the ADBL report

Issue #138, May 2024

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 March 19, 2024. The Committee reviewed Manufacturer submissions for sixteen (16) 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 nine (9) Drug Products.

In addition to Drug Products reviewed by the Expert Committee, fifty-three (53) Drug Products and Devices underwent Expedited Review for listing on the *ADBL* effective May 1, 2024.

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 April 1, 2024:

BENLYSTA* 120 mg/vial & 400 mg/vial injections and 200 mg/mL autoinjector (belimumab) (GSK) via Special Authorization (SA)

The following Drug Products were reviewed by CADTH and the Expert Committee and added to the *ADBL* effective May 1, 2024:

- **ENSPRYNG* 120 mg/mL injection syringe** (satralizumab) (HLR) via SA
- **VIMIZIM* 5 mg/5 mL (1 mg/mL) intravenous infusion** (elosulfase alfa) (BMI) via SA

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

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Highlights of Drug Products Added

The following Drug Products were reviewed by the Expert Committee and added to the *ADBL* effective May 1, 2024:

- **ACT METHYLPHENIDATE ER* 18 mg, 27 mg, 36 mg & 54 mg extended-release tablets** (methylphenidate hydrochloride) (TEV) via Restricted Benefit
- **OCTASA 800 mg & 1600 mg delayed-release tablets** (mesalazine) (TAG)
- **PRZ-K20 mEq extended-release tablet** (potassium chloride (K+)) (PCI)
- **UCERIS 2 mg/actuation rectal foam** (budesonide) (VCL)

Highlights of Biosimilar Drug Products Added

The following Biosimilar Drug Products were added to the *ADBL* effective May 1, 2024:

- **JAMTEKI* 45 mg/0.5 mL & 90 mg/1 mL syringe injections** (ustekinumab) (JPC) via SA for the indication of Plaque Psoriasis (PsO)
- **WEZLANA* 45 mg/0.5 mL & 90 mg/1 mL injection syringes and 45 mg/0.5 mL vial injection** (ustekinumab) (AMG) via SA for the indication of PsO

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 May 1, 2024:

- **APO-METHADONE 1 mg, 5 mg, 10 mg & 25 mg tablets** (methadone hydrochloride) (APX)
- **AURO-TOFACITINIB* 10 mg tablet** (tofacitinib citrate) (AUR) via SA
- **LUPIN-TIOTROPIUM 18 mcg inhalation capsule** (tiotropium bromide monohydrate) (LPC)
- **PMS-METHOTREXATE 10 mg/0.2 mL & 12.5 mg/0.25 mL injection syringes** (methotrexate sodium) (PMS)
- **TARO-TOFACITINIB* 10 mg tablet** (tofacitinib citrate) (TAR) via SA

Special Authorization Criteria Changes

Due to the listing of Ultomiris (ravulizumab) for paroxysmal nocturnal hemoglobinuria (PNH), to note that combination therapy and switching between Soliris and Ultomiris will not be allowed, the Special Authorization criteria for coverage for the following Drug Product has been revised effective May 1, 2024:

- **SOLIRIS INTRAVENOUS INFUSION* 300 mg/vial injection** (eculizumab) (APG) via SA

The Special Authorization criteria for coverage for the following Drug Products have been revised effective May 1, 2024, due to addition of an administrative preamble along with the removal of tiering requirements:

- **STELARA* 45 mg/0.5 ml vial or syringe injection & 90 mg/1 mL injection syringe** (ustekinumab) (JAI) via SA

Due to expansion of coverage to include patients 12 to 17 years of age, the Restricted Benefit/SA criteria for coverage for the following Drug Products have been revised effective May 1, 2024:

- **ALMOTRIPTAN* 12.5 mg tablet** (almotriptan malate) (SNS) via Restricted Benefit/SA
- **MYLAN-ALMOTRIPTAN* 6.25 mg & 12.5 mg tablets** (almotriptan malate) (MYP) via Restricted Benefit/SA
- **SANDOZ ALMOTRIPTAN* 12.5 mg tablet** (almotriptan malate) (SDZ) via Restricted Benefit/SA
- **TEVA-ALMOTRIPTAN* 12.5 mg tablet** (almotriptan malate) (TEV) via Restricted Benefit/SA

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