

Updates to the Alberta Human Services Drug Benefit Supplement

Effective November 1, 2019



Inquiries should be directed to:

Pharmacy Services

Alberta Blue Cross
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Edmonton AB T5J 3C5

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(403) 294-4041 (Calgary)
1-800-361-9632 (Toll Free)

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1-877-305-9911 (Toll Free)

Website: <http://humanservices.alberta.ca/alberta-supports.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

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>
TEVA-ALMOTRIPTAN 12.5 MG TABLET	ALMOTRIPTAN MALATE	00002434849	TEV

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 November 1, 2019, 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, 2019 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>
RATIO-NYSTATIN 100,000 UNIT / G TOPICAL OINTMENT	NYSTATIN	00002194228	TEV

PART 3

Special Authorization

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

ALMOTRIPTAN MALATE

"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.

12.5 MG (BASE) ORAL TABLET

00002466821	ALMOTRIPTAN	SNS	\$	2.3478
00002398443	MYLAN-ALMOTRIPTAN	MYP	\$	2.3478
00002405334	SANDOZ ALMOTRIPTAN	SDZ	\$	2.3478
00002434849	TEVA-ALMOTRIPTAN	TEV	\$	2.3478
