

# **Updates to the Alberta Human Services Drug Benefit Supplement**

**Effective December 1, 2020**



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:** <https://www.alberta.ca/alberta-supports.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 .....	1
■ Additional Brand(s) and/or Strength(s) of Drug Product(s) Available by Special Authorization .....	1
Part 3 Special Authorization .....	3-1

## **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**

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
COMPLETEAT PEDIATRIC 1.5 ORAL LIQUID	NUTRITIONAL PRODUCT (PEDIATRIC)	00000999853	NHN

## **PART 3**

# Special Authorization

ALBERTA HUMAN SERVICES DRUG BENEFIT SUPPLEMENT UPDATE  
CRITERIA FOR SPECIAL AUTHORIZATION OF SELECT DRUG PRODUCTS

**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**

<input checked="" type="checkbox"/>	00000999426	COMPLEAT PEDIATRIC	NHN	\$	0.0102
<input checked="" type="checkbox"/>	00000999434	PEDIASURE PLUS WITH FIBRE	ABN	\$	0.0118
<input checked="" type="checkbox"/>	00000999853	COMPLEAT PEDIATRIC 1.5	NHN	\$	0.0152
<input checked="" type="checkbox"/>	00000999565	KETOCAL	NUN	\$	0.0258
<input checked="" type="checkbox"/>	00000999408	PEPTAMEN JUNIOR	NHN	\$	0.0271
<input checked="" type="checkbox"/>	00000999391	NEOCATE SPLASH	NUN	\$	0.0303
<input checked="" type="checkbox"/>	00000999553	PEPTAMEN JUNIOR 1.5	NHN	\$	0.0404

---