



Health Newsflash

New Drugs and Indications Reviewed at the September 2005 DEC Meeting



The Drug Evaluation Committee (DEC) of ESI Canada conducts a monthly review of all new drugs receiving their Notices of Compliance from Health Canada, to ascertain their places in therapy and their possible impacts on the private payer sector. Pricing information is included when the drug is available for sale. However, availability of a drug does not immediately follow its approval by Health Canada. This issue is provided to our insurance customers as a value-added service. We hope you will find this Health Newsflash informative, timely, and useful.

Optimizing the Value of Drug and Dental Benefits

New Drugs:

Kivexa [*Kye-vecks-zah*] (600mg/300mg of abacavir/lamivudine) is comarketed by GlaxoSmithKline and Shire BioChem as a combination oral tablet with two HIV drugs, Ziagen (abacavir) and 3TC (lamivudine). Each drug is currently available separately or in combination with other HIV drugs. HIV therapy routinely requires multiple drugs and Kivexa will help reduce the number of tablets required for treatment. Kivexa costs approximately \$23 per day and is priced similarly to the individual drugs in the tablet, but only one dispensing fee is required at the pharmacy instead of two. It is expected this drug will have minimal impact to private plans.

Xyrem [*Zye-rem*] (500mg/ml sodium oxybate) is available from Orphan Medical Inc. as an oral solution. It is used to treat cataplexy (muscle weakness) in patients with narcolepsy (sudden attacks of cataplexy and sleep). Xyrem is given in two separate doses (up to 9 grams per day). About 0.5% of the population has narcolepsy, and approximately 70% experience cataplexy. Drugs approved in Canada for narcolepsy (e.g., stimulants) only treat the daytime sleepiness, while those used to treat cataplexy (e.g., antidepressants) have serious side effects.

Xyrem is a known drug of abuse, and there will be processes in place for its controlled distribution. It is expected to be marketed in the second quarter of 2006. Due to the limited number of patients using this drug, as well as the controlled distribution system, we anticipate that Xyrem will have minimal impact on private plans.

Bexxar [*Becks-zar*] (35mg/2.5ml, 225mg/16.1ml tositomomab) is available as an injection into the vein by GlaxoSmithKline for treating non-Hodgkin's lymphoma (NHL - cancer of the lymphoid tissues). The incidence of NHL is highest in US and Canada compared to other parts of the world, with an estimated 7,000 new cases occurring in Canada, annually. Bexxar is used when patients are refractory to chemotherapy, or who have gotten worse following Rituxan (rituximab) therapy. Bexxar contains a radioactive component (¹³¹I) and will be prescribed by authorized physicians and dispensed via nuclear pharmacies in the hospital setting. Bexxar has been placed on the ESI Hospital Drug Program and coded as "H" in the system; therefore it will have no impact on private plans using the Program.

Menostar [*Men-oh-star*] (0.99mg/patch estradiol hemihydrate) is available as a patch by Berlex Canada Inc. Menostar is an estrogen patch applied once weekly to treat postmenopausal osteoporosis. Several estrogen patches are currently available, and most are indicated for postmenopausal osteoporosis as well as postmenopausal symptoms. Currently available estrogen patches are applied twice per week, except for Climara which is applied once weekly. Pricing is currently unavailable, but since the use of estrogen for treating postmenopausal osteoporosis has declined, it is expected that Menostar will have minimal impact on private plans.

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New Indications:

For the drugs listed below, we anticipate that their new indications will have minimal impact on employer drug plans, unless otherwise stated.

Concerta [*Con-cert-tah*] (18, 27, 36, 54mg methylphenidate) is available as sustained release oral tablets by Janssen-Ortho Inc. It is now indicated for attention deficit disorder (ADD) in adolescents. It was previously approved for children only. Other drugs, such as Ritalin (methylphenidate and generics), can be used in any patient six years of age and older. Concerta, priced at \$2.09 to \$3.38 per day, continues to be more expensive than other drugs to treat ADD (e.g., methylphenidate at \$1.06-1.53 per day); however, we do not anticipate a significant increase in Concerta utilization with this new indication for adolescents.

Pegasys [*Peg-ah-sis*] (180mcg/ml, 180mcg/0.5ml peginterferon alfa-2a) is available as an injection under the skin by Hoffmann-La Roche Limited. In addition to its current indication for hepatitis B, it can now be used to treat hepatitis C as well. The dosing for hepatitis B is the same as for hepatitis C at 180mcg per week for 48 days. When used in hepatitis C, it has a better efficacy and slightly less side effects than regular interferon (i.e., Intron A). Pegasys is the first peginterferon that can be used for both hepatitis B and C, but costs approximately \$20,000 per course of treatment compared to Intron A at about \$5,700. As Intron A only incurred 0.07% of ESI Canada's drug costs between August 2004 and August 2005, the incremental cost increase for patients switching to Pegasys is expected to be minimal.

New Generics:

For the drugs listed below, we anticipate that the new generics will have minimal impact on employer drug plans, unless otherwise stated.

Generic Imitrex [*Im-meh-trecks*] (25, 50, 100mg sumatriptan) is now available as oral tablets from various generic manufacturers for treating migraine headaches. The costs for these first available generics are about 30% less than Imitrex, which is between \$14 to 16 per tablet. The triptan class for migraines was 1.7% of ESI Canada's drug costs between September 2004 and September 2005. Sumatriptan made up 35% of market-share in the class and has the highest utilization.

Generic Amaryl [*Am-mah-rill*] (1, 2, 3, 4 mg glimepiride) is available as oral tablets by Rhoxalpharma Inc. for treating diabetes. Glimepiride incurred 0.4% of ESI Canada's drug costs between September 2004 and September 2005. This drug class was 3.3% of the drug costs; therefore glimepiride's market-share consisted of only 12% of the costs for the class. Although the price is not known at the time of publication, we expect this generic to be priced about 30% lower than Amaryl.

Impact Statements

Minimal Impact

1. The estimated cost of the new drug is similar to existing drugs and the new drug is likely to become one of a number of existing drugs used for the medical condition (shifting of market share) or,
2. The estimated cost of the new drug is similar to existing drugs and the new drug has low utilization due to either its place in therapy, its relation to other drugs or the prevalence of the medical condition

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