DBL Report

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

The Expert Committee on Drug Evaluation and Therapeutics (ECDET)

The following are highlights of recent changes to the *ADBL* and other topics of general interest. Please refer to the current *ADBL* for explanations of coverage, including a listing of coverage criteria (where applicable) DBL Publications | Alberta.ca.

Brief Summary of Drug Review Activities

The Expert Committee on Drug Evaluation and Therapeutics met on May 12 & 13, 2025. 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 related to the coverage status of nineteen (19) Drug Products.

In addition to Drug Products reviewed by the Expert Committee, fourteen (14) Drug Products and Devices underwent Expedited Review for listing on the *ADBL* effective June 1, 2025, and twenty-two (22) Drug Products and Devices underwent Expedited Review for listing on the *ADBL* effective July 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**

Highlights of Products Originally Reviewed by Canada's Drug Agency (CDA-AMC)

The following Drug Products were reviewed by CDA-AMC and the Expert Committee and added to the *ADBL*:

EFFECTIVE DATE	PRODUCT DESCRIPTION	LISTING STATUS
June 1, 2025	XCOPRI 12.5 MG, 25 MG, 50 MG, 100 MG, 150 MG & 200 MG TABLETS (CENOBAMATE) AND XCOPRI 12.5 MG/25 MG TABLET TITRATION PACK 1, 50 MG/100 MG TABLET TITRATION PACK 2, 150 MG/200 MG TABLET TITRATION PACK 3 ENDO OPERATIONS LTD./PALADIN LABS INC.	Special Authorization
	XYDALBA 500 MG/VIAL INJECTION (DALBAVANCIN HYDROCHLORIDE) ENDO OPERATIONS LTD./PALADIN LABS INC.	Special Authorization

Highlights of Drug Products Added to the *ADBL*

The following Drug Products were added to the *ADBL*:

EFFECTIVE DATE	PRODUCT DESCRIPTION	DETAILS	LISTING STATUS
June 1, 2025	APO-VORTIOXETINE 5 MG, 10 MG & 20 MG TABLETS (VORTIOXETINE HYDROBROMIDE) APOTEX INC.		Regular Benefit
July 1, 2025	JAMP EDOXABAN 30 MG & 60 MG TABLETS (EDOXABAN TOSYLATE MONOHYDRATE) JAMP PHARMA CORPORATION	Establishment of New Interchangeable Groupings (IC Groupings)	Step Therapy/ Special Authorization
	SANDOZ EDOXABAN 30 MG & 60 MG TABLETS (EDOXABAN TOSYLATE MONOHYDRATE) SANDOZ CANADA INC.		
	TEVA-EDOXABAN 30 MG & 60 MG TABLETS (EDOXABAN TOSYLATE MONOHYDRATE) TEVA CANADA LIMITED		
	JAMP FLUDROCORTISONE 0.1 MG TABLET (FLUDROCORTISONE ACETATE) JAMP PHARMA CORPORATION		Regular Benefit
	JAMP NITROFURANTOIN 50 MG & 100 MG CAPSULES (NITROFURANTOIN) JAMP PHARMA CORPORATION		Regular Benefit
	TYENNE 80 MG/4 ML, 200 MG/10 ML & 400 MG/20 ML VIAL INJECTIONS AND 162 MG/0.9 ML INJECTION SYRINGE & AUTO INJECTOR (TOCILIZUMAB) FRESENIUS KABI CANADA	Biosimilar Drug Products	Special Authorization

EFFECTIVE DATE	PRODUCT DESCRIPTION	DETAILS	LISTING STATUS
	WEZLANA 45 MG/0.5 ML & 90 MG/ML AUTOINJECTOR PENS (USTEKINUMAB) AMGEN CANADA INC		Special Authorization – Plaque Psoriasis

Highlights of Changes to the *ADBL*

The following Drug Products on the *ADBL* incurred changes:

EFFECTIVE DATE	PRODUCT DESCRIPTION	UPDATES
July 1, 2025	ACTEMRA 162 MG/0.9 ML AUTO INJECTOR & INJECTION SYRINGE AND 80 MG/4 ML, 200 MG/10 ML & 400 MG/20 ML VIAL INJECTIONS (TOCILIZUMAB) HOFFMANN-LA ROCHE LIMITED	An administrative note has been added to all listed tocilizumab indications to communicate that adult patients currently taking the originator drug product, Actemra, are required to switch to a biosimilar version by January 1, 2026, to maintain coverage through their Alberta government-sponsored drug plan. Actemra will not be eligible for coverage for new tocilizumab starts. All new patient starts for tocilizumab will be covered for the biosimilar.
	KALYDECO 150 MG TABLET (IVACAFTOR) VERTEX PHARMACEUTICALS (CANADA) INC	Special Authorization Criteria Change to expand the special authorization coverage to include patients 6 to 17 years of age for the R117H mutation.

Listing Status Changes

The Expert Committee recommended the coverage status of Lacosamide Drug Products be revised. Effective June 1, 2025, the listing status for Lacosamide Drug Products (Various brands) will be revised from **Special Authorization Benefits to Regular Benefits**.