

Updates to the Palliative Coverage Drug Benefit Supplement

Effective September 1, 2018



UPDATES TO THE PALLIATIVE COVERAGE DRUG BENEFIT SUPPLEMENT

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: <http://www.health.alberta.ca/services/drug-benefit-list.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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Added Product(s)

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
BISACODYL 10 MG RECTAL SUPPOSITORY	BISACODYL	00002361450	JPC

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, 2018, 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 October 1, 2018 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>
APO-FENTANYL 50 50 MCG / HR TRANSDERMAL PATCH	FENTANYL	00002314649	APX
APO-FENTANYL 75 75 MCG / HR TRANSDERMAL PATCH	FENTANYL	00002314657	APX

PART 2

Drug Additions

56:00 GASTROINTESTINAL DRUGS

56:12 CATHARTICS AND LAXATIVES

BISACODYL

10 MG RECTAL SUPPOSITORY

<input checked="" type="checkbox"/>	00002361450	BISACODYL	JPC	\$	0.4681
<input checked="" type="checkbox"/>	00000003875	DULCOLAX	SAV	\$	1.1604

Please note: The LCA price indicated for this product is not applicable to clients who are enrolled in the Palliative Coverage Drug Coverage program.
