the DBL report

Issue #43, April 2007

An Official Accompaniment to the Alberta Health and Wellness Drug Benefit List (AHWDBL)

The Expert Committee on Drug Evaluation and Therapeutics (ECDET)

produced by Alberta Blue Cross

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Highlights of:

ABC 81171 (01/2007)

Highlights of Products Added

■ **APO-DIGOXIN** (digoxin) (APX), **0.0625 mg, 0.125 mg, and 0.25 mg** tablets. This product was added to the *AHWDBL* on February 1, 2007 as interchangeable with Lanoxin. This product offers greater than 30% savings over the innovator and is expected to offer savings of approximately $366,000 to the government-sponsored programs in the first year of listing.

■ **NOVO-VENLAFAXINE XR** (venlafaxine hydrochloride) (NOP) **37.5 mg, 75 mg and 150 mg** Extended-Release Capsules. This product was added to the *AHWDBL* on February 1, 2007 as interchangeable with Effexor XR. This product offers 30% savings over the innovator and is expected to offer savings of approximately $4,184,120 to the government-sponsored programs in the first year of listing.

■ **SANDOZ BUPROPION SR** (bupropion hydrochloride) (SDZ) **100 mg and 150 mg** Sustained-Release Tablets were added to the *AHWDBL* on February 1, 2007 as interchangeable with Wellbutrin SR. This product offers greater than 30% savings over the innovator and is expected to offer savings of approximately $583,824 to the government-sponsored programs in the first year of listing.

Changes in Benefit Status of vaginal anti-infective products, parasympathomimetics, papaverine and Intron A

Comprehensive reviews of clinical evidence to support the efficacy of vaginal anti-infective products, parasympathomimetics and papaverine were undertaken by the Sub-Committee on the Review of Benefit Status of Products, Classes and Categories on the *AHWDBL*. Following review of the information obtained in the literature, as well as input from the manufacturers and other stakeholders, the Expert Committee recommended changes in the benefit status of vaginal anti-infective products, parasympathomimetics and papaverine effective April 11, 2007. Please refer to the *AHWDBL* for the listing status of such agents.

In addition, a review of utilization of Intron A (interferon-alfa-2b) was performed. It was noted that there was no utilization for this product during the time period ranging from 2005 to 2006. Consultations with the manufacturer and other stakeholders did not provide any additional information to merit the continued listing of this product on the *AHWDBL*. Accordingly, it was recommended that this product be delisted effective April 1, 2007.

Highlights of Products Added via Special Authorization

- **COSOPT** (dorzolamide hydrochloride / timolol maleate) (MFC) **2%/0.5% PRESERVATIVE-FREE SINGLE DOSE** ophthalmic solution has been recommended for listing on the *AHWDBL*. This product will be added to the AHWDBL via special authorization with the following criteria for coverage: "For the treatment of elevated intraocular pressure in patients who have a documented sensitivity to preservatives". Please refer to the *AHWDBL* for a complete listing of special authorization criteria.

- **TRUSOPT** (dorzolamide hydrochloride) (MFC) **2% PRESERVATIVE-FREE SINGLE DOSE** ophthalmic solution has been recommended for listing on the *AHWDBL*. This product will be added to the AHWDBL via special authorization with the following criteria for coverage: For the treatment of elevated intraocular pressure in patients who have a documented sensitivity to preservatives. Please refer to the *AHWDBL* for a complete listing of special authorization criteria.

- **HUMIRA** (adalimumab) (ABB) **40 mg/0.8 mL** injection has been recommended for listing on the *AHWDBL* via special authorization for the treatment of psoriatic arthritis. This product has been recommended for addition via Special Authorization with the following criteria for coverage: “For use in combination with methotrexate for reducing signs and symptoms and inhibiting the progression of structural damage of active arthritis in adult patients (>/=18 years of age) with moderate to severe polyarticular psoriatic arthritis (PsA) or pauciarticular PsA with involvement of knee or hip joint who are refractory to methotrexate and another disease modifying anti-rheumatic agent(s)”. Please refer to the *AHWDBL* for a complete listing of special authorization criteria.

- **SANDOZ CYCLOSPORINE** (cyclosporine) (SDZ) **25 and 50 mg** capsules have been recommended for listing on the *AHWDBL* as interchangeable with Neoral. This product will be added to the AHWDBL via special authorization with the following criteria for coverage: For the treatment of severe psoriasis, severe rheumatoid arthritis and treatment of steroid dependent and steroid resistant nephrotic syndrome. Please refer to the *AHWDBL* for a complete listing of special authorization criteria.

Highlights of Products Not Added

- **BETASERON** (interferon beta-1b) (BEX), **0.3 mg** injection indicated for the new indication of single demyelinating event, alternatively known as clinically isolated syndrome (CIS). The Committee noted that the MS Drug Coverage Program does not currently cover any medications for the indication of CIS. In addition, it was noted that this product appears to be similar in efficacy to other agents available for this indication, but slightly more expensive. Accordingly, the Committee concluded that this product should not be added for the indication of CIS.