

the **ADBL** report

Issue #143, March 2025

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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Brief Summary of Drug Review Activities

The Expert Committee on Drug Evaluation and Therapeutics met on January 21, 2025. 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 eighteen (18) Drug Products.

In addition to Drug Products reviewed by the Expert Committee, forty-four (44) Drug Products and Devices underwent Expedited Review for listing on the ADBL effective March 1, 2025.

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>

Special Authorization Criteria Change

Due to removal of the Health Assessment Questionnaire (HAQ) score from the ongoing coverage section, the Psoriatic Arthritis and/or Rheumatoid Arthritis Special Authorization criteria for coverage for the following Drug Products have been revised effective March 1, 2025:

- **ABRILADA* 40 mg/0.8 mL injection pen & syringe** (adalimumab) (PFI)
- **ACTEMRA* 162 mg/0.9 mL auto injector & syringe and 80 mg/4 mL, 200 mg/10 mL & 400 mg/20 mL vial injections** (tocilizumab) (HLR)
- **AMGEVITA* 40 mg/0.8 mL autoinjector pen & syringe** (adalimumab) (AMG)
- **AVSOLA* 100 mg/vial injection** (infliximab) (AMG)
- **BRENZYS* 50 mg/mL auto injector & injection syringes** (etanercept) (SSB)
- **CIMZIA* 200 mg/mL auto-injector pen & injection syringe** (certolizumab pegol) (UCB)
- **COSENTYX* 150 mg/mL injection syringe** (secukinumab) (NOV)
- **ERELZI* 25 mg/0.5 mL & 50 mg/mL injection syringes and 50 mg/mL sensoready auto injector syringe** (etanercept) (SDZ)

- **HADLIMA* 40 mg/0.4 mL and 40 mg/0.8 mL auto-injector pens & injection syringes** (adalimumab) (SSB)
- **HULIO* 40 mg/0.8 mL injection pen & syringe** (adalimumab) (BBC)
- **HYRIMOZ* 40 mg/0.4 mL and 40 mg/0.8 mL injection pens & syringes** (adalimumab) (SDZ)
- **IDACIO* 40 mg/0.8 mL injection pen & syringe** (adalimumab) (FKC)
- **INFLECTRA* 100 mg/vial injection** (infliximab) (CHH)
- **KEVZARA* 150 mg/1.14 mL injection pen and 200 mg/1.14 mL injection pen & syringe** (sarilumab) (SAV)
- **KINERET* 100 mg injection syringe** (anakinra) (BVM)
- **OLUMIANT* 2 mg tablet** (baricitinib) (LIL)
- **ORENCIA* 125 mg/mL injection syringe & 250 mg/vial injection** (abatacept) (BMS)
- **RENFLEXIS* 100 mg/vial injection** (infliximab) (SSB)
- **RINVOQ* 15 mg extended-release tablet** (upadacitinib) (ABV)
- **RYMTI* 50 mg/mL auto-injector pen & injection syringe** (etanercept) (LPC)
- **SIMLANDI* 40 mg/0.4 mL auto-injector pen & injection syringe** (adalimumab) (JPC)
- **SIMPONI* 50 mg/0.5 mL injection auto injector & syringe** (golimumab) (JAI)
- **TALTZ* 80 mg/mL autoinjector & injection syringe** (ixekizumab) (LIL)
- **TOFACITINIB CITRATE* 5 mg tablet** (Various brands: AUR, JPC, PMS, TAR & PFI)
- **TREMFYA* 100 mg/mL injection syringe & TREMFYA ONE-PRESS* 100 mg/mL auto-injector syringe** (guselkumab) (JAI)
- **XELJANZ XR* 11 mg extended-release tablet** (tofacitinib citrate) (PFI)
- **YUFLYMA* 40 mg/0.4 mL injection pen & syringe** (adalimumab) (CHC)

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

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