

# **Updates to the Alberta Human Services Drug Benefit Supplement**

**Effective June 1, 2021**

*Alberta*  Human Services

Inquiries should be directed to:

**Pharmacy Services**

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**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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## Special Authorization

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The following drug product(s) will be considered for coverage by Special Authorization for patients covered under Alberta government-sponsored drug programs.

### New Drug Product(s) Available by Special Authorization

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
ENSURE PROTEIN MAX ORAL LIQUID	NUTRITIONAL PRODUCT (ADULT MEAL REPLACEMENT)	00000999845	ABN

## Restricted Benefit(s)

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### New Drug Product(s) Available by Restricted Benefit

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
NIC-HIT 1 MG / DOSE BUCCAL SPRAY	NICOTINE PRODUCT	00080054636	EUP
NIC-HIT 2 MG / DOSE BUCCAL SPRAY	NICOTINE PRODUCT	00080060452	EUP

## Added Product(s)

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<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
PRIVA-FLUCONAZOLE 150 MG CAPSULE	FLUCONAZOLE	00002433702	PMI

## Discontinued Listing(s)

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Notification of discontinuation has been received from the manufacturer(s). The Alberta government-sponsored drug programs previously covered the following drug product(s). Effective June 1, 2021, 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 July 1, 2021 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>
ENSURE SCFOS FIBRE ORAL LIQUID	NUTRITIONAL PRODUCT (ADULT MEAL REPLACEMENT)	00000999525	ABN

## **PART 2**

# Drug Additions

**FLUCONAZOLE****150 MG ORAL CAPSULE**

<input checked="" type="checkbox"/>	00002241895	APO-FLUCONAZOLE-150	APX	\$	3.9400
<input checked="" type="checkbox"/>	00002432471	JAMP-FLUCONAZOLE	JPC	\$	3.9400
<input checked="" type="checkbox"/>	00002428792	MAR-FLUCONAZOLE-150	MAR	\$	3.9400
<input checked="" type="checkbox"/>	00002433702	PRIVA-FLUCONAZOLE	PMI	\$	3.9400

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**NICOTINE**

RESTRICTED BENEFIT - Coverage is limited to a lifetime maximum of \$500.00 per participant for all over the counter smoking cessation products listed in the Alberta Human Services Drug Benefit Supplement.

**1 MG / DOSE BUCCAL SPRAY**

<input checked="" type="checkbox"/>	00080054636	NIC-HIT	EUP	\$	0.0550
<input checked="" type="checkbox"/>	00080038858	NICORETTE QUICKMIST	MCL	\$	0.2119

**2 MG / DOSE BUCCAL SPRAY**

	00080060452	NIC-HIT	EUP	\$	0.0625
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## **PART 3**

# Special Authorization

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

**NUTRITIONAL PRODUCT (ADULT MEAL REPLACEMENT)**

For use in patients who are unable to tolerate, have failed, or have nutritional requirements which cannot be met with the nutritional products which are unrestricted benefits (listed in PTC 40:20 of the Alberta Human Services Drug Benefit Supplement).

Information is required regarding the patient's diagnosis, previous nutritional products utilized and the patient's response to therapy, and/or the nutritional requirement which cannot be met with other nutritional products.

**ORAL LIQUID**

<input checked="" type="checkbox"/> 00000999427	BOOST HIGH PROTEIN	NHN	\$	0.0074
<input checked="" type="checkbox"/> 00000999845	ENSURE PROTEIN MAX	ABN	\$	0.0080

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