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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)

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Brief Summary of Drug Review Activities

The Expert Committee on Drug Evaluation and Therapeutics met on May 16 & 17, 2016. 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 seventy-four (74) Drug Products.

In addition to Drug Products reviewed by the Expert Committee, twenty-three (23) Drug Products underwent Expedited Review for listing on the *ADBL* effective June 1, 2016, and thirty (30) Drug Products underwent Expedited Review for listing on the *ADBL* effective July 1, 2016.

The following are <u>highlights</u> 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 Products were reviewed by CDR and the Expert Committee and added to the *ADBL* via Step Therapy/Special Authorization (SA) effective June 1, 2016:

• JARDIANCE* (empagliflozin) (BOE) 10 mg & 25 mg tablets

In keeping with recommendations from the CDR, the following Drug Products have NOT been added to the *ADBL*:

 JINARC (tolvaptan/tolvaptan) (OTS) 45 mg/15 mg, 60 mg/30 mg & 90 mg/30 mg combination packs

A complete list of changes, as well as the full ADBL may be accessed at <u>https://www.ab.bluecross.ca/dbl/publications.html</u>. *Please refer to the current ADBL for explanations of coverage, including a listing of coverage criteria (where applicable).* ABC 81171 (07/2016)

Highlights of Interchangeable (IC) Drug Products Added

Addition of the following Expedited Entry IC Drug Products to the *ADBL* has resulted in the creation of New IC Groupings, effective July 1, 2016:

- DULOXETINE (duloxetine hydrochloride) (APX, AUR, JPC, MAR, MPI, PMS, RAN, SDZ, SIV, and TEV) 30 mg & 60 mg delayed-release capsules
- LUPIN-ESTRADIOL (estradiol-17ß) (LPC) 0.5 mg, 1 mg & 2 mg tablets

Special Authorization Criteria Changes

The Special Authorization criteria for coverage for the following Drug Product has been revised effective June 1, 2016:

• NEUPOGEN* (filgrastim) (AMG) 0.3 mg/mL injection