the DBL report

Issue #59, February 2011

An Official Accompaniment to the Alberta Health and Wellness Drug Benefit List (AHWDBL) produced by Alberta Blue Cross

The Expert Committee on Drug Evaluation and Therapeutics (ECDET)

In this issue:

Brief Summary of Drug Review Activities

The Expert Committee on Drug Evaluation and Therapeutics met on November 23, 2010. The Committee considered information regarding 52 Drug Products, including manufacturer submissions and various supplementary assessments.

Fifteen generic Drug Products underwent Expedited Review for listing on the *AHWDBL* effective December 1, 2010. An additional 36 Drug Products met criteria for Expedited Review for listing, effective February 1, 2011.

The following articles provide highlights of recent changes to the *AHWDBL* and other topics of general interest. A complete list of changes, as well as the full *AHWDBL* may be accessed at https://www.ab.bluecross.ca/dbl/publications.html.

Highlights of New Products Added

■ **Extavia** (interferon beta-1b) 0.3 mg/vial powder for solution (NOV) has been recommended for addition to the *AHWDBL* in an interchangeable grouping with Betaseron, which is currently listed with Special Authorization criteria in the MS Drug Program. The Expert Committee considered correspondence from Novartis and Bayer Schering indicating that Extavia is manufactured under the identical master formula, manufacturing and quality control specifications as Betaseron.

■ The following products have been added to the *AHWDBL* in Interchangeable (IC) Groupings:

- **Gen-Clozapine** (clozapine) 50 mg & 200 mg tablets (MYP)
- **Mylan-Mirtazapine** (mirtazapine) 15 mg tablet (MYP)
- **Apo-Enalapril Maleate/Hydrochlorothiazide** (enalapril maleate/hydrochlorothiazide) 5 mg/12.5 mg & 10 mg/25 mg tablets (APX)

Special Authorization Criteria Change

■ **Exjade (deferasirox**) (NOV) **125 mg, 250 mg & 500 mg Tablets** – following discussions with prescribing physicians, the Expert Committee recommended that Exjade be eligible for coverage via the step therapy/special authorization process. For patients who require iron chelation therapy but who have an inadequate response to a sufficient trial (i.e. a minimum of 6 months) of deferoxamine, or for whom deferoxamine is contraindicated, special authorization may be granted for 24 months. For more detail of the changes please refer to the current *AHWDBL* for explanations of coverage.

A complete list of changes, as well as the full AHWDBL may be accessed at https://www.ab.bluecross.ca/dbl/publications.html.
Please refer to the current AHWDBL for explanations of coverage, including a listing of coverage criteria (where applicable).*

ABC 81171 (02/2011)