

Updates to the Alberta Human Services Drug Benefit Supplement

Effective September 1, 2021

Alberta  Human Services

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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.

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Special Authorization

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

Additional Brand(s) and/or Strength(s) of Drug Product(s) Available by Special Authorization

<u>Trade Name / Strength / Form</u>	<u>Generic Description</u>	<u>DIN</u>	<u>MFR</u>
AURO-ZOLMITRIPTAN 2.5 MG TABLET	ZOLMITRIPTAN	00002481030	AUR
EQUACARE JUNIOR ORAL POWDER	NUTRITIONAL PRODUCTS	00000999841	CAM
KETOVIE 4:1 UNFLAVORED ORAL LIQUID	NUTRITIONAL PRODUCTS	00000999840	CAM

PART 3

Special Authorization

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

NUTRITIONAL PRODUCTS

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"/>	00000999864	KETOVIE 3:1	CAM	\$	0.0242
<input checked="" type="checkbox"/>	00000999866	KETOVIE 4:1	CAM	\$	0.0242
<input checked="" type="checkbox"/>	00000999840	KETOVIE 4:1 UNFLAVORED	CAM	\$	0.0262
<input checked="" type="checkbox"/>	00000999865	KETOVIE PEPTIDE 4:1	CAM	\$	0.0322

ORAL POWDER

	00000999841	EQUACARE JUNIOR	CAM	\$	0.0952
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ZOLMITRIPTAN

"For the treatment of acute migraine attacks in patients where other standard therapy has failed. Special authorization may be granted for 24 months."

Information is required regarding previous medications utilized and the patient's response to therapy.

The following product(s) are eligible for auto-renewal.

2.5 MG ORAL TABLET

	00002481030	AURO-ZOLMITRIPTAN	AUR	\$	3.5375
	00002458780	CCP-ZOLMITRIPTAN	CEL	\$	3.5375
	00002477106	JAMP ZOLMITRIPTAN	JPC	\$	3.5375
	00002421623	JAMP-ZOLMITRIPTAN	JPC	\$	3.5375
	00002419521	MINT-ZOLMITRIPTAN	MPI	\$	3.5375
	00002421534	NAT-ZOLMITRIPTAN	NTP	\$	3.5375
	00002324229	PMS-ZOLMITRIPTAN	PMS	\$	3.5375
	00002362988	SANDOZ ZOLMITRIPTAN	SDZ	\$	3.5375
	00002313960	TEVA-ZOLMITRIPTAN	TEV	\$	3.5375
	00002238660	ZOMIG	AZC	\$	14.9600
