Updates to the Palliative Coverage Drug Benefit Supplement

Effective August 1, 2018

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Government

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) 498-8406 | |
| | 1-877-305-9911 (Toll Free) | |

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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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 August 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 September 1, 2018 claims will no longer pay for these product(s).

| Trade Name / Strength / Form | Generic Description | <u>DIN</u> | MFR |
|------------------------------|---------------------|-------------|-----|
| APO-FENTANYL 25 25 MCG / HR | FENTANYL | 00002314630 | APX |
| TRANSDERMAL PATCH | | | |