the DBL report

Issue #54, October 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

In this issue:

Highlights of:

ABC 81171 (10/2009)

Highlights of Products Added

****Please refer to the current AHWDBL for explanations of coverage, full coverage details of products and listing of coverage criteria (where applicable).****

■ **CYMBALTA** (duloxetine hydrochloride) (LIL) **30 mg & 60 mg delayed release capsules** were recommended for addition to the *AHWDBL* via Special Authorization (SA) for the management of neuropathic pain associated with diabetic peripheral neuropathy.

■ **ENABLEX** (darifenacin hydrobromide) (NOV) **7.5 mg & 15 mg extended release tablets** were originally reviewed via the Common Drug Review (CDR), with a recommendation of coverage for patients who cannot tolerate or have insufficient response to an adequate trial of immediate-release oxybutynin (e.g. in a similar manner as drug plans list tolterodine). Accordingly, **ENABLEX** was recommended for addition to the *AHWDBL* via Step Therapy/SA.

■ **FOSAVANCE** (alendronate sodium/cholecalciferol) (MFC) **70 mg/5,600 U tablet** is a new combination drug product that was originally reviewed via the CDR, and was recommended for listing similar to generic alendronate. The Expert Committee agreed with the CDR recommendation. Accordingly, **FOSAVANCE** will be added to the *AHWDBL* via SA with criteria consistent with currently listed alendronate products.

■ **OLMETEC** (olmesartan medoxomil) (JOI) **20 mg & 40 mg tablets** and **OLMETEC PLUS** (olmesartan medoxomil/ hydrochlorothiazide) (JOI) **20 mg/12.5 mg, 40 mg/12.5 mg & 40 mg/25 mg tablets** are indicated for the treatment of mild to moderate essential hypertension. These products received a positive recommendation for listing in a manner similar to other angiotensin II receptor blockers (ARBs) and ARB/hydrochlorothiazide combination products following review through the CDR. Expert Committee members recognized that clinically, these products provide similar benefits to other currently listed alternatives. However, it was noted that the daily cost of treatment with **OLMETEC & OLMETEC PLUS** is less than or similar to the cost of others in the same class, providing a cost advantage. Accordingly, these products will be added to the *AHWDBL* as unrestricted benefits.

Highlights of Products Added

- **RISPERDAL CONSTA** (risperidone) (JOI) **25 mg/vial, 37.5 mg/vial & 50 mg/vial injectable prolonged release suspension** uses a patented microsphere technology to produce a long-acting injectable formulation. This product was previously reviewed but not recommend for listing, as it failed to provide a therapeutic and/or cost advantage. In the recent manufacturer resubmission, among other information, evidence was provided to show a significant reduction in hospitalizations. Upon further discussion, the Committee recommended that **RISPERDAL CONSTA** be made available via SA on the *AHWDBL*.

- **STELARA** (ustekinumab) (JOI) **45 mg/0.5 mL injection**, a biologic agent indicated for the treatment of plaque psoriasis, was originally reviewed via the CDR. The Expert Committee discussed this product and recommended it be made available via SA on the *AHWDBL*.

De-Listing of Premarin Tablets

- **PREMARIN** (conjugated estrogens) (WAY) **0.3 mg, 0.625 mg & 1.25 mg tablets** recently experienced a significant price increase. As a result, these products have been found to no longer possess a cost advantage. Accordingly, a recommendation has been made for these products to be removed from the *AHWDBL*, **effective October 1, 2009**. However, claims will be honored until March 31, 2010. Please refer to the current *AHWDBL* for a listing of reimbursed alternatives.

Highlights of Interchangeable Products Added

- **AMLODIPINE 5 mg & 10 mg tablets** (APX, COB, GPM, NOP, PMS, RPH & SDZ) are first-entry products that have been found interchangeable with the innovator, NORVASC. These products were added to the *AHWDBL*, **effective August 15, 2009**, in an interchangeable grouping. The addition of these products has the potential to save over $14 million to the government-sponsored drug programs in the first year of listing.

- **LEVOFLOXACIN 250 mg & 500 mg tablets** (APX, COB, GPM, NOP, PMS, SDZ) and **750 mg tablet** (APX, COB, NOP, PMS, SDZ) were added to the *AHWDBL*, **effective August 1, 2009**, in an interchangeable grouping with the innovator, LEVAQUIN, available via Optional Special Authorization (OSA). The addition of the interchangeable **LEVOFLOXACIN** products has the potential to save the government-sponsored drug programs over $400,000 in the first year of listing.

Special Authorization Criteria Change For Avodart & Proscar

Subsequent to correspondence received by the Expert Committee, a review of Special Authorization (SA) criteria for products used in the treatment of benign prostatic hyperplasia (BPH) listed on the *AHWDBL*, was undertaken. The Expert Committee gave due consideration to the information available and recommended that the SA criteria for **AVODART** (dutasteride) (GSK) **0.5 mg capsule** and **PROSCAR** (finasteride) (MFC) **5 mg tablet** be revised. Please be advised that with these changes, these products are no longer available as Restricted Benefits. Refer to the current *AHWDBL* for a full listing of criteria.