the ADBL report

Issue #118, February 2021

An Official Accompaniment to the Alberta Drug Benefit List (ADBL) produced by Alberta Blue Cross

The Expert Committee on Drug Evaluation and Therapeutics (ECDET)

In this issue:

Brief Summary of Drug Review Activities

The Expert Committee on Drug Evaluation and Therapeutics met on November 19 & 20, 2020. The Committee reviewed Manufacturer submissions for eighteen (18) 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 thirty-five (35) Drug Products.

In addition to Drug Products reviewed by the Expert Committee, twenty-two (22) Drug Products underwent Expedited Review for listing on the *ADBL* effective December 1, 2020, and thirteen (13) Drug Products underwent Expedited Review for listing on the *ADBL* effective February 1, 2021.

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 December 1, 2020:

- **RIVA LEUCOVORIN 5 mg tablet** (leucovorin calcium) (RIV)

Highlights of Biosimilar Drug Products Added

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

- **NIVESTYM* 0.3 mg/mL & 480 mcg/1.6 mL injections and 300 mcg/0.5 mL & 480 mcg/0.8 mL injection syringes** (filgrastim) (PFI) via Special Authorization (SA)

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).*

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Highlights of Products Originally Reviewed via the Common Drug Review (CDR)

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

- **TAKHZYRO* 150 mg/mL injection** (lanadelumab) (SHB) via SA
- **XELJANZ* 5 mg & 10 mg tablets** (tofacitinib citrate) (PFI) via SA for the indication of Ulcerative Colitis (UC)

Highlights of Products Added

The following Non-Interchangeable Old Drug Products were reviewed by the Expert Committee and added to the *ADBL* effective February 1, 2021:

- **EMERADE 0.3 mg/0.3 mL & 0.5 mg/0.5 mL injection pens** (epinephrine) (VCL)

Change of Listing Status

Listing status was reviewed and the Expert Committee recommended that the benefit listing status of the following Drug Products be changed from Special Authorization to Regular benefits effective February 1, 2021:

- **EZETIMIBE 10 mg tablets** (all brands)

Special Authorization Criteria Changes

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

- **STELARA* 45 mg/0.5 mL vial or syringe injection & 90 mg/1.0 mL injection syringe** (ustekinumab) (JAI) for the indication of Plaque Psoriasis
- **GRASTOFIL* 300 mcg/0.5 mL & 480 mcg/0.8 mL injection syringes** (filgrastim) (APX)

Due to the Biosimilar Initiative, the Special Authorization criteria for coverage for the following Drug Products have been revised effective January 15, 2021:

- **ERELZI* 25 mg/0.5 mL & 50 mg/mL injection syringes and 50 mg/mL sensoready auto injector syringe** (etanercept) (SDZ) for the indication of Rheumatoid Arthritis (RA), Psoriatic Arthritis (PsA), Ankylosing Spondylitis (AS), Polyarticular Juvenile Idiopathic Arthritis (pJIA) and Plaque Psoriasis (PsO)
- **BRENZYS* 50 mg/mL injector syringe & auto injector syringe** (etanercept) (SSB) for the indication of RA and AS
- **ENBREL* 25 mg/vial injection & 50 mg/mL injection syringe** (etanercept) (AMG) for the indication of pJIA & PsO
- **NIVESTYM* 0.3 mg/1 mL & 480 mcg/1.6 mL vials for injection and 300 mcg/0.5 mL & 480 mcg/0.8 mL injection syringes** (filgrastim) (PFI)
- **GRASTOFIL* 300 mcg/0.5 mL & 480 mcg/0.8 mL injection syringes** (filgrastim) (APX)
- **FULPHILA* 6 mg/0.6 mL injection syringe** (pegfilgrastim) (BGP)
- **LAPELGA* 6 mg/0.6 mL injection syringe** (pegfilgrastim) (APX)
- **ZIEXTENZO* 6 mg/0.6 mL injection syringe** (pegfilgrastim) (SDZ)
- **INFLECTRA* 100 mg/vial injection** (infliximab) (CHH) for the indication of RA, UC, Crohn's Disease, AS, PsO and PsA
- **RENFLEXIS* 100 mg/vial injection** (infliximab) (SSB) for the indication of RA, UC, Crohn's Disease, AS, PsO and PsA
- **RIXIMYO* 10 mg/mL injection** (rituximab) (SDZ) for the indication of RA
- **RUXIENCE* 10 mg/mL injection** (rituximab) (PFI) for the indication of RA
- **TRUXIMA* 10 mg/mL (10 mL) & 10 mg/mL (50 mL) injections** (rituximab) (CTC) for the indication of RA
- **GLATECT* 20 mg/mL injection syringe** (glatiramer acetate) (PMS) for the indication of Relapsing-Remitting Multiple Sclerosis (RRMS)

Due to the Biosimilar Initiative, the following Drug Products have been delisted effective January 15, 2021:

- **COPAXONE 20 mg/mL injection syringe** (glatiramer acetate) (TMP)
- **ENBREL* 25 mg/vial injection & 50 mg/mL injection syringe** (etanercept) (AMG) for the indications of AS, PsA & RA
- **LANTUS 100 unit/mL injection, 100 unit/mL injection cartridge & pen 100 unit/mL injection** (insulin glargine) (SAV)
- **NEULASTA 6 mg/0.6 mL injection syringe** (pegfilgrastim) (AMG)
- **NEUPOGEN 0.3 mg/mL injection** (filgrastim) (AMG)
- **REMICADE 100 mg/vial injection** (infliximab) (JAI)
- **RITUXAN* 10 mg/mL injection** (rituximab) (HLR) for the indication of RA

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