the ADBL report

Issue #135, November 2023

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 September 21, 2023. The Committee reviewed Manufacturer submissions for fifteen (15) 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, thirty-two (32) Drug Products and Devices underwent Expedited Review for listing on the *ADBL* effective October 1, 2023, and thirty-five (35) Drug Products and Devices underwent Expedited Review for listing on the *ADBL* effective November 1, 2023.

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 Products Originally Reviewed by the Canadian Agency for Drugs and Technologies in Health (CADTH)

The following Drug Products were reviewed by CADTH and the Expert Committee and added to the *ADBL* effective October 1, 2023:

- **TREMFYA* 100 mg/1 mL injection syringe** (guselkumab) (JAI) via Special Authorization (SA) for the indication of Plaque Psoriasis

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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The following Drug Products were reviewed by CADTH and the Expert Committee and added to the *ADBL* effective November 1, 2023:

- **RINVOQ* 15 mg & 30 mg extended-release tablets** (upadacitinib) (ABV) via SA for the indication of Atopic Dermatitis
- **TEZSPIRE* 210 mg/1.91 mL (110 mg/mL) injection pen & syringe** (tezepelumab) (AZC) via SA

Highlights of Drug Products Added

The following Drug Products were reviewed by the Expert Committee and added to the *ADBL* effective November 1, 2023:

- **FOQUEST* 25 mg, 35 mg, 45 mg, 55 mg, 70 mg, 85 mg & 100 mg controlled-release capsules** (methylphenidate hydrochloride) (ELV) via Restricted Benefit
- **TRESIBA 100 unit/mL penfill cartridge** (insulin degludec) (NNA)

Highlights of Interchangeable (IC) Drug Products Added

Addition of the following Entry IC Drug Products to the *ADBL* has resulted in the creation of New IC Groupings, effective October 1, 2023:

- **ATOMOXETINE HYDROCHLORIDE* 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg & 100 mg capsules** (brands: APX, SDZ) via Step Therapy/SA
- **PMS-ATOMOXETINE* 10 mg, 18 mg, 25 mg, 40 mg & 60 mg capsules** (atomoxetine hydrochloride) (PMS) via Step Therapy/SA

Addition of Single Source Drug Products

The following Drug Products were added to the *ADBL* effective October 1, 2023:

- **APO-AMPHETAMINE XR* 5 mg, 10 mg, 15 mg, 20 mg, 25 mg & 30 mg extended-release capsules** (amphetamine sulfate/ amphetamine aspartate/ dextroamphetamine sulfate/ dextroamphetamine saccharate) (APX) via Restricted Benefit

Special Authorization Criteria Changes

The Special Authorization criteria for coverage for the following Drug Products have been revised effective October 1, 2023:

- **AVONEX PS/PEN* (30 mcg/0.5 mL) 6 million IU/syringe/pen** (interferon beta-1A) (BIO)
- **BETASERON* (0.3 mg) 9.6 million IU/vial injection** (interferon beta-1B) (BAI)
- **DIMETHYL FUMARATE* 120 mg & 240 mg delayed-release capsules** (brands: APX, JPC, PMS, SDZ)
- **DIMETHYL FUMARATE* 120 mg delayed-release capsule** (brands: AHI, BIO, GLM, MAR)
- **FINGOLIMOD HYDROCHLORIDE* 0.5 mg capsule** (brands: APX, JPC, MAR, MYP, NOV, PMS, SDZ, TAR, TEV)
- **GLATECT* 20 mg/mL injection syringe** (glatiramer acetate) (PMS)
- **KESIMPTA* 20 mg/0.4 mL pen injection syringe** (ofatumumab) (NOV)
- **MAYZENT* 0.25 mg & 2 mg tablets** (siponimod) (NOV)
- **OCREVUS* 30 mg/mL (10 mL vial) injection** (ocrelizumab) (HLR)
- **PLEGRIDY* 63 mcg/94 mcg PS/pen injection starter pack & 125 mcg/0.5 mL PS/pen injection** (peginterferon beta-1A) (BIO)
- **REBIF* 22 mcg/0.5 mL (6 million IU) & 44 mcg/0.5 mL (12 million IU) injection syringes and 66 mcg/1.5 mL & 132 mcg/1.5 mL cartridge injections** (interferon beta-1A) (SRO)
- **STELARA* 45 mg/0.5 mL injection vial or syringe & 90 mg/1 mL injection syringe** (ustekinumab) (JAI)
- **TERIFLUNOMIDE* 14 mg tablet** (brands: AHI, APX, GZM, JPC, MAR, MTR, NTP, PMS, SDZ, TEV)
- **TYSABRI* 20 mg/mL (15 mL vial) injection** (natalizumab) (BIO)

The Special Authorization criteria for coverage for the following Drug Products have been revised effective November 1, 2023:

- **DUPIXENT* 200 mg & 300 mg injection pens and syringes** (dupilumab) (SAV)

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