UPDATE

**PRAVASTATIN SODIUM**

40 MG ORAL TABLET

00002248184	ACT PRAVASTATIN	APH	\$	0.4143
00002243508	APO-PRAVASTATIN	APX	\$	0.4143
00002458993	AURO-PRAVASTATIN	AUR	\$	0.4143
00002330970	JAMP-PRAVASTATIN	JPC	\$	0.4143
00002432064	MAR-PRAVASTATIN	MAR	\$	0.4143
00002317486	MINT-PRAVASTATIN	MPI	\$	0.4143
00002247657	PMS-PRAVASTATIN	PMS	\$	0.4143
00002356562	PRAVASTATIN	SNS	\$	0.4143
00002389746	PRAVASTATIN	SIV	\$	0.4143
00002284456	RAN-PRAVASTATIN	RAN	\$	0.4143
00002468727	SANDOZ PRAVASTATIN TABLETS	SDZ	\$	0.4143
00002247010	TEVA-PRAVASTATIN	TEV	\$	0.4143
00002222051	PRAVACHOL	BMS	\$	1.3543

**PREGABALIN**

25 MG ORAL CAPSULE

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

50 MG ORAL CAPSULE

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

75 MG ORAL CAPSULE

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

150 MG ORAL CAPSULE

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

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.

ALBERTA DRUG BENEFIT LIST UPDATE

**PREGABALIN**

300 MG ORAL CAPSULE

00002394294	APO-PREGABALIN	APX	\$	0.4145
00002359642	PMS-PREGABALIN	PMS	\$	0.4145
00002403730	PREGABALIN	SIV	\$	0.4145
00002405598	PREGABALIN	SNS	\$	0.4145
00002392860	RAN-PREGABALIN	RAN	\$	0.4145
00002390868	SANDOZ PREGABALIN	SDZ	\$	0.4145
00002361248	TEVA-PREGABALIN	TEV	\$	0.4145

**QUETIAPINE FUMARATE**

50 MG (BASE) ORAL EXTENDED-RELEASE TABLET

00002457229	APO-QUETIAPINE XR	APX	\$	0.2501
00002417359	QUETIAPINE XR	SIV	\$	0.2501
00002407671	SANDOZ QUETIAPINE XRT	SDZ	\$	0.2501
00002395444	TEVA-QUETIAPINE XR	TEV	\$	0.2501
00002300184	SEROQUEL XR	AZC	\$	1.0003

150 MG (BASE) ORAL EXTENDED-RELEASE TABLET

00002457237	APO-QUETIAPINE XR	APX	\$	0.4926
00002417367	QUETIAPINE XR	SIV	\$	0.4926
00002407698	SANDOZ QUETIAPINE XRT	SDZ	\$	0.4926
00002395452	TEVA-QUETIAPINE XR	TEV	\$	0.4926
00002321513	SEROQUEL XR	AZC	\$	1.9701

200 MG (BASE) ORAL EXTENDED-RELEASE TABLET

00002457245	APO-QUETIAPINE XR	APX	\$	0.6661
00002417375	QUETIAPINE XR	SIV	\$	0.6661
00002407701	SANDOZ QUETIAPINE XRT	SDZ	\$	0.6661
00002395460	TEVA-QUETIAPINE XR	TEV	\$	0.6661
00002300192	SEROQUEL XR	AZC	\$	2.6641

300 MG (BASE) ORAL EXTENDED-RELEASE TABLET

00002457253	APO-QUETIAPINE XR	APX	\$	0.9776
00002417383	QUETIAPINE XR	SIV	\$	0.9776
00002407728	SANDOZ QUETIAPINE XRT	SDZ	\$	0.9776
00002395479	TEVA-QUETIAPINE XR	TEV	\$	0.9776
00002300206	SEROQUEL XR	AZC	\$	3.9101

400 MG (BASE) ORAL EXTENDED-RELEASE TABLET

00002457261	APO-QUETIAPINE XR	APX	\$	1.3270
00002417391	QUETIAPINE XR	SIV	\$	1.3270
00002407736	SANDOZ QUETIAPINE XRT	SDZ	\$	1.3270
00002395487	TEVA-QUETIAPINE XR	TEV	\$	1.3270
00002300214	SEROQUEL XR	AZC	\$	5.3080

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ALBERTA DRUG BENEFIT LIST UPDATE

**RAMIPRIL**

**1.25 MG ORAL CAPSULE/TABLET**

00002251515	APO-RAMIPRIL (CAPSULE)	APX	\$	0.0708
00002387387	AURO-RAMIPRIL (CAPSULE)	AUR	\$	0.0708
00002331101	JAMP-RAMIPRIL (CAPSULE)	JPC	\$	0.0708
00002420457	MAR-RAMIPRIL (CAPSULE)	MAR	\$	0.0708
00002469057	PHARMA-RAMIPRIL (CAPSULE)	PMS	\$	0.0708
00002295369	PMS-RAMIPRIL (CAPSULE)	PMS	\$	0.0708
00002308363	RAMIPRIL (CAPSULE)	SIV	\$	0.0708
00002310503	RAN-RAMIPRIL (CAPSULE)	RAN	\$	0.0708
00002438860	VAN-RAMIPRIL (CAPSULE)	VAN	\$	0.0708
00002221829	ALTACE (CAPSULE)	VCL	\$	0.7512

**2.5 MG ORAL CAPSULE/TABLET**

00002251531	APO-RAMIPRIL (CAPSULE)	APX	\$	0.0817
00002387395	AURO-RAMIPRIL (CAPSULE)	AUR	\$	0.0817
00002331128	JAMP-RAMIPRIL (CAPSULE)	JPC	\$	0.0817
00002420465	MAR-RAMIPRIL (CAPSULE)	MAR	\$	0.0817
00002421305	MINT-RAMIPRIL (CAPSULE)	MPI	\$	0.0817
00002469065	PHARMA-RAMIPRIL (CAPSULE)	PMS	\$	0.0817
00002247917	PMS-RAMIPRIL (CAPSULE)	PMS	\$	0.0817
00002287927	RAMIPRIL (CAPSULE)	SIV	\$	0.0817
00002374846	RAMIPRIL (CAPSULE)	SNS	\$	0.0817
00002310511	RAN-RAMIPRIL (CAPSULE)	RAN	\$	0.0817
00002247945	TEVA-RAMIPRIL (CAPSULE)	TEV	\$	0.0817
00002438879	VAN-RAMIPRIL (CAPSULE)	VAN	\$	0.0817
00002221837	ALTACE (CAPSULE)	VCL	\$	0.8476

**5 MG ORAL CAPSULE/TABLET**

00002295504	ACT RAMIPRIL (CAPSULE)	APH	\$	0.0817
00002251574	APO-RAMIPRIL (CAPSULE)	APX	\$	0.0817
00002387409	AURO-RAMIPRIL (CAPSULE)	AUR	\$	0.0817
00002331136	JAMP-RAMIPRIL (CAPSULE)	JPC	\$	0.0817
00002420473	MAR-RAMIPRIL (CAPSULE)	MAR	\$	0.0817
00002421313	MINT-RAMIPRIL (CAPSULE)	MPI	\$	0.0817
00002469073	PHARMA-RAMIPRIL (CAPSULE)	PMS	\$	0.0817
00002247918	PMS-RAMIPRIL (CAPSULE)	PMS	\$	0.0817
00002287935	RAMIPRIL (CAPSULE)	SIV	\$	0.0817
00002374854	RAMIPRIL (CAPSULE)	SNS	\$	0.0817
00002310538	RAN-RAMIPRIL (CAPSULE)	RAN	\$	0.0817
00002247946	TEVA-RAMIPRIL (CAPSULE)	TEV	\$	0.0817
00002438887	VAN-RAMIPRIL (CAPSULE)	VAN	\$	0.0817
00002221845	ALTACE (CAPSULE)	VCL	\$	0.8690

**10 MG ORAL CAPSULE/TABLET**

00002251582	APO-RAMIPRIL (CAPSULE)	APX	\$	0.1034
00002387417	AURO-RAMIPRIL (CAPSULE)	AUR	\$	0.1034
00002331144	JAMP-RAMIPRIL (CAPSULE)	JPC	\$	0.1034
00002420481	MAR-RAMIPRIL (CAPSULE)	MAR	\$	0.1034
00002421321	MINT-RAMIPRIL (CAPSULE)	MPI	\$	0.1034
00002469081	PHARMA-RAMIPRIL (CAPSULE)	PMS	\$	0.1034
00002247919	PMS-RAMIPRIL (CAPSULE)	PMS	\$	0.1034
00002287943	RAMIPRIL (CAPSULE)	SIV	\$	0.1034
00002374862	RAMIPRIL (CAPSULE)	SNS	\$	0.1034
00002310546	RAN-RAMIPRIL (CAPSULE)	RAN	\$	0.1034
00002247947	TEVA-RAMIPRIL (CAPSULE)	TEV	\$	0.1034
00002438895	VAN-RAMIPRIL (CAPSULE)	VAN	\$	0.1034
00002221853	ALTACE (CAPSULE)	VCL	\$	1.1025

ALBERTA DRUG BENEFIT LIST UPDATE

**SOLIFENACIN SUCCINATE**

**5 MG ORAL TABLET**

00002423375	APO-SOLIFENACIN	APX	\$	0.3041
00002446375	AURO-SOLIFENACIN	AUR	\$	0.3041
00002424339	JAMP-SOLIFENACIN	JPC	\$	0.3041
00002428911	MED-SOLIFENACIN	GMP	\$	0.3041
00002443171	MINT-SOLIFENACIN	MPI	\$	0.3041
00002417723	PMS-SOLIFENACIN	PMS	\$	0.3041
00002437988	RAN-SOLIFENACIN	RAN	\$	0.3041
00002399032	SANDOZ SOLIFENACIN	SDZ	\$	0.3041
00002458241	SOLIFENACIN	SNS	\$	0.3041
00002448335	SOLIFENACIN SUCCINATE	MDA	\$	0.3041
00002397900	TEVA-SOLIFENACIN	TEV	\$	0.3041
00002277263	VESICARE	ASP	\$	1.5135

**10 MG ORAL TABLET**

00002423383	APO-SOLIFENACIN	APX	\$	0.3041
00002446383	AURO-SOLIFENACIN	AUR	\$	0.3041
00002424347	JAMP-SOLIFENACIN	JPC	\$	0.3041
00002428938	MED-SOLIFENACIN	GMP	\$	0.3041
00002443198	MINT-SOLIFENACIN	MPI	\$	0.3041
00002417731	PMS-SOLIFENACIN	PMS	\$	0.3041
00002437996	RAN-SOLIFENACIN	RAN	\$	0.3041
00002399040	SANDOZ SOLIFENACIN	SDZ	\$	0.3041
00002458268	SOLIFENACIN	SNS	\$	0.3041
00002448343	SOLIFENACIN SUCCINATE	MDA	\$	0.3041
00002397919	TEVA-SOLIFENACIN	TEV	\$	0.3041
00002277271	VESICARE	ASP	\$	1.5135

## **PART 3**

# Special Authorization

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

**MEROPENEM**

(Refer to Section 1 - Restricted Benefits of the Alberta Drug Benefit List for coverage of the product when prescribed by a Specialist in Infectious Diseases or Hematology, or a designated prescriber.)

- "1) For second-line therapy of infections due to gram-negative organisms producing inducible beta-lactamases or extended spectrum beta-lactamases where there is resistance to first-line agents or
- 2) For therapy for infections involving multi-resistant *Pseudomonas aeruginosa*, where there is documented susceptibility to meropenem or
- 3) For use in other Health Canada approved indications, in consultation with a specialist in Infectious Diseases."\*

\*Special Authorization is only required when the prescriber prescribing the medication is not a Specialist in Infectious Diseases or Hematology, or a designated prescriber.

In order to comply with all of the above criteria, information is required regarding the type of infection and organisms involved. Also, where the criteria restrict coverage of the requested drug to non-first line therapy, information is required regarding previous first-line antibiotic therapy that has been utilized, the patient's response to therapy, and the first line agents the organism is resistant to or why other first-line therapies cannot be used in this patient. Also, where applicable, the specialist in Infectious Diseases that recommended this drug is required.

**500 MG / VIAL INJECTION**

<b>00002378787</b>	<b>MEROPENEM</b>	<b>SDZ</b>	<b>\$</b>	<b>9.2225</b>
00002218488	MERREM	PFI	\$	26.3500

**1 G / VIAL INJECTION**

<b>00002378795</b>	<b>MEROPENEM</b>	<b>SDZ</b>	<b>\$</b>	<b>18.4450</b>
<b>00002436507</b>	<b>MEROPENEM FOR INJECTION USP</b>	<b>STM</b>	<b>\$</b>	<b>18.4450</b>
00002218496	MERREM	PFI	\$	52.7000

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