

Updates to the Alberta Human Services Drug Benefit Supplement

Effective June 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.

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Product(s) with a Price Change

The following product(s) had a Price Change. The previous higher price will be recognized until June 30, 2020. 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>
ENFAMIL ENFACARE A+ ORAL POWDER	INFANT FORMULA	00000999564	MJO

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 June 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 July 1, 2020 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>
TEVA-ARIPRAZOLE 2 MG TABLET	ARIPRAZOLE	00002464144	TEV

PART 2

Drug Additions

INFANT FORMULA**ORAL POWDER**

<input checked="" type="checkbox"/>	00000999788	SIMILAC ALIMENTUM	ABN	\$	0.0381
<input checked="" type="checkbox"/>	00000999465	SIMILAC NEOSURE	ABN	\$	0.0403
<input checked="" type="checkbox"/>	00000999564	ENFAMIL ENFACARE A+	MJO	\$	0.0422
<input checked="" type="checkbox"/>	00000999520	NUTRAMIGEN A+ HYPOALLERGENIC	MJO	\$	0.0457

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