

Alberta Health

AADL Approved Products List – Medical Surgical Supplies Pricing effective July 1, 2020

Briefs, Diapers and Liners	APL M-1
Catheter Supplies	APL M-3
Injection Supplies.....	APL M-5
Ostomy Supplies.....	APL M-6

Suppliers Seeded

BRIEFS, DIAPERS LINERS, AND CATHETERS

Generic description, uses and restrictions

- AADL provides funding for clients with moderate to severe incontinence requiring the use of medical grade diapers at a minimum of three products per 24 hour period (minimal of 180 products per two months). Refer to the AADL Incontinence Product List at: <https://open.alberta.ca/dataset/84ad7b70-d9df-4e2e-9d83-5c5aa63a3d87/resource/0f16429a-b986-418b-b509-cfe262b617a2/download/aadl-incontinence-product-list-2019-06.pdf>

Incontinence briefs/diapers/liners must:

- Meet minimal absorbency criteria
- Have re-usable fasteners where applicable
- 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 diaper/brief that has a minimum absorbency of 600 mls (exception is the M215 diaper).
- Must provide a liner that meets minimal absorbency criteria as per description under catalogue number.
 - Must provide products approved by AADL only; refer to AADL incontinence product list.
- Offer clients a choice of products that meets AADL generic description and product standards at or below AADL's price.
- Provide a maximum of 2 months' supply at a time
- 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.
- Prices reflect the maximum contribution by the Alberta Aids to Daily Living (AADL) program and are subject to cost share.

Quantities:

- 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.
- 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 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.
- Only one diapers size per client is permitted (exception is the M215 and M205 children's diapers).

Note: any description, under "Additional Details", that is in bold writing must be included and documented on the 1250 or change form. e.g., M214 – authorizers must provide the client's waist size on the 1250.

Note: Nurse Continence Advisors (NCA's) may authorize for quantities over the maximum pending submission of clinical rationale.

BRIEFS/DIAPERS

- Minimal absorbency capacity of 600 mLs for all diapers with the exception of the M215 children’s diaper which has a minimal absorbency capacity of 350 mLs.

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.	\$1.02
M203	Disposable Adult Briefs/Diapers – Medium	<ul style="list-style-type: none"> Fits hips/waist 32” to 44” 	400/2 mo.	\$1.18
M207	Disposable Adult Briefs/Diapers - Large to XX-Large	<ul style="list-style-type: none"> Fits hips/waist 45” to 65” 	400/2 mo.	\$1.40
M205	Disposable Child Briefs/Diapers – 600 mL	<ul style="list-style-type: none"> Includes all pediatric sizes 	400/2 mo.	\$1.30
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
M215	Disposable Child Briefs/Diapers – 350 mL	<ul style="list-style-type: none"> Sizes 4 and larger Size 3T – 4T included 	400/2 mo.	\$0.75

LINERS

Cat. No.	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
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.	\$0.68

Discontinued Items

- M240 Disposable Large Hour Glass Plastic Back/Waterproof Liner
- M243 Disposable Booster Liners
- M263 Reusable washable underpads

Note: Existing clients currently receiving these products will continue to have access to them to the end of their authorization period.

CATHETER SUPPLIES

Generic description, uses and restrictions

AADL vendors:

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

Quantities:

- Based on client's basic **need**, not quantity maximum.
- Clients authorized for M328 catheters **MUST** use a minimum of one catheter per day to qualify for AADL funding.
- **Catheters may not be combined, with the exception of intermittent catheters and condom catheters - combined total cannot exceed 70 every 2 months.**
- **Clients authorized for Foley catheters must use a minimum of one per month to qualify.**
- 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.
- When a client chooses an upgraded product, the product must meet the following criteria:
 - meet the basic description under "Additional Details".
 - the product has extra features beyond those listed under "Additional Details".
- Note: Clients are responsible for all costs resulting from an upgraded product choice

Cost:

- Prices reflect the maximum contribution by the Alberta Aids to Daily Living (AADL) program and are subject to cost share.

Note: any description, under "Additional Details", in bold writing must be included and documented on the 1250 or change form.
e.g., M381 – authorizers must indicate on the 1250 or change form that client has difficulty with insertion of a regular tip catheter.

Please refer to the following links for cleaning instructions:

<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-cchss-clean-drainage-bag-cc.pdf>

<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-cchss-clean-intermittent-cath-cc.pdf>

Alberta Health – Pharmaceutical and Supplementary Benefits
 Alberta Aids to Daily Living Manual M – Medical Surgical Benefits Approved Product List

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	\$1.75
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) 	6/2 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
CATHETER SUPPLIES				
Cat. No.	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M347	Foley Catheter – 100% Silicone/Coudé Tip	<ul style="list-style-type: none"> Indicated for difficulty inserting with regular tip and at least one of the following: <ul style="list-style-type: none"> Unresolved bypassing, or Frequent blockages (more than once a week), or Diagnosed latex allergy. Document rationale on the 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	\$4.09
M324	Catheter Straps		1/2mo	\$15.00
M348	Foley Catheter Tray without catheter	<ul style="list-style-type: none"> For inserting indwelling catheter Includes pre-filled syringe 	6/2 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	\$10.80
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. Can be washed and reused several times. 	20/2 mo	\$13.36
M370	Urinary Irrigation Tray	<ul style="list-style-type: none"> Used with indwelling catheters 	8/2 mo	\$7.59

Discontinued Item

- M312 catheter secures
- Note: Existing clients will continue to receive this product to the end of their authorization

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

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.
- 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.
- Quantities of paste and strips cannot be added together to increase quantity limit.
- If a client requires a **combination** of paste and strips, the client may have proportional quantities.

Pricing:

- Pricing for all pouches is based on products with filters.
- Open end pouch prices are based on self-closure products.
- Prices reflect the maximum contribution by the Alberta Aids to Daily Living (AADL) program and are subject to cost share.

Note: any description, under “Additional Details”, in bold writing must be included and documented on the 1250 or change form.
 e.g., M036 – authorizers must indicate on the 1250 or change form that collar improves wear time.

Note: Nurses Specialized in Wound Ostomy and Continence (NSWOCC) ONLY may submit requests for additional supplies above quantity and frequency limitations pending clinical rationale.

Manufacturers: Hollister, Convatec, Coloplast, Salts, **Safe and Simple, Marlen, B.Braun Medical, CUI/FulcioneI**

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

OSTOMY POUCHES				
AADL cat. #	Description of Benefit	Additional Details	Quantity and	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
M024	High Output Flat 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 • NSWOCC may order for non-pediatric clients 	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
M039	High Output Convex Pouch	<ul style="list-style-type: none"> • For output not managed with use of regular pouch (document on 1250 form) 	30/2mo	\$14.00
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 • NSWOCC may order for non-pediatric clients 	50/2mo	\$8.20
M174	Pediatric One-Piece Colostomy Pouch	<ul style="list-style-type: none"> • Closed end with seal • NSWOCC may order for non-pediatric clients. 	300/2 mo	\$4.60

Discontinued Items
<ul style="list-style-type: none"> • M010: Vinyl Reusable Ileostomy/Urostomy Pouch (20/2 mo) • M020: Reusable Rubber Colostomy/Ileostomy/Urostomy Pouches (1/2 mo) • M022: High Output Urostomy Night Drainage Pouch • Note: Existing clients will continue to receive these products to the end of their authorization

INSERTS, 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 NSWOCC required 	30/2 mo	\$4.80
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 NSWOCC may order for non-pediatric clients 	50/2 mo	\$9.60
M175	Pediatric Skin Barrier Wafer – extended wear	<ul style="list-style-type: none"> For pediatric clients NSWOCC may order for non-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 NSWOCC required Increases wear time Protect skin against shearing 	40/2 mo	\$1.45

Discontinued Items
<ul style="list-style-type: none"> M025: Plastic Faceplate for M020 (2/2 mo) - existing clients will continue to receive this benefit M026: Rubber Faceplate for M010 (1/2 mo) – existing clients will continue to receive this benefit Note: Existing clients will continue to receive these products to the end of their authorization

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 	1/2 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
M181	Ostomy Barrier Strips	<ul style="list-style-type: none"> Box of 10 strips 	1 box/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 	1/4 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 	1/4 mo	\$39.93
Discontinued Item				
<ul style="list-style-type: none"> M126: Adhesive Disc (20/2 mo) Note: Existing clients will continue to receive this benefit 				

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
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
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 peristomal 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
Discontinued Item				
<ul style="list-style-type: none"> M136: Continent Ostomy Diversion Catheters (2/2 mo) Note: Existing clients will continue to receive this benefit 				