the DBL report

Issue #80, July 2014

An Official Accompaniment to the Alberta Drug Benefit List (ADBL) 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 May 13 & 14, 2014. The Committee reviewed Manufacturer submissions for forty-two (42) Drug Products for potential listing, or change in listing, on the *ADBL*. The Committee also considered information for a number of supplementary assessments of the coverage status of twenty-six (26) Drug Products.

In addition, to Drug Products reviewed by the Expert Committee, twenty-two (22) Drug Products underwent Expedited Review for listing on the *ADBL* effective June 1, 2014 and seventeen (17) Drug Products underwent Expedited Review for listing on the *ADBL* effective July 1, 2014.

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

Highlights of Products Originally Reviewed via the Common Drug Review (CDR)

In keeping with the recommendations from the CDR, the following Drug Products have been added to the *ADBL* via Special Authorization (please refer to the current *ADBL* for a full listing of coverage criteria):

- **GENOTROPIN GoQuick* & GENOTROPIN MiniQuick*** (somatropin) (PFI) **5.3 mg & 12 mg injection pens & 0.6 mg, 0.8 mg, 1.0 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg & 2.0 mg injection syringes** for Growth Hormone Deficiency in Adults.
- **KALYDECO*** (ivacaftor) (VER) **150 mg tablet**
  Special Authorization coverage may be provided for the treatment of cystic fibrosis (CF) in patients age 6 years and older who have a G551D mutations in the Cystic Fibrosis Transmembrane conductance Regulator (CFTR) gene and who meet all other criteria included on the *ADBL*.

Highlights of Single Source Drug Products Added

Addition of the following Drug Product to the *ADBL* will be effective July 1, 2014:

- **FENTANYL CITRATE*** (fentanyl citrate) (SDZ) **50 mcg/mL injection**

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

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Highlights of Entry Interchangeable (IC) Drug Products Added

Addition of the following Entry IC Drug Products to the *ADBL* has resulted in the creation of New IC Groupings, effective July 1, 2014:

- **APO-VORICONAZOLE*** (voriconazole) (APX) **50 mg & 200 mg tablets**
- **SANDOZ VORICONAZOLE*** (voriconazole) (SDZ) **50 mg & 200 mg tablets**

Highlights of Non-Interchangeable Old Drug Products Not Added

The Following Non-Interchangeable Old Drug Product has not been added to the *ADBL* as it failed to demonstrate a therapeutic advantage:

- **EURO-HYDROCORTISONE** (hydrocortisone) (EUR) **1% cream**

The Following Non-Interchangeable Old Drug Products have not been added to the *Palliative Care Drug Benefit Supplement (PCDBS)* as they failed to demonstrate a therapeutic advantage:

- **JAMP-BISACODYL** (bisacodyl) (JPC) **5 mg tablet**
- **JAMP-DOCUSATE SODIUM** (docusate sodium) (JPC) **50 mg/mL oral syrup**

Aranesp and Eprex Special Authorization (SA) Criteria Changes

The criteria for coverage via Special Authorization have been revised for the following Drug Products for the indication of the treatment of anemia of chronic renal failure:

- **ARANESP** (darbepoetin) **injection syringes** (all strengths)
- **EPREX** (epoetin) **injection syringes** (all strengths except the 30,000 and 40,000 unit injection syringes)

The Special Authorization criterion was modified to extend the authorization period from six (6) months to twelve (12) months to reduce the administrative burden for prescribers. Auto-renewal will still be eligible for this criterion.

Highlights of Line Extension Drug Products Added to the ADBL

The following Drug Products were added to the *ADBL*, effective July 1, 2014 after a Full Review by the Expert Committee:

- **ABBOTT-CITALOPRAM** (citalopram) (ABB) **10 mg tablet** was submitted and reviewed as a Line Extension to the currently reviewed 20 mg & 40 mg tablets. The Expert Committee recommended this Drug Product be listed on the *ADBL* in the applicable interchangeable grouping as it offers a therapeutic advantage.
- **MAR-CITALOPRAM** (citalopram) (MAR) **10 mg tablet** was submitted and reviewed as a Line Extension to the currently listed 20 mg & 40 mg tablets. The Expert Committee recommended this Drug Product be listed on the *ADBL* in the applicable interchangeable grouping as it offers a therapeutic advantage.

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