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)

In this issue:

Brief Summary of Drug Review Activities

The Expert Committee on Drug Evaluation and Therapeutics met on July 21, 2011. The Committee reviewed Manufacturer submissions for 28 Drug Products. The Committee also considered information for a number of supplementary assessments of the coverage status of 19 Drug Products.

In addition to Drug Products reviewed by the Expert Committee, 10 generic Drug Products underwent Expedited Review for listing on the *AHWDBL* effective August 1, 2011, and another 11 generic Drug Products underwent Expedited Review for listing effective September 1, 2011. The following are 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.

Products Originally Reviewed via the Common Drug Review (CDR)

Invega Sustenna 50 mg/0.5 mL, 75 mg/0.75 mL, 100 mg/mL and 150 mg/1.5 mL suspensions for injection (paliperidone palmitate) (JAI) were reviewed via the CDR process. These Drug Products have been added to the *AHWDBL* with a listing via special authorization as they offer a cost advantage for the management of the manifestations of schizophrenia in patients who demonstrate a pattern of significant non-compliance that compromises therapeutic success. In addition, to maintain consistancy, the special authorization criteria for **Risperdal Consta** were updated. Please refer to the current *AHWDBL* for a full listing of coverage criteria.

Vimpat 50 mg, 100 mg, 150 mg and 200 mg tablets (lacosamide) (UCB) were reviewed via the CDR process. In keeping with the recommendations from the CDR, these Drug Products have been added to the *AHWDBL* with a listing via special authorization. Please refer to the current *AHWDBL* for a full listing of coverage criteria.

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

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Highlights of Special Authorization (SA) Criteria Changes

In their July 21, 2011 meeting, the Expert Committee on Drug Evaluation and Therapeutics discussed a request to clarify the special authorization criteria for biologic agents in the treatment of plaque psoriasis. The Expert Committee confirmed that it was their intent that patients try either cyclosporine or methotrexate prior to utilizing a biologic agent. Accordingly, the Expert Committee recommended that the following criterion be included within the special authorization criteria for coverage of all biologics used in the treatment of plaque psoriasis: "Patients who have a contraindication to either cyclosporine or methotrexate will be required to complete an adequate trial of the other pre-requisite medication prior to potential coverage being considered."

Highlights of New Products Added

The following Drug Products have been recommended for addition to the *AHWDBL*:

- **Hydromorph Contin 4.5 mg and 9 mg controlled-release capsules** (hydromorphone HCl) (PUR)
- **RAN-Metformin 850 mg tablet** (metformin HCl) (RAN)
- **pms-Clarithromycin 250 mg tablet** (clarithromycin) (PMS)
- **pms-Rivastigmine 1.5 mg, 3 mg and 4.5 mg capsules** (rivastigmine hydrogen tartrate) (PMS)

Highlights of New Interchangeable (IC) Groupings

Addition of the following Drug Products to the *AHWDBL* has resulted in the creation of New IC Groupings, effective September 1, 2011:

- **Mylan-Zolmitriptan 2.5 mg tablet** (zolmitriptan) (MYP)
- **pms-Zolmitriptan 2.5 mg tablet** (zolmitriptan) (PMS)
- **pms-Zolmitriptan ODT 2.5 mg orally dispersible tablet** (zolmitriptan) (PMS)
- **Sandoz Zolmitriptan 2.5 mg tablet** (zolmitriptan) (SDZ)
- **Sandoz Zolmitriptan ODT 2.5 mg orally dispersible tablet** (zolmitriptan) (SDZ)
- **Teva-Zolmitriptan 2.5 mg tablet** (zolmitriptan) (TEV)
- **Teva-Zolmitriptan OD 2.5 mg orally dispersible tablet** (zolmitriptan) (TEV)

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