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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Highlights of Products Added

■ **SABRIL** (vigabatrin) (OVP) **500 mg tablet & 500 mg oral sachet** was previously listed on the *AHWDBL* but was removed effective April 1, 2008, when the manufacturer had failed to submit a Request For Quotation (RFQ). The Committee reviewed the submission from the manufacturer and concluded this product should be re-listed.

■ **TRAVATAN Z** (travoprost) (ALC) **0.004% ophthalmic solution** is a line extension to the currently listed TRAVATAN product. The **TRAVATAN Z** formulation differs from the original product in that **TRAVATAN Z** does not contain the preservative benzalkonium chloride. Rather, it utilizes an alternative preservative system called SofZia®. The Committee reviewed the information provided by the manufacturer and recommended **TRAVATAN Z** be listed in an interchangeable grouping with TRAVATAN.

■ **GEN-NIFEDIPINE XL** (nifedipine) (GEN) **60 mg extended release tablet** was added to the *AHWDBL* effective February 1, 2009, as it met criteria for fast-track addition with over $1,000,000 in savings to government-sponsored drug programs in the first year of listing.

■ The following table highlights additional products recently added to the *AHWDBL*:

Brand (Man.)	Ingredient	Strengths
DIOVAN-HCT (NOV)	Valsartan/ hydrochlorothiazide	320 mg/12.5 mg & 320 mg/25 mg tablets
DOVOBET (LEO)	Calcipotriol/ betamethasone dipropionate	50 mcg/g/0.5 mg/g topical ointment
NOVO-QUETIAPINE (NOP)	Quetiapine fumarate	150 mg tablet
STALEVO (NOV)	Carbidopa/ levodopa/ entacapone	50 mg/12.5 mg/200 mg, 100 mg/25 mg/200 mg & 150 mg/375 mg/200 mg tablets
SUBOXONE (SCH)	Buprenorphine hydrochloride/ naloxone	2 mg/0.5 mg & 8 mg/2 mg sublingual tablets
ZELDOX (PFI)	Ziprasidone hydrochloride monohydrate	20 mg, 40 mg, 60 mg & 80 mg tablets

Highlights of Restricted Benefits Added

■ **AC BOYZ & AC GIRLZ** (TMI) **aerosol holding chambers** were added to the *AHWDBL* as Restricted Benefits, at parity with the currently listed aerosol holding chambers. The Committee commented that they may provide a therapeutic advantage. This benefit is restricted to one unit per plan participant per year.

■ **XARELTO** (rivaroxaban) (BAI) **10 mg tablet** was originally reviewed via the Common Drug Review. The Expert Committee considered the CEDAC recommendation that **XARELTO** be listed for prophylaxis of venous thromboembolism following total knee replacement or total hip replacement surgery, for up to two weeks, as an alternative to low molecular weight heparins. Accordingly, the Committee recommended this product be listed on the *AHWDBL* as a Restricted Benefit, **allowing one course of therapy, up to 14 days, for patients that have undergone elective total hip or total knee replacement**. A second course of therapy (i.e. up to an additional 14 days) is available within a 12-month period should the patient undergo an additional hip or knee replacement procedure. Please refer to the current *AHWDBL* for full listing details.

Highlights of Changes in Benefit Status or Coverage Criteria

(Please refer to the current AHWDBL for full listing details of all products.)

■ **AGGRENOX** (dipyridamole/ASA) (BOE) **200 mg/25 mg capsule** is indicated for the prevention of stroke in patients who have had a previous stroke or a transient ischemic attack (TIA). This product was originally added to the *AHWDBL* with coverage available via Special Authorization (SA). The Committee reviewed the listing status of **AGGRENOX** and concluded it should be moved to an unrestricted listing.

■ **ALDARA** (imiquimod) (GRC) **50 mg/g topical cream** is currently available via SA for the treatment of actinic keratosis of the head and neck. The SA criteria have been amended to clarify that a patient must fail treatment with cryotherapy (where appropriate) and 5-Fluorouracil, before being eligible for coverage.

■ The listing status of **KEPPRA** (UCB), **APO-LEVETIRACETAM** (APX), **CO LEVETIRACETAM** (COB), **PMS-LEVETIRACETAM** (PMS) **250 mg, 500 mg & 750 mg tablets** was also reviewed by the Committee, and these products were recommended to be moved to an unrestricted listing (i.e. without the requirement of an SA request).

■ **HUMIRA** (adalimumab) (ABB) **40 mg/syringe injection** is now eligible for coverage via SA for the additional indication of the reduction of signs and symptoms of severe, debilitating psoriasis.

■ **RITUXAN** (rituximab) (HLR) **10 mg/mL injection** has been added to the *AHWDBL* via SA for Rheumatoid Arthritis.

■ Biologic products listed via SA for the treatment of Rheumatoid Arthritis will now be eligible for coverage for a period of 12 months upon renewal, providing the SA criteria have been met. Previously, these products required renewal requests every 6 months.

■ Products formerly covered through SA for the treatment of **chronic hepatitis B** will now be available for coverage as Restricted Benefits, when prescribed, or in the case of **HEPTOVIR** initiated, by a Specialist in Internal Medicine or a designated prescriber. The affected products are:

- **BARACLUDE** (entecavir) (BMS) **0.5 mg tablet**
- **HEPSERA** (adefovir dipivoxil) (GIL) **10 mg tablet**
- **HEPTOVIR** (lamivudine) (GSK) **100 mg tablet**
- **PEGASYS** (peginterferon alfa-2a) (HLR) **180 mcg/mL & 180 mcg/syringe injections**