

**Summary of Changes  
to the  
Palliative Coverage  
Drug Benefit Supplement**

**Effective April 1, 2020**



Inquiries should be directed to:

**Pharmacy Services**

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10009 108 Street NW  
Edmonton AB T5J 3C5

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(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/palliative-care-health-benefits.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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## **Discontinued Listing(s)**

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*Notification of discontinuation has been received from the manufacturers. The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective April 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 May 1, 2020 claims will no longer pay for these products.*

<b><u>Trade Name / Strength / Form</u></b>	<b><u>Generic Description</u></b>	<b><u>DIN</u></b>	<b><u>MFR</u></b>
PMS-DOCUSATE CALCIUM 240 MG CAPSULE	DOCUSATE CALCIUM	00000664553	PMS
PMS-DOCUSATE SODIUM 50 MG / ML ORAL SYRUP	DOCUSATE SODIUM	00000848417	PMS
RAN-FENTANYL MATRIX 12 MCG / HR TRANSDERMAL PATCH	FENTANYL	00002330105	RAN
RAN-FENTANYL MATRIX 25 MCG / HR TRANSDERMAL PATCH	FENTANYL	00002330113	RAN
RAN-FENTANYL MATRIX 75 MCG / HR TRANSDERMAL PATCH	FENTANYL	00002330148	RAN
RAN-FENTANYL MATRIX 100 MCG / HR TRANSDERMAL PATCH	FENTANYL	00002330156	RAN

## **Product(s) Removed from the PCDBS as Price Policy Requirements not Satisfied**

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*The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective April 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 May 1, 2020 claims will no longer pay for these products.*

<b><u>Trade Name / Strength / Form</u></b>	<b><u>Generic Description</u></b>	<b><u>DIN</u></b>	<b><u>MFR</u></b>
LAX-A NEMA 10.4 G / 3.9 G RECTAL ENEMA	SODIUM PHOSPHATE/ SODIUM ACID PHOSPHATE	00002096900	PPH