the DBL report

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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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Carlyn Volume-Smith, BSc (Pharm), MSc, PhD

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Highlights of:

ABC 81171 (10/2008)

Highlights of Products New Products Added

■ **ALDARA** (imiquimod) (GRC) **5% cream** was recommended for addition to the *AHWDBL* as a special authorization benefit for the treatment of Actinic Keratosis (AK). The manufacturer submitted new information in the form of a resubmission comparing **ALDARA** with cryotherapy and 5-fluorouracil. The Committee acknowledged that this product may be useful for a subset of individuals with small, discrete lesions. Further, it was noted that other jurisdictions have listed this product with criteria. The Committee recommended that **ALDARA** be made available via special authorization with the following criteria for coverage: "For the treatment of Actinic Keratosis located on the head and neck in patients who have failed treatment with 5-fluorouracil (5-FU) and cryotherapy." Please refer to the *AHWDBL* for additional details.

■ **EMEND TRI-PACK** (aprepitant) (MFC) **80 mg x 2 and 125 mg capsule** was originally reviewed by the Common Drug Review (CDR) and recommended for addition to provincial drug plans with criteria for coverage. The Expert Committee was consulted to assist in developing appropriate coverage criteria for the *AHWDBL*. It was noted that the CDR had placed **EMEND** regimens as second line for patients taking highly emetogenic chemotherapy who had already failed a treatment with dexamethasone and a 5HT3-antagonist on a prior chemotherapy cycle. The Committee recommended that this product be listed as a restricted benefit when prescribed by the Directors of the Alberta Cancer Board or their designates. Please refer to the *AHWDBL* for additional details.

■ **ORENCIA** (abatacept) (BMS) **250 mg/vial powder for solution** was recommended for coverage via special authorization for select patients with severely active Rheumatoid Arthritis. **ORENCIA** was originally reviewed by the CDR and recommended for coverage with restrictions; hence, the Committee was asked to assist in criteria development. During their consideration of this product, the Committee consulted with Alberta Rheumatologists to assist in refining the proposed criteria for coverage. Please consult the *AHWDBL* for a full listing of the special authorization criteria.

Highlights of Interchangeable Products Added August 1, 2008

■ **GEN-PANTOPRAZOLE, NOVO-PANTOPRAZOLE, RATIO-PANTOPRAZOLE and SANDOZ PANTOPRAZOLE** (pantoprazole sodium sesquihydrate) **40 mg tablets** have been added to the *AHWDBL* as subsequent-entry generic products interchangeable with the innovator product, Pantoloc (NYC). Additional savings of greater than $550,000 over the current LCA cost may be provided to all government-sponsored drug programs in the first year of listing.

■ **PMS-VALACYCLOVIR** (valacyclovir hydrochloride (PMS) **500 mg caplets** has been added to the *AHWDBL* as first-entry generic product interchangeable with Valtrex (GSK). This product is priced approximately 35% less than the innovator and offers potential savings of greater than $840,000 to all government-sponsored drug programs in the first year of listing.

Changes to Special Authorization Criteria for Medications Used in the Treatment of Alzheimer's Disease

The Committee was advised that the Mainpro-M1 course entitled, "Module 2: Advanced Alzheimer's Disease" was no longer available to assist clinicians in acquiring designated prescriber status. In addition, it was noted that no other continuing education programs on this topic were currently available. Accordingly, Committee members questioned whether it would be appropriate to remove the requirement for physicians initiating therapy for patients with MMSE scores between 10 and 13 from the special authorization criteria. Given that the majority of clinicians are comfortable with this class of medications and that a small minority of patients with low MMSE scores are initiated on these therapies, the Committee recommended that it would be appropriate to revise the special authorization coverage criteria to read: "For the treatment of Alzheimer's Disease in patients with MMSE scores between 10-26. Coverage cannot be provided for two or more medications used in the treatment of Alzheimer's Disease (donepezil, galantamine, rivastigmine) when those medications are used in combination."

Highlights of Products Not Added

■ **DOVOBET** (calcipotriol and betamethasone dipropionate) (LEO) **50 mcg/g and 0.5 mg/g ointment** was not recommended for addition to the *AHWDBL.* The Committee considered a resubmission for this product that contained new clinical and economic information. However, Committee members reiterated their concerns regarding the continuous use of a fixed combination product containing a steroid. It was noted that the individual components of **DOVOBET** are currently benefits on the *AHWDBL*. Accordingly, the Committee recommended that this product should not be added as it fails to offer a therapeutic advantage.