

Updates to the Alberta Human Services Drug Benefit Supplement

Effective May 1, 2020

Alberta  Human Services

Inquiries should be directed to:

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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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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>
JAMP ZOLMITRIPTAN 2.5 MG TABLET	ZOLMITRIPTAN	00002477106	JPC

Product(s) with a Price Change

The following product(s) had a Price Change. The previous higher price will be recognized until May 31, 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>
PURAMINO A+ JUNIOR ORAL POWDER	NUTRITIONAL PRODUCT (PEDIATRIC)	00000999876	MJO
PURAMINO A+ ORAL POWDER	INFANT FORMULA	00000999543	MJO

PART 3

Special Authorization

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

INFANT FORMULA

"For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the infant formulas 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 infant formulas utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other infant formulas."

ORAL POWDER

<input checked="" type="checkbox"/>	00000999543	PURAMINO A+	MJO	\$	0.1275
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"For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the infant formulas 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 infant formulas utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other infant formulas."

<input checked="" type="checkbox"/>	00000999568	NEOCATE WITH DHA & ARA	NUN	\$	0.1581
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"For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the infant formulas 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 infant formulas utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other infant formulas."

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 POWDER

<input checked="" type="checkbox"/>	00000999559	MODULEN IBD	NHN	\$	0.0677
<input checked="" type="checkbox"/>	00000999445	KETOCAL	NUN	\$	0.1145
<input checked="" type="checkbox"/>	00000999876	PURAMINO A+ JUNIOR	MJO	\$	0.1219
<input checked="" type="checkbox"/>	00000999447	NEOCATE JUNIOR	NUN	\$	0.1299
<input checked="" type="checkbox"/>	00000999560	NEOCATE JUNIOR WITH FIBRE	NUN	\$	0.1299
<input checked="" type="checkbox"/>	00000999422	VIVONEX PEDIATRIC	NHN	\$	0.1349

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

ZOLMITRIPTAN

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

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

2.5 MG ORAL TABLET

00002458780	CCP-ZOLMITRIPTAN	CEL	\$	3.5375
00002477106	JAMP ZOLMITRIPTAN	JPC	\$	3.5375
00002421623	JAMP-ZOLMITRIPTAN	JPC	\$	3.5375
00002419521	MINT-ZOLMITRIPTAN	MPI	\$	3.5375
00002421534	NAT-ZOLMITRIPTAN	NTP	\$	3.5375
00002324229	PMS-ZOLMITRIPTAN	PMS	\$	3.5375
00002362988	SANDOZ ZOLMITRIPTAN	SDZ	\$	3.5375
00002313960	TEVA-ZOLMITRIPTAN	TEV	\$	3.5375
00002238660	ZOMIG	AZC	\$	14.9600
