REP B 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)

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Brief Summary of Drug Review Activities

The Expert Committee on Drug Evaluation and Therapeutics met on July 20, 2017. The Committee reviewed Manufacturer submissions for twenty (20) 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 fifty-two (52) Drug Products.

In addition to Drug Products reviewed by the Expert Committee, sixteen (16) Drug Products underwent Expedited Review for listing on the *ADBL* effective August 1, 2017, and four (4) Drug Products underwent Expedited Review for listing on the *ADBL* effective September 1, 2017.

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 Product was reviewed by CDR and the Expert Committee and added to the *ADBL* as a Restricted Benefit, effective August 1, 2017:

• EYLEA* (aflibercept) (BAI) 2 mg/vial injection

The following Drug Products were reviewed by CDR and the Expert Committee and added to the *ADBL* via Special Authorization, effective September 1, 2017:

- BRENZYS* (etanercept) (SSB) 50 mg/mL auto-injector syringe and injection syringe
- ENTRESTO* (sacubitril/valsartan) (NOV) 24.3 mg/25.7 mg, 48.6 mg/51.4 mg & 97.2 mg/102.8 mg tablets

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 (09/2017)

Highlights of Drug Products Added

The following Non-Interchangeable Old Drug Products were reviewed by the Expert Committee and added to the *ADBL* effective September 1, 2017:

 M-ESLON IR (morphine sulfate) (ETP) 5 mg, 10 mg, 20 mg & 30 mg capsules

Highlights of Expedited 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 September 1, 2017:

- CASPOFUNGIN* (caspofungin) (MDA) 50 mg & 70 mg injections listed via Restricted Benefit/SA
- DEFERASIROX* (various brands: APX, TAR, TEV) 125 mg, 250 mg, & 500 mg dispersible tablets for oral suspension listed via Step Therapy/SA

Highlights of 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 September 1, 2017:

• MINT-INDOMETHACIN (indomethacin) (MPI) 25 mg & 50 mg capsules

Special Authorization Criteria Changes

The Special Authorization criteria for coverage for the following Drug Products have been revised effective September 1, 2017, for the indication of chronic renal failure:

- ARANESP* (darbepoetin) (AMG) 10 mcg /0.4 mL & 20 mcg /0.5 mL injection syringes, 100 mcg /mL, 200 mcg/ mL & 500 mcg/mL injections, 10 mcg/0.4 mL, 20 mcg /0.5 mL, 30 mcg /0.3 mL, 40 mcg/0.4 mL, 50 mcg /0.5 mL, 60 mcg/ 0.3 mL, 80 mcg/0.4 mL, 100 mcg/ 0.5 mL, 130 mcg/0.65 mL, 150 mcg/0.3 mL, 200 mcg/0.4 mL, 300 mcg/0.6 mL, 500 mcg/1.0 mL singleject prefilled injection syringes
- EPREX* (epoetin alfa) (JAI) 1,000 unit/0.5 mL, 2,000 unit/0.5 mL, 3,000 unit/0.3 mL, 4,000 unit/0.4 mL, 5,000 unit/0.5 mL, 6,000 unit/0.6 mL, 8,000 unit/0.8 mL, 10,000 unit/mL & 20,000 unit/0.5 mL injection syringes

Restricted Benefit Criteria Changes

The Restricted Benefit criteria for coverage for the following Drug Product has been revised effective August 1, 2017 due to the addition of Eylea:

• LUCENTIS* (ranibizumab) (NOV) 2.3 mg/vial injection

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 (09/2017)