the DBL report

Issue #12, April 1999

An Official Accompaniment to the Alberta Health Drug Benefit List (AHDBL)

The Expert Committee on Drug Evaluation and Therapeutics (ECDET)

produced by Alberta Blue Cross

EXPERT COMMITTEE MEMBERS:
D. Neil Graham, MD, FRCP (C), FACP (Chair)
William F. Dryden, BSc Pharm, PhD, ARCST
Erwin G. Friesen, BSc Pharm, PharmD, FCSHP
Fakhreddin Jamali, PharmD, PhD, FCP

ALBERTA HEALTH LIAISON:
David Bougher, BSP, MHSA

ADMINISTRATIVE SUPPORT:
Larry Shipka, BSc Pharm
Eugenia Palylyk-Colwell, BSc Pharm, PhD

Results of the DBL Report readership survey

The DBL Report readership survey was packaged with the October 1, 1998 AHDBL. Responses received by October 31, 1998 indicated that 70% of the respondents were pharmacists and 27% physicians (19% Family Physicians and 8% Specialists).

- The readability level of the DBL Report was rated Appropriate by 100% of the respondents.
- Highlights of New Products Added to the AHDBL was the section with the highest rating of usefulness–88% of respondents rated it as Most Useful.
- Fifty-seven percent (57%) lof the respondents rated the Highlights of Products Not Added as Most Useful.
- The "See if you know" feature was the least favored, therefore it will be discontinued and the space devoted to providing more information regarding the rationale behind addition/exclusion of products.

Highlights of new products added to the April 1999 AHDBL

■ **AMERGE** (naratriptan) (GLA) is a 5-HT_1 agonist effective in relieving migraine headaches. It was added as an unrestricted benefit for individuals 18 to 64 years of age. This product offers cost advantage and some therapeutic advantage for patients who cannot tolerate or do not respond to sumatriptan. Special Authorization (SA) will be applied to patients 65 years of age and older.

■ **CLAVULIN BID** (amoxicillin/clavulanic acid) (SMJ) the new strengths for the tablet and the oral suspensions provide for a BID course of therapy that is less expensive than the former TID regimens and offers therapeutic advantage due to less occurrence of diarrhea.

■ **COMBIVENT UNIT DOSE VIAL** (UDV) (ipratropium bromide/salbutamol sulfate) (BOE) was added as an unrestricted benefit since it is offered at a price which is lower than the combined LCA prices of single-entity ipratropium and salbutamol 'multi-dose' formulations. In the past, selected UDV formulations had been restricted to coverage via SA for patients unable to use the 'multi-dose' preparations because of manual dexterity problems, visual limitations or hypersensitivity to preservatives contained in the 'multi-dose' vials.

■ **ESTROGEL** (17 beta-estradiol) (SCH) is a transdermal gel formulation. Therapeutic advantage of transdermal estradiol administration is due to reduction of first pass estradiol metabolism relative to oral administration. This product is less expensive than transdermal patches containing estradiol.

■ **Hp-PAC** (lansoprazole/clarithromycin/amoxicillin) (ABB) is a pre-packaged triple *Helicobacter pylori* (Hp) therapy. It is less expensive than Hp triple therapies containing omeprazole and will result in only one dispensing fee.

■ **SINGULAIR** (montelukast sodium) (MSD) was added as an unrestricted benefit for individuals 6 to 18 years of age only. The therapeutic advantage of Singulair in this population is the potential for reducing use or dosage of steroids. Further information is needed concerning the place in therapy of leukotriene antagonists in the management of adult asthma.

■ **ZOMIG** (zolmitriptan) (ZEN) is another 5-HT_1 agonist effective in relieving migraine headaches. It was added as an unrestricted benefit for individuals 18 to 64 years of age. This product represents a less expensive alternative to sumatriptan. SA will be applied to patients 65 years of age and older.

continued on reverse

Special Authorization (SA)

■ **DETROL** (tolterodine L-tartrate) (PHJ) has been added for the treatment of patients with symptoms of overactive bladder who are intolerant to oxybutynin. The major adverse event reported for oxybutynin is dry mouth that in some instances can be so severe as to cause discontinuation of therapy. DETROL appears to be a valid alternative with efficacy comparable to oxybutynin and less incidence of adverse events (dry mouth).

■ **HEPTOVIR** (lamivudine) (GLA) has been added for the treatment of patients with chronic hepatitis B and evidence of hepatitis B virus replication. Compared to interferon, this new therapy for Hepatitis B, developed in Alberta, brings therapeutic advantage to patients that are hepatitis B surface antigen carriers and have serologic evidence of hepatitis B DNA. HEPTOVIR is administered orally, shows fewer side effects compared to interferon and is considerably less expensive.

■ **ORGARAN** (danaparoid sodium) (ORG) has been added for the treatment of patients with heparin-induced thrombocytopenia (H.I.T.). There is significant support in the literature for use of ORGARAN as a first-line agent for H.I.T. which appears to be a definite 'niche' for this product. ORAGARAN is not economically competitive compared to heparin or Low Molecular Weight Heparins (LMWHs) for use in Deep Vein Thrombosis (DVT) .

Highlights of products not added to the April 1999 AHDBL

■ **ACCURETIC** (quinapril hydrochloride/hydrochlorothiazide) (PDA) is a 'fixed combination' product. Fixed ratio/poly pharmacy dosage forms do not offer the flexibility of dose titration necessary for optimal treatment of hypertension and are not the agents of choice in clinical practice.

■ **AVAPRO** (irbesartan) (BMS) is an Angiotensin II AT_1 Receptor Blocker (ARB). Despite small differences in the pharmacokinetic profile compared to the other ARBs listed (losartan and valsartan) it appears that irbesartan does not offer significant additional therapeutic benefit. AVAPRO is priced in between losartan and valsartan, hence the potential for any cost advantage is very small.

■ **BAYCOL** (cerivastatin sodium) (YNO) is a new HMG-CoA reductase inhibitor. It was positioned to compete with low-dose lovastatin, simvastatin and pravastatin; however there are no comparative data to support the assumption that the 0.2 and 0.3 mg strengths will be equally effective. There are no data available comparing the efficacy of BAYCOL with that of fluvastatin. BAYCOL is less expensive than generic lovastatin but more expensive than fluvastatin.

■ **EVISTA** (raloxifene hydrochloride) (LIL) has been *deferred* for further review pending availability of additional clinical information pertaining to treatment effect on fractures, cardiovascular endpoints and breast/uterine cancer. To date the only official indication for EVISTA is for the prevention of osteoporosis where it appears that Bone Mineral Density (BMD) is increased by 2-3% over that seen with Ca/Vitamin D when used for 24 months. Preliminary data suggest a significant treatment effect on reduction of breast cancer. EVISTA is currently positioned as an alternative to estrogen and alendronate; however, benefits in the treatment of menopausal symptoms have not been shown and the risk of venous thrombosis appears similar to that with estrogens.

■ **RAXAR** (grepafloxacin hydrochloride) (GLA) is a new fluoroquinolone. The place in therapy for the new fluoroquinolones appears to be in the treatment of Community Aquired Pneumonia (CAP) in the elderly with comorbid illness. The clinical significance of apparent pharmacokinetic differences between RAXAR and the already listed LEVAQUIN (levofloxacin) has not been proven. RAXAR does not appear to offer significant cost advantage compared to LEVAQUIN.

■ **ZYBAN** (bupropion hydrochloride) (GLA) is an oral smoking cessation agent. The decision not to add it to the AHDBL is in keeping with existing Alberta Health policy, whereby, products for smoking cessation are not recognized as benefits because they do not represent a financial burden for the patient (i.e. the cost per day for ZYBAN is less than the cost per day for tobacco).