the DBL report

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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)

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In this issue:

Brief Summary of Drug Review Activities

The Expert Committee on Drug Evaluation and Therapeutics met on January 27, 2011. The Committee reviewed manufacturer submissions for 24 Drug Products. The Committee also considered information for a number of supplementary assessments that resulted in changes to Special Authorization criteria for coverage of 53 Drug Products.

In addition to Drug Products reviewed by the Expert Committee, one resubmission based on the *AHWDBL* Price Policy was received and considered. As well, 17 generic Drug Products underwent Expedited Review for listing on the *AHWDBL* effective March 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

■ The following Line Extension products (i.e., new strengths and formulations or reformulations of Drug Products that are currently listed or are under consideration for listing) have been recommended for addition to the *AHWDBL*:

- **APO-VALACYCLOVIR** (valacyclovir) (APO) **1000 mg caplet**
- **DIAMICRON MR** (gliclazide) (SEV) **60 mg sustained release tablet**
- **SAIZEN** (somatropin r-DNA origin) (SRO) **6 mg (5.83 mg/mL), 12 mg (8 mg/mL) & 20 mg (8 mg/mL) solution for injection in cartridges**

Highlights of New IC Groupings

■ **SANDOZ TAMSULOSIN CR** (tamsulosin hydrochloride) (SDZ) **0.4 mg extended release tablet** has been added to the *AHWDBL*, creating a New Interchangeable (IC) Grouping with FLOMAX CR (BOE) 0.4 mg.

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).*

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Alzheimer's Disease SA Drug Products

The Special Authorization (SA) criteria for these products have been revised to incorporate the use of the InterRAI-Cognitive Performance Scale as an alternative assessment tool, allowing use of *either* the MMSE or the InterRAI-Cognitive Performance Scale for the purposes of administering the SA criteria. The InterRAI-Cognitive Performance Scale is one component of InterRAI Home Care (InterRAI-HC), a comprehensive instrument that has been designed to collect information on a broad range of physical, mental, and social abilities. InterRAI Home Care has been adopted and is in use by Home Care in the majority of Alberta. The requirement for an initial 12 week authorization has also been removed. The following products are affected:

■**ARICEPT** (donepezil hydrochloride) (PFI) **5 mg & 10 mg tablets**

■**RIVASTIGMINE HYDROGEN TARTRATE 1.5 mg, 3 mg, 4.5 mg & 6 mg capsules, [and 2 mg/mL oral solution** EXELON brand only**]**

- **APO-RIVASTIGMINE** (APO)
- **EXELON** (NOV)
- **MYLAN-RIVASTIGMINE** (MYP)
- **NOVO-RIVASTIGMINE** (TEV)
- **PMS-RIVASTIGMINE** (PMS) (6 mg strength only)
- **RATIO-RIVASTIGMINE** (RPH)
- **SANDOZ RIVASTIGMINE** (SDZ)

■**GALANTAMINE HYDROBROMIDE 8 mg, 16 mg & 24 mg extended-release capsules**

- **MYLAN-GALANTAMINE ER** (MYP)
- **PAT-GALANTAMINE ER** (PAT)
- **REMINYL ER** (JAI)

Please refer to the current *AHWDBL* for a full listing of the current SA criteria for these Drug Products.

Highlights of Special Authorization (SA) Criteria Changes

■ **RITUXAN (rituximab) (HLR) 10 mg/mL injection** – The manufacturer provided a resubmission requesting specific changes to the Special Authorization (SA) criteria for coverage. The Expert Committee considered the information provided in the resubmission and recommended the requirement for an initial DAS28 score of greater than or equal to 5.1 be removed from the SA criteria. The Expert Committee directed that patients now be required to improve by a minimum of 1.2 on the DAS28 score following the initial course of therapy only, and thereafter would need to achieve a post-treatment DAS28 score at least 1.2 points better than the score prior to the initial course of therapy (i.e., baseline). Please refer to the current *AHWDBL* for a full listing of the current SA criteria for **RITUXAN**.

■ **OCTREOTIDE ACETATE** and **LANREOTIDE ACETATE** – Currently listed via Special Authorization (SA), these products were recommended to have the SA and auto-renewal periods increased to 12 months. Affected products include:

- **OCTREOTIDE** (octreotide acetate) (TEV) **100 mcg/mL, 200 mcg/mL & 500 mcg/mL injections**
- **OCTREOTIDE ACETATE OMEGA** (octreotide acetate) (OMG) **50 mcg/mL, 100 mcg/mL, 200 mcg/mL & 500 mcg/mL injections**
- **SANDOSTATIN** (octreotide acetate) (NOV) **50 mcg/mL, 100 mcg/mL, 200 mcg/mL & 500 mcg/mL injections**
- **SANDOSTATIN LAR** (octreotide acetate) (NOV) **10 mg/vial, 20 mg/vial & 30 mg/vial injections**
- **SOMATULINE AUTOGEL** (lanreotide acetate) (TCI) **60 mg/syringe, 90 mg/syringe & 120 mg/syringe injection syringes**

Please refer to the current *AHWDBL* for a full listing of the current SA criteria.

Did You Know…?

The Interactive Drug Benefit List (iDBL) is a great tool for searching the Drug Benefit List publications. Special features allow you to:

- Quickly and easily re-sort your search results.
- Obtain quick information about the date certain products became benefits.
- Find complete pricing and interchangeability information.
- Find product specific special authorization coverage criteria.

Access the iDBL at ***https://www.ab.bluecross.ca/dbl/publications.html***.

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****Please refer to the current AHWDBL for explanations of coverage, including a listing of coverage criteria (where applicable).****