



the **ADBL** report

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An Official Accompaniment to the Alberta Drug Benefit List (ADBL) produced by Alberta Blue Cross  
The Expert Committee on Drug Evaluation and Therapeutics (ECDET)

**EXPERT COMMITTEE MEMBERS:**

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Saibal Nandy, MBBS, MRCPsych, FRCPC (Vice-Chair)  
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Glen J. Pearson, BScPhm, PharmD, FCSHP  
Cheryl A. Sadowski, BSc (Pharm), PharmD, FCSHP  
Jeremy Slobodan, BSP

**ALBERTA HEALTH LIAISONS:**

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Andrea Nagle, BSc (Pharm), LLB

**ADMINISTRATIVE AND SCIENTIFIC SUPPORT:**

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Sherry Dieleman, BSc (Pharm), MSc  
Connie Lussier, BSP, MA  
Carlyn Volume-Smith, BSc (Pharm), MSc, PhD  
Darcia Wasarab-Rolland, BSc (Pharm)

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## Brief Summary of Drug Review Activities

The Expert Committee on Drug Evaluation and Therapeutics met on March 17, 2016. The Committee reviewed Manufacturer submissions for thirty-eight (38) 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 fourteen (14) Drug Products.

In addition to Drug Products reviewed by the Expert Committee, thirty (30) Drug Products underwent Expedited Review for listing on the ADBL effective May 1, 2016.

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)

The following Drug Product was reviewed by CDR and the Expert Committee and added to the ADBL via Special Authorization (SA) for the indications of Ankylosing Spondylitis, Plaque Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis effective April 1, 2016:

- **INFLECTRA\*** (infliximab) (CHH) **100 mg/vial injection**

The following Drug Product was reviewed by CDR and the Expert Committee and added to the ADBL effective May 1, 2016:

- **SPIRIVA RESPIMAT** (tiotropium bromide monohydrate) (BOE) **2.5 mcg actuation inhalation solution**

The following Drug Product was reviewed by CDR and the Expert Committee and added to the ADBL via SA effective May 1, 2016:

- **INSPIOLTO RESPIMAT\*** (tiotropium bromide monohydrate/olodaterol hydrochloride) (BOE) **2.5 mcg/2.5 mcg actuation inhalation solution**

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).\*

## ***Highlights of Non-Interchangeable Old Drug Products Added***

The following Non-Interchangeable Old Drug Product has been added to the *Palliative Coverage Drug Benefit Supplement (PCDBS)* effective May 1, 2016:

- **EMOLAX** (polyethylene glycol 3350) (JPC) **1 g/g oral powder**

## ***Highlights of Line Extension Drug Products Reviewed for the ADBL***

The following Drug Product was added to the ADBL as a Regular Benefit effective May 1, 2016:

- **MINT-CITALOPRAM** (citalopram hydrobromide) (MPI) **10 mg tablet**

The following Drug Product was reviewed but **NOT** added as it did not offer a cost or therapeutic advantage:

- **PLAN B** (levonorgestrel) (PAL) **1.5 mg tablet**

## ***Highlights of Other Products Reviewed but Not Added***

- **ANTI-STATIC COMPACT SPACE CHAMBER PLUS** (aerosol holding chamber/mask) (MPI) **WITH MOUTHPIECE, and SMALL/MEDIUM/LARGE MASKS** were reviewed but not added as they fail to offer a cost or therapeutic advantage.

## ***Highlights of Interchangeable Drug Products Reviewed***

The following Drug Product was reviewed by the Expert Committee as a Resubmission and was added to the ADBL effective May 1, 2016:

- **AZATHIOPRINE** (azathioprine) (SNS) **50 mg tablet**

The following Drug Product was reviewed by the Expert Committee and added via Optional Special Authorization effective May 1, 2016:

- **APO-MOXIFLOXACIN\*** (moxifloxacin HCL) (APX) **400 mg tablet**

## ***Highlights of Other Products Added***

The following Product was reviewed by the Expert Committee and added to the ADBL via SA effective May 1, 2016:

- **NEOCATE WITH DHA & ARA\*** (NUN) **oral powder infant formula**

Please note that the coverage criteria for this product on the *Human Services Drug Benefit Supplement (HSDBS)* will remain unchanged.

## ***Highlights of New Interchangeable (IC) Groupings***

Addition of the following Drug Products to the ADBL has resulted in the creating of a New IC Grouping, effective May 1, 2016:

- **TEVA-TOBRAMYCIN** (tobramycin sulfate) (TEV) **60 mg/mL inhalation solution**
- **TOBRAMYCIN** (tobramycin sulfate) (SDZ) **60 mg/mL inhalation solution**

## ***Special Authorization Criteria Changes***

The Special Authorization criteria for coverage for the following Drug Products have been revised effective May 1, 2016:

- **JAMP-VANCOMYCIN\*** (vancomycin HCL) (JPC) **125 mg & 250 mg capsules**
- **RITUXAN\*** (rituximab) (HLR) **10 mg/mL injection**
- **VANCOCIN\*** (vancomycin HCL) (MLI) **125 mg & 250 mg capsules**
- **VANCOMYCIN HYDROCHLORIDE\*** (vancomycin HCL) (FKC) **125 mg & 250 mg capsules**

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