

Alberta Health

AADL Approved Products List – Medical Surgical Supplies

Pricing effective March 1, 2017

Briefs, Diapers and Liners	APL M-1
Catheter Supplies	APL M-4
Injection Supplies.....	APL M-6
Ostomy Supplies.....	APL M-7

BRIEFS, DIAPERS LINERS, AND CATHETERS

Generic description, uses and restrictions

Incontinence briefs/diapers must:

- Meet minimal absorbency criteria
- Have re-usable fasteners
- Consist of soft woven material that promotes skin integrity
- Have a wetness indicator on the package to identify absorption levels

AADL vendors:

- Must provide a product that has a minimum absorbency of 600 mls.
- Offer clients a choice of products that meets AADL generic description and product standards at or below AADL's price.
- Only provide 2 months' supply at a time and may not submit claims for over quantities or frequencies listed.

Pricing:

- Based on a tab style diaper however, the client and authorizer has the choice of a button, Velcro or pull-up garment provided the product meets AADL's standards.

Quantities:

- **Bold print under "additional details" as this information MUST be documented on the 1250 or change forms.**
- Quantity and frequency limits are maximums and not to be considered automatically. Quantity must be based on assessed needs; authorizers must adhere to quantity and frequency maximums.
- Note: M243 liners are only provided for a maximum of 60 per two month period.
- Clients with bowel incontinence and require only diapers/liners may be eligible for up to 200 diapers/liners every 2 months.
- Clients with mixed, bladder or bowel incontinence receiving up to 70 intermittent catheters every 2 months or indwelling catheters may also be eligible to receive a maximum of 150 diapers/liners per two months with clinical justification for the complementary benefit. Prior approval from the Manager is required.

BRIEFS/DIAPERS – Minimal 600mL absorbency				
Cat. No.	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M200	Disposable Adult Briefs/Diapers – Small or Youth	<ul style="list-style-type: none"> Fits hips/waist 20" to 31" 	400/2 mo.	\$0.98
M203	Disposable Adult Briefs/Diapers – Medium	<ul style="list-style-type: none"> Fits hips/waist 32" to 44" 	400/2 mo.	\$1.12
M207	Disposable Adult Briefs/Diapers - Large to XX-Large	<ul style="list-style-type: none"> Fits hips/waist 45" to 65" 	400/2 mo.	\$1.37
M205	Disposable Child Briefs/Diapers	<ul style="list-style-type: none"> Includes all pediatric sizes 	400/2 mo.	\$1.25
M214	Disposable Adult Briefs/Diapers – Bariatric	<ul style="list-style-type: none"> Fits hips/waist 65" and up (document on 1250 form) 	400/2 mo.	\$3.50

LINERS				
CAT. No.	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M240	Disposable Large Hour Glass Plastic Back/Waterproof Liner	<ul style="list-style-type: none"> An alternative product to a full brief or diaper; not to be used inside a brief or diaper. Absorbs a minimal 800ml at the target area With or without self-adhesive strip 	400/2 mo.	\$0.87
M242	Disposable Incontinence Liners	<ul style="list-style-type: none"> An alternative product to a full brief or diaper; not to be used inside a brief or diaper. Absorbs a minimal 400 ml at the target area. With self-adhesive plastic back. 	400/2 mo.	\$0.62
BOOSTER LINERS AND UNDERPADS				
M243	Disposable Booster Liners – 3 ½ “ x 12”	<ul style="list-style-type: none"> Non-plastic back. Designed to be worn inside full brief or diaper to increase absorbency at night Absorbs a minimal 250 ml at the target area. Maximum of 60 per two months. 	60/2mo.	\$0.80
M263	Reusable Washable Underpads - minimal size of 16” x 20”	<ul style="list-style-type: none"> Designed to be washed and reused. Only clients using diapers/liners are eligible. Stand alone benefit for palliative clients only. 	2/4mo.	\$14.36

CATHETER SUPPLIES				
Generic description, uses and restrictions				
<ul style="list-style-type: none"> Catheters may not be combined with the exception of intermittent catheters and condom catheters - combined total cannot exceed 70 every 2 months. 				
CATHETERS				
Cat. No.	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M301	External Catheter – Latex, non-latex	<ul style="list-style-type: none"> Has internal adhesive. Includes both latex and non-latex products. 	70/2 mo	\$2.61
M328	Intermittent Catheter – Plastic	<ul style="list-style-type: none"> Clean intermittent catheterization. Provided with cleaning instructions. 	70/2 mo	\$2.22
M341	Foley Catheter – Latex or Latex with Silicone Coating	<ul style="list-style-type: none"> Indwelling catheter Latex with coating used for clients with sensitivity to latex (document on 1250 form) 	12/2 mo	\$10.92
M345	Foley Catheter – 100% Silicone - may also include latex-free catheters	<ul style="list-style-type: none"> Indicated for: <ul style="list-style-type: none"> Unresolved bypassing, or Frequent blockages (more than once a week), or Diagnosed latex allergy. Document rationale on 1250 form) 	4/2 mo	\$12.78
M347	Foley Catheter – 100% Silicone/Coudé Tip	<ul style="list-style-type: none"> Indicated for: <ul style="list-style-type: none"> Unresolved bypassing, or Frequent blockages (more than once a week), or Diagnosed latex allergy. Document rationale on 1250 form. 	4/2 mo	\$25.00
M381	Intermittent Catheter – Plastic/ Coudé Tip	<ul style="list-style-type: none"> Curved tip - for difficulty inserting with regular tip (document on 1250 form). 	70/2 mo	\$4.06

CATHETER TUBING, SECURES, TRAYS AND BAGS

Benefit Specific Eligibility Criteria:

- **Noted in bold underlined print – must be documented on authorization (1250) form.**

AADL vendors:

- Offer clients a choice of products that meets AADL generic description and product standards at or below AADL's price.
- Only provide 2 months' supply at a time and may not submit claims for over quantity.

Quantities:

- Determined on client's basic **need**, not quantity maximum.
- **Note: Clients authorized for M328 catheters must use a minimum of one catheter per day to qualify for AADL funding.**
- Quantities of catheter tubing, secures, trays and bags must match corresponding catheter quantities.
 Example: Number of trays authorized must match number of indwelling catheters authorized per 2 month period up to maximum limit.
- **Note: Upgrades: When a client chooses an upgraded product, the product must meet the following criteria:**
 - meet the basic description under "Additional Details".
 - the product chosen has extra features beyond those listed under "Additional Details".
- **Note: Clients are responsible for all costs resulting from an upgraded product choice.**

Cat. No.	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M312	Catheter Secures	<ul style="list-style-type: none"> • Designed to last 7-10 days 	10/2 mo	\$4.32
M348	Foley Catheter Tray without catheter	<ul style="list-style-type: none"> • For inserting indwelling catheter • Includes pre-filled inflation syringe 	12/2 mo	\$5.90
M352	Bedside Urinary Drainage	<ul style="list-style-type: none"> • Includes drainage tube, adapter, bottom drain clamp and hanger. 	8/2 mo	\$9.50
M354	Urinary Leg Bag – Vinyl	<ul style="list-style-type: none"> • Includes extension tubing and leg straps. • Comes in a variety of sizes. • May have anti-reflux or flip-flow valves. 	20/2 mo	\$12.00
M370	Urinary Irrigation Tray	<ul style="list-style-type: none"> • Used with indwelling catheters 	8/2 mo	\$7.59

INJECTION SUPPLIES

AADL vendors:

- Offer clients a choice of products that meets AADL generic description and product standards at or below AADL’s price.
- Only provide 2 months’ supply at a time and may not submit claims for over quantity.

Quantities:

- Are determined on client’s basic need, not quantity maximum.
- Quantities are determined based on prescription – must be indicated on prescription as OD, BID, TID or QID for each drug
- Combinations may be permitted – total not to exceed maximum 500 for 2 months.

AADL Cat #	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M403	Syringe with Needle Attached - ½ cc or 1 cc	<ul style="list-style-type: none"> • For intramuscular or subcutaneous injections 	500/2 mo	\$0.50
M415	Syringe with Needle Attached - 3 cc	<ul style="list-style-type: none"> • For intramuscular or subcutaneous injections 	500/2 mo	\$0.67

OSTOMY SUPPLIES				
Generic description, uses and restrictions				
<p><u>Benefit Specific Eligibility Criteria:</u></p> <ul style="list-style-type: none"> Noted in bold underlined print – must be documented on authorization (1250) form. <p><u>AADL vendors:</u></p> <ul style="list-style-type: none"> Offer clients a choice of products that meets AADL generic description and product standards at or below AADL’s price. Only provide 2 months’ supply at a time and may not submit claims for over quantity. <p><u>Quantities:</u></p> <ul style="list-style-type: none"> Are determined on client’s basic <u>need</u>, not quantity maximum. Different types of pouches may be authorized for same client – total quantity must not exceed maximum limit of single type Quantities of pouches cannot be added together to increase quantity limit. <p><u>Pricing:</u></p> <ul style="list-style-type: none"> Pricing for all pouches is based on products with filters. Open end pouch prices are based on self-closure products. 				
OSTOMY POUCHES				
CAT. No	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M001	One Piece Colostomy/Ileostomy Pouch	<ul style="list-style-type: none"> Closed end with seal 	210/2 mo	\$5.63
M003	Two-Piece Colostomy/Ileostomy Pouch	<ul style="list-style-type: none"> Closed end 	210/2 mo	\$3.14
M005	One-Piece Colostomy/Ileostomy Pouch	<ul style="list-style-type: none"> Drainable Self-closure 	30/2 mo	\$8.83
M006	Two-Piece Colostomy/Ileostomy Pouch	<ul style="list-style-type: none"> Drainable Self-closure 	30/2 mo	\$6.91
M008	Two-Piece Urostomy Pouch	<ul style="list-style-type: none"> Regular Wear 	30/2 mo	\$6.47
M009	One-Piece Urostomy Pouch	<ul style="list-style-type: none"> Regular Wear 	30/2 mo	\$13.42
M010	Vinyl Reusable Ileostomy/Urostomy Pouch	<ul style="list-style-type: none"> Requires separate faceplate Available only to AADL clients previously approved for product 	20/2 mo	\$10.75

OSTOMY POUCHES				
AADL cat. #	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M011	One Piece Colostomy/Ileostomy Pouch	<ul style="list-style-type: none"> • Drainable • Regular wear with convexity 	30/2 mo	\$15.26
M012	One Piece Urostomy Pouch	<ul style="list-style-type: none"> • Regular wear with convexity 	30/2 mo	\$16.95
M013	One Piece Urostomy Pouch	<ul style="list-style-type: none"> • Extended wear without convexity 	20/2 mo	\$14.13
M014	One Piece Urostomy Pouch	<ul style="list-style-type: none"> • Extended wear with convexity 	20/2mo	\$14.72
M020	Reusable Rubber Colostomy/Ileostomy/Urostomy Pouches	<ul style="list-style-type: none"> • For use with faceplate • Available only to clients previously authorized for product 	1/2 mo	\$96.53
M022	High Output Urostomy Night Drainage Pouch	<ul style="list-style-type: none"> • For output not managed with use of regular pouch (document on 1250 form). 	discontinued	
M024	High Output Pouch	<ul style="list-style-type: none"> • For output not managed with use of regular pouch (document on 1250 form). 	30/2 mo	\$14.00
M035	Pediatric Colostomy/ Urostomy/ Ileostomy Two Piece Pouch	<ul style="list-style-type: none"> • Drainable • Clipless 	50/2 mo	\$4.90
M037	One Piece closed end pouch	<ul style="list-style-type: none"> • Closed end with seal • With convexity 	210/2mo	\$9.24
M170	One Piece Colostomy/Ileostomy Pouch	<ul style="list-style-type: none"> • Drainable • Extended wear 	20/2 mo	\$9.45
M171	One Piece Colostomy/Ileostomy Pouch	<ul style="list-style-type: none"> • Drainable • Extended wear with convexity 	20/2 mo	\$16.96
M172	Pediatric One piece drainable Pouch	<ul style="list-style-type: none"> • Colostomy/ Urostomy/ Ileostomy Pouch 	50/2mo	\$8.20
M174	Pediatric One-Piece Colostomy Pouch	<ul style="list-style-type: none"> • Closed end with seal 	300/2 mo	\$4.60

OSTOMY SUPPLIES

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- Only provide 2 months' supply at a time and may not submit claims for over quantity.

Quantities:

- Are determined on client's basic need, not quantity maximum.
- If a client clinically requires a combination of paste and strips, the client may have proportional quantities.

INSERTS, FACEPLATES, SKIN BARRIER WAFERS/FLANGES

AADL Cat #	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M018	Convex Inserts	<ul style="list-style-type: none"> • Improves seal around a problem stoma • Increases wafer wearing time • Authorization by ETRN required 	30/2 mo	\$4.80
M025	Plastic Faceplate for M 020	<ul style="list-style-type: none"> • Grand fathered product - for AADL clients previously authorized for product 	2/2 mo	\$24.80
M026	Rubber Faceplate for M 010	<ul style="list-style-type: none"> • Grand fathered product - for AADL clients previously authorized for product 	1/2 mo	\$60.75
M036	Stoma Collar	<ul style="list-style-type: none"> • Improves wear time to minimum 3-5 days (document on 1250 form). • Authorization by ETRN required 	20/2 mo	\$6.89
M073	Skin Barrier Wafer	<ul style="list-style-type: none"> • Regular Wear with Flange 	30/2 mo	\$9.58
M078	Skin Barrier Wafer - Convexity	<ul style="list-style-type: none"> • Regular Wear with Flange 	30/2 mo	\$13.40
M079	Skin Barrier Wafer – Extended wear	<ul style="list-style-type: none"> • With or without flange 	20/2 mo	\$11.32
M176	Pediatric Skin Barrier Wafer – regular wear	<ul style="list-style-type: none"> • For pediatric clients 	50/2 mo	\$9.60
M175	Pediatric Skin Barrier Wafer – extended wear	<ul style="list-style-type: none"> • For pediatric clients 	50/2 mo	\$11.30
M180	Skin Barrier Wafer	<ul style="list-style-type: none"> • Extended wear with Convexity 	20/2 mo	\$18.55
M048	Flange Extenders	<ul style="list-style-type: none"> • Authorization by ETRN required • Increases wear time • Protect skin against shearing 	40/2 mo	\$1.45

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SKIN BARRIER ACCESSORIES				
AADL Cat #	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M069	Skin Barrier Seals/Rings/Sheets	<ul style="list-style-type: none"> Protects area around stoma Includes Eakin Seals, Karaya washers, rings and wafers Without flange 	20/2 mo	\$7.76
M080	Skin Barrier Paste	<ul style="list-style-type: none"> 57 gram tube or larger 	3/2 mo	\$23.68
M121	Ostomy Tape – 1 or 2"	<ul style="list-style-type: none"> Price based on 2" tape 	5/2 mo	\$5.89
M126	Adhesive Disc	<ul style="list-style-type: none"> Plastic/Rubber Used with faceplate (M026) Grandfathered product – for AADL clients previously authorized for product 	20/2 mo	\$1.78
M181	Ostomy Barrier Strips	<ul style="list-style-type: none"> Box of 10 strips 	3 boxes/2 mo	\$36.97
M038	Ostomy Powder	<ul style="list-style-type: none"> Authorization by ETRN required For open peri-stomal skin and to absorb moisture and ensure adequate wear time 	1/2 mo	\$15.61
OSTOMY ODOR CONTROL				
M049	Appliance Odor Control – liquid	<ul style="list-style-type: none"> Based on 8 oz. bottle Does not include room deodorants 	1/2 mo	\$39.93

OSTOMY SUPPLIES FOR IRRIGATION/DIVERSION				
AADL Cat #	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M030	Ostomy Irrigation Kits	<ul style="list-style-type: none"> Includes reusable bag, irrigator tip (cone or catheter), and tubing. 	1/2 mo	\$62.82
M031	Reusable Ostomy Irrigation Sleeves	<ul style="list-style-type: none"> Used in conjunction with M030 irrigation kit 	30/2 mo	\$13.00
M136	Continent Ostomy Diversion Catheters	<ul style="list-style-type: none"> Used for irrigation or drainage of continent diversion Large bore catheters drain stool from an Indiana or Koch pouch (document on 1250 form). 	2/2 mo	\$13.98
M160	Continent Diversion Dressings – adhesive pad	<ul style="list-style-type: none"> Adhesive dressings with a built-in absorbent pad Approximately 5 cm x 7.5 cm (2" x 3") For client with a functioning stoma (document on 1250 form). Alternative to pouch 	300/2 mo	\$1.09
M164	Continent Diversion Dressing – clean gauze	<ul style="list-style-type: none"> 10cm x 10 cm (4" x 4") For client with a functioning stoma (document on 1250 form). Alternative to pouch 	400/2 mo	\$0.06
OSTOMY HERNIA BELTS				
M041	Ostomy Hernia Belt - Custom	<ul style="list-style-type: none"> For difficult to fit clients when ready-made option does not meet the client's basic need Prescription required if not an ETRN For client with abdominal girth greater than 52"(document on 1250 form). 	2/12 mo	\$277.95
M115	Ostomy Hernia Belt - Customized ready-made	<ul style="list-style-type: none"> For client with inoperable parastomal or incisional hernias. (Document on 1250 form). Prescription required if not an ETRN Fits clients with abdominal girth less than 52" 	2/12 mo	\$189.10
M117	Ostomy Belt – extended wear	<ul style="list-style-type: none"> Extends pouch wear time to a minimum 3-5 days (Document on 1250 form). Prescription required if not an ETRN 	2/12 mo.	\$16.13