

# the **ADBL** report

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An Official Accompaniment to the Alberta Drug Benefit List (ADBL) produced by Alberta Blue Cross The Expert Committee on Drug Evaluation and Therapeutics (ECDET)

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Connie Lussier, BSP, MA

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## Brief Summary of Drug Review Activities

The Expert Committee on Drug Evaluation and Therapeutics met on July 21, 2020. The Committee reviewed Manufacturer submissions for twenty-seven (27) Drug Products for potential listing, or change in listing, on the ADBL. The Committee also considered information for a number of supplementary assessments of the coverage status of ten (10) Drug Products.

In addition to Drug Products reviewed by the Expert Committee, five (5) Drug Products underwent Expedited Review for listing on the ADBL effective August 1, 2020, and eighteen (18) Drug Products underwent Expedited Review for listing on the ADBL effective September 1, 2020.

The following are highlights of recent changes to the ADBL and other topics of general interest. A complete list of changes, as well as the full ADBL may be accessed at

<https://www.ab.bluecross.ca/dbl/publications.php>

## Highlights of Interchangeable (IC) Drug Products Added

Addition of the following Entry IC Drug Product to the ADBL has resulted in the creation of a New IC Grouping, effective August 1, 2020:

- **ACCEL-PILOCARPINE 5 mg tablet** (pilocarpine hydrochloride) (ACP)

A complete list of changes, as well as the full ADBL may be accessed at <https://www.ab.bluecross.ca/dbl/publications.php>.

\*Please refer to the current ADBL for explanations of coverage, including a listing of coverage criteria (where applicable).\*

## ***Highlights of Biosimilar Drug Product Added***

The following Biosimilar Drug Products were reviewed by the Expert Committee and added to the *ADBL* effective September 1, 2020:

- **RUXIENCE\* 10 mg/mL injection** (rituximab) (PFI) via Special Authorization (SA) for the indications of Granulomatosis with Polyangiitis (GPA) or Microscopic Polyangiitis (MPA) and Rheumatoid Arthritis (RA)
- **RIXIMYO\* 10 mg/mL injection** (rituximab) (SDZ) via SA for the indication of RA
- **ZIEXTENZO\* 6 mg/0.6 mL injection syringe** (pegfilgrastim) (SDZ) via SA

## ***Special Authorization Criteria Changes***

The Special Authorization criteria for coverage for the following Drug Product has been revised effective August 1, 2020:

- **ORENCIA\* 250 mg/ vial injection** (abatacept) (BMS) for the indication of polyarticular juvenile idiopathic arthritis (pJIA)

The Special Authorization criteria for coverage for the following Drug Products have been revised effective September 1, 2020:

- **MAVIRET\* 40 mg/100 mg tablet** (pibrentasvir/ glecaprevir) (ABV)
- **RITUXAN\* 10 mg/mL injection** (rituximab) (HLR) for the indication of GPA/MPA

The Special Authorization criteria for the following Drug Products have been updated, effective September 1, 2020. Wording of the preamble has been revised to remove the statement that patients will not be permitted to switch from one biosimilar to another.

- **BRENZYS\* 50 mg/mL injection syringe & auto injector syringe** (etanercept) (SSB)
- **ENBREL\* 25 mg/vial injection & 50 mg/syringe injection** (etanercept) (AMG)
- **ERELZI\* 25 mg/0.5 mL & 50 mg/mL injection syringes and 50 mg/mL sensoready auto injector syringe** (etanercept) (SDZ)
- **FULPHILA\* 6 mg/0.6 mL injection syringe** (pegfilgrastim) (BGP)
- **INFLECTRA\* 100 mg/vial injection** (infliximab) (CHH)
- **LAPELGA\* 6 mg/0.6 mL injection syringe** (pegfilgrastim) (APX)
- **NEULASTA\* 6 mg/0.6 mL injection syringe** (pegfilgrastim) (AMG)
- **REMICADE\* 100 mg/vial injection** (infliximab) (JAI)
- **RENFLEXIS\* 100 mg/vial injection** (infliximab) (SSB)
- **RITUXAN\* 10 mg/mL injection** (rituximab) (HLR) for the indication of RA
- **TRUXIMA\* 10 mg/mL (10 mL & 50 mL) injections** (rituximab) (CTC)

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