

Updates to the Alberta Human Services Drug Benefit Supplement

Effective September 1, 2020

Alberta  Human Services

Inquiries should be directed to:

Pharmacy Services

Alberta Blue Cross
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/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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Restricted Benefit(s)

New Drug Product(s) Available by Restricted Benefit

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
GLYCERIN INFANT RECTAL PEDIATRIC SUPPOSITORY	GLYCERIN	00001926047	WSB

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 September 1, 2020, the listed product(s) will no longer be a benefit and where applicable, will not be considered for coverage by Special Authorization. A transition period will be applied and as of October 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>
GLYCERIN INFANT RECTAL PEDIATRIC SUPPOSITORY	GLYCERIN	00002020815	TEV

PART 2

Drug Additions

GLYCERIN

RESTRICTED BENEFIT - This product is a benefit for patients up to 17 years of age inclusive.

RECTAL PEDIATRIC SUPPOSITORY

00001926047	GLYCERIN INFANT	WSB	\$	0.1783
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