the DBL report

Issue #53, July 2009

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 (07/2009)

Highlights of Products Added

■ **MICARDIS PLUS** (telmisartan/hydrochlorothiazide) (BOE) **80 mg/25 mg tablet** is a line extension to the currently listed **MICARDIS PLUS** 80 mg/12.5 mg tablet and MICARDIS 40 mg & 80 mg tablets. Indicated for patients whose blood pressure is not adequately controlled by the 80 mg/12.5 mg strength or patients stabilized on the individual agents given separately, the **80 mg/25 mg tablet** was deemed to provide a therapeutic advantage. Accordingly, it was recommended for addition to the *AHWDBL*.

■ **XAMIOL** (calcipotriol/betamethasone dipropionate) (LEO) **50 mcg/g/0.5 mg/g topical gel** is a line extension to the currently listed DOVOBET topical ointment. This product was found to provide a therapeutic advantage as it is indicated to be applied only once daily. Therefore, **XAMIOL** was recommended to be added to the *AHWDBL*.

■ **TYSABRI** (natalizumab) (BIO) **20 mg/mL (15 mL vial) injection** is a new drug product that was originally reviewed via the Common Drug Review. It is indicated for the treatment of Relapsing Remitting Multiple Sclerosis (RRMS), and is generally recommended in patients who have had an inadequate response to, or are unable to tolerate, other MS therapies. **TYSABRI** will be eligible for reimbursement under the Multiple Sclerosis (MS) Drug Coverage Program, with specified criteria for coverage. Please refer to Section 2 of the current *AHWDBL* for further information on the MS Drug Coverage Program, including coverage criteria and available products.

Highlights of Products Not Added

■ **ACTONEL** (risedronate sodium) (PGA) **150 mg tablet** is a line extension to the currently available **ACTONEL** products, which are listed via Special Authorization. The Expert Committee reviewed the information included in the manufacturer's product submission; however, it was concluded that the data provided failed to demonstrate an advantage over currently available therapies. **ACTONEL 150 mg tablet** was not recommended for addition to the *AHWDBL*.

■ **YAZ** (drospirenone/ethinyl estradiol) (BAI) **3 mg/0.020 mg tablet** is indicated as an oral contraceptive and for use as acne therapy. The Committee gave due consideration to the information provided in the product submission; however, this product did not appear to offer a therapeutic or cost advantage over currently available therapies. Accordingly, the Committee did not recommend this product be added to the *AHWDBL*.

Highlights of Interchangeable Products

■ **APO-LEVOCARB CR** (levodopa/carbidopa) (APX) **100 mg/25 mg sustained release tablet** is a first entry generic product that was deemed interchangeable with the innovator, Sinemet CR 100 mg/25 mg. This product will be added to the *AHWDBL* in an interchangeable grouping, and has the potential to save over $79,000 to the Alberta Health and Wellness-sponsored drug programs in the first year of listing.

■ **GEN-CLOZAPINE** (clozapine) (GPM) **25 mg & 100 mg tablets** were designated as interchangeable with the innovator, CLOZARIL 25 mg & 100 mg tablets, effective May 1, 2009, with the Least Cost Alternative (LCA) policy to be applied effective September 1, 2009. As a result of the savings with the application of LCA pricing, this recommendation met criteria for fast-track with over $2.4 million in savings to all government-sponsored drug programs over the first year of listing.

■ **MEDROXYPROGESTERONE ACETATE** (medroxyprogesterone acetate) (SDZ) **150 mg/mL injection** is a first entry generic product which has been designated as interchangeable with the innovator, DEPO-PROVERA.

■ **PMS-OXYCODONE** (oxycodone hydrochloride) (PMS) **5 mg, 10 mg & 20 mg tablets** were designated as interchangeable and will be listed in interchangeable groupings with the corresponding strengths of OXY-IR and SUPEUDOL.

■ **SUPEUDOL** (oxycodone hydrochloride) (SDZ) **20 mg tablets** were also added to the *AHWDBL* and will be listed in an interchangeable grouping with OXY-IR & PMS-OXYCODONE 20 mg tablets.

Change in Benefit Status of Cyclobenzaprine 10 mg tablets

As part of the Review of Benefit Status (ROBS) process, a comprehensive clinical review of select skeletal muscle relaxants listed on the *AHWDBL*, was undertaken. The Expert Committee gave due consideration to the information available and recommended that the **CYCLOBENZAPRINE 10 mg tablet** products be moved to a listing as a RESTRICTED BENEFIT. Coverage will be limited to 126 tablets per plan participant per year (beginning with the first claim filled once this benefit status change becomes effective), as an adjunct to rest and physical therapy for the treatment of acute muscle spasm. The following **CYCLOBENZAPRINE 10 mg** products are affected:

- **APO-CYCLOBENZAPRINE**
- **DOM- CYCLOBENZAPRINE**
- **GEN-CYCLOBENZAPRINE**
- **NOVO-CYCLOPRINE**
- **NU-CYCLOBENZAPRINE**
- **PMS-CYCLOBENZARPINE**
- **RATIO-CYCLOBENZAPRINE**