

# **Palliative Coverage Drug Benefit Supplement**

**Effective April 1, 2024**



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<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.

*Changes may be made, without notice, to the List/Supplement through the on-line interactive List/Supplement, and any such changes to the on-line interactive List/Supplement are effective the date of the change (unless otherwise stated) and regardless of the date of publication in the paper version or updates.*

Please visit <https://www.alberta.ca/palliative-care-health-benefits.aspx> for the most current Palliative Coverage Drug Benefit Supplement information.

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The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.

# SECTION 1

## Introduction and Therapeutic Classification of Drugs

# INTRODUCTION

## Eligibility

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Benefits for *Palliative Coverage* are defined by the *Alberta Drug Benefit List* and the *Palliative Coverage Drug Benefit Supplement* (which defines select hydrating agents, laxatives and other products as additional benefits).

In order for patients to be eligible for *Palliative Coverage*, an application for the *Palliative Coverage Program* must be completed and signed by both the patient (or guardian) and the physician. This *Palliative Coverage Program* application form must be forwarded to Alberta Health for their consideration and approval.

## Price Policy

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The [Price Policy](#) is stated in the *Alberta Drug Benefit List*.

## Interchangeable Drug Products

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A box containing an X (☒) to the left of the DIN or Product Identification Number (PIN) indicates that the product is **not** interchangeable with other products or interchangeability has not been assessed within the category. Refer to Policies and Guidelines Section 1 of the current *Alberta Drug Benefit List* for further information regarding interchangeable drug products.

The DBL is not a prescribing or a diagnostic tool. Prescribers should refer to drug monographs and utilize professional judgment.

## Excluded Special Authorization Drug Products

The following drug product(s) are listed in the special authorization section (Section 3) of the Alberta Drug Benefit List, however, special authorization coverage for these drug product(s) cannot be considered for those patients with Palliative Coverage:

Trade Name / Strength / Form	Generic Description	DIN	MFR
FULPHILA (0.6 ML SYRINGE) 6 MG / SYRINGE INJECTION	PEGFILGRASTIM	00002484153	BBC
GRASTOFIL 0.3 MG / SYRINGE INJECTION	FILGRASTIM	00002441489	APX
GRASTOFIL 0.48 MG / SYRINGE INJECTION	FILGRASTIM	00002454548	APX
LAPELGA (0.6 ML SYRINGE) 6 MG / SYRINGE INJECTION	PEGFILGRASTIM	00002474565	APX
NIVESTYM (0.5 ML SYRINGE) 0.3 MG / SYRINGE INJECTION	FILGRASTIM	00002485575	PFI
NIVESTYM (0.8 ML SYRINGE) 0.3 MG / SYRINGE INJECTION	FILGRASTIM	00002485583	PFI
NIVESTYM (1.6 ML) 0.3 MG / ML INJECTION	FILGRASTIM	00002485656	PFI
NIVESTYM 0.3 MG / ML INJECTION	FILGRASTIM	00002485591	PFI
NYVEPRIA (0.6 ML SYRINGE) 6 MG / SYRINGE INJECTION	PEGFILGRASTIM	00002506238	PFI
ZIEXTENZO (0.6 ML SYRINGE) 6 MG / SYRINGE INJECTION	PEGFILGRASTIM	00002497395	SDZ

### Excluded Criteria:

"In patients with non-myeloid malignancies, receiving myelosuppressive anti-neoplastic drugs with curative intent, to decrease the incidence of infection, as manifested by febrile neutropenia."

## **PART 2**

# Pharmacologic – Therapeutic Classification of Drugs

PALLIATIVE COVERAGE DRUG BENEFIT SUPPLEMENT

**00:00 NON-CLASSIFIED DRUGS**

00:00

N/A

0 N/A

00000980002	PRE-FILLED SYRINGE FOR PALLIATIVE	XXX	\$	1.9418
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**10:00 ANTINEOPLASTIC AGENTS**

10:00

**MEGESTROL ACETATE**

**40 MG ORAL TABLET**

00002195917	MEGESTROL	AAP	\$	1.5958
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**160 MG ORAL TABLET**

00002195925	MEGESTROL	AAP	\$	6.9566
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**28:00 CENTRAL NERVOUS SYSTEM AGENTS**

28:08.08 ANALGESICS AND ANTIPYRETICS  
(OPIATE AGONISTS)

**FENTANYL**

**12 MCG/HR TRANSDERMAL PATCH**

00002327112	SANDOZ FENTANYL PATCH	SDZ	\$	3.3200
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00002311925	TEVA-FENTANYL	TEV	\$	3.3200
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**25 MCG/HR TRANSDERMAL PATCH**

00002327120	SANDOZ FENTANYL PATCH	SDZ	\$	8.5600
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00002282941	TEVA-FENTANYL	TEV	\$	8.5600
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**50 MCG/HR TRANSDERMAL PATCH**

00002327147	SANDOZ FENTANYL PATCH	SDZ	\$	16.1100
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00002282968	TEVA-FENTANYL	TEV	\$	16.1100
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**75 MCG/HR TRANSDERMAL PATCH**

00002327155	SANDOZ FENTANYL PATCH	SDZ	\$	22.6500
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00002282976	TEVA-FENTANYL	TEV	\$	22.6500
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**100 MCG/HR TRANSDERMAL PATCH**

00002327163	SANDOZ FENTANYL PATCH	SDZ	\$	28.1950
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00002282984	TEVA-FENTANYL	TEV	\$	28.1950
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**50 MCG / ML INJECTION**

00002496143	FENTANYL (100 MCG/ 2 ML)	STM	\$	1.9103
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00002496178	FENTANYL (1000 MCG/ 20 ML)	STM	\$	1.9103
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00002496151	FENTANYL (250 MCG/ 5 ML)	STM	\$	1.9103
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00002496186	FENTANYL (2500 MCG/ 50 ML)	STM	\$	1.9103
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00002240434	FENTANYL CITRATE	SDZ	\$	1.9103
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**40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE**

40:12 REPLACEMENT PREPARATIONS

**PARENTERAL SOLUTIONS (LARGE & SMALL VOL)**

**INJECTION**

<input checked="" type="checkbox"/>	00000990040	0.9% SODIUM CHLORIDE	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000990034	3.3% DEXT/ 0.3% NACL (2/3-1/3)	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000990037	3.3% DEXT/0.3% NACL/20 MEQ KCL	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000990038	3.3% DEXT/0.3% NACL/40 MEQ KCL	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000990033	5% DEXTROSE (D5W)	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000990035	5% DEXTROSE/ 0.15% KCL 20 MEQ	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000990036	5% DEXTROSE/ 0.3% KCL 40 MEQ	XXX	\$	0.0000
<input checked="" type="checkbox"/>	00000990039	LACTATED RINGER'S	XXX	\$	0.0000

**POTASSIUM CHLORIDE (K+)**

**149 MG / ML INJECTION**

	00000037869	POTASSIUM CHLORIDE	PFI	\$	0.4844
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**SODIUM CHLORIDE**

**0.9 % INJECTION**

	00002304341	SODIUM CHLORIDE INJECTION USP	TGT	\$	0.0998
	00000037796	SODIUM CHLORIDE	PFI	\$	0.1923

**56:00 GASTROINTESTINAL DRUGS**

56:12 CATHARTICS AND LAXATIVES

**BISACODYL**

**5 MG ORAL ENTERIC-COATED TABLET**

	00000254142	DULCOLAX	SAV	\$	0.1950
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**10 MG RECTAL SUPPOSITORY**

	00002361450	BISACODYL	JPC	\$	0.4681
	00000003875	DULCOLAX	SAV	\$	1.1800

**DOCUSATE CALCIUM**

**240 MG ORAL CAPSULE**

	00002283255	JAMP-DOCUSATE CALCIUM	JPC	\$	0.0816
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**DOCUSATE SODIUM**

**100 MG ORAL CAPSULE**

<input checked="" type="checkbox"/>	00000716731	DOCUSATE SODIUM	TAR	\$	0.0328
	00002426838	DOCUSATE SODIUM	SNS	\$	0.0328
	00002245946	JAMP-DOCUSATE SODIUM	JPC	\$	0.0328
	00000703494	PMS-DOCUSATE SODIUM	PMS	\$	0.0328
<input checked="" type="checkbox"/>	00001994344	SOFLAX	PMS	\$	0.0328
<input checked="" type="checkbox"/>	00000514888	SELAX	ODN	\$	0.0383
	00002106256	COLACE	PMS	\$	0.1444

**4 MG / ML ORAL SYRUP**

	00000870226	RATIO-DOCUSATE SODIUM	TEV	\$	0.0220
	00002086018	COLACE	PMS	\$	0.0243

**10 MG / ML ORAL DROPS**

	00002090163	COLACE	PMS	\$	0.1951
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**POLYETHYLENE GLYCOL 3350**

**1 G / G ORAL POWDER**

<input checked="" type="checkbox"/>	00002374137	EMOLAX	JPC	\$	0.0252
	00002317680	LAX-A-DAY	PPH	\$	0.0503
	00002346672	RELAXA	MDX	\$	0.0503

**56:00 GASTROINTESTINAL DRUGS**

56:12 CATHARTICS AND LAXATIVES

**SENNOSIDES**

**8.6 MG ORAL TABLET**

<input checked="" type="checkbox"/>	00002068109	LAX-A SENNA	PPH	\$	0.0464
<input checked="" type="checkbox"/>	00000896411	PMS-SENNOSIDES	PMS	\$	0.0464
	00080009595	JAMP-SENNOSIDES	JPC	\$	0.0604
<input checked="" type="checkbox"/>	00080009182	SENNOSIDES	JPC	\$	0.0604
	00000026158	SENNOSIDES	PUR	\$	0.0905

**12 MG ORAL TABLET**

<input checked="" type="checkbox"/>	00000896403	PMS-SENNOSIDES	PMS	\$	0.0746
<input checked="" type="checkbox"/>	00080009183	SENNOSIDES	JPC	\$	0.0781

**1.7 MG / ML ORAL LIQUID**

	00080024394	JAMP SENNAQUIL	JPC	\$	0.0764
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**SENNOSIDES/ DOCUSATE SODIUM**

**8.6 MG \* 50 MG ORAL TABLET**

	00000026123	SENNOSIDES	PUR	\$	0.1840
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**72:00 LOCAL ANESTHETICS**

72:00

**BUPIVACAINE HCL**

**2.5 MG / ML INJECTION**

	00002443686	BUPIVACAINE	STM	\$	0.4553
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**5 MG / ML INJECTION**

	00002443694	BUPIVACAINE	STM	\$	0.5338
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# **APPENDICES**

## Pharmaceutical Manufacturers

## Appendix 1

### Pharmaceutical Manufacturers

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#### *A*

**AAP** AA Pharma Inc.

#### *J*

**JPC** Jamp Pharma Corporation

#### *M*

**MDX** Medexus Pharmaceuticals Inc.

#### *O*

**ODN** Odan Laboratories Ltd.

#### *P*

**PFI** Pfizer Canada Inc.

**PMS** Pharmascience Inc.

**PPH** Pendopharm Inc.

**PUR** Purdue Pharma

#### *S*

**SAV** Sanofi-Aventis

**SDZ** Sandoz Canada Inc.

**SNS** Sanis Health Inc.

**STM** Sterimax Inc.

#### *T*

**TAR** Taro Pharmaceuticals Inc.

**TEV** Teva Canada Ltd.

**TGT** Hikma Pharmaceuticals PLC (Teligent Canada, Inc.)

#### *X*

**XXX** Miscellaneous Manufacturers

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