

# Collaborative Prescribing Agreement

## Netupitant-palonosetron for Highly-Emetogenic Cancer Chemotherapy Induced Nausea and Vomiting

This COLLABORATIVE PRESCRIBING AGREEMENT (the "Agreement") is entered into by the Pharmaceutical Services Division (PSD), Ministry of Health, and the undersigned oncologist or BC Cancer -designated oncology specialist.

To obtain PharmaCare coverage on my patients' behalf for **netupitant-palonosetron (Akynzeo®)**,

I, \_\_\_\_\_, an oncologist or BC Cancer-designated oncology specialist,  
(Name of prescriber – please print)  
agree to prescribe according to the following Limited Coverage criteria:

**For the prevention of acute and delayed nausea and vomiting due to highly-emetogenic cancer chemotherapy in combination with dexamethasone, for up to a maximum number of standard, planned treatment cycles of highly-emetogenic cancer chemotherapy (usually 6 or fewer treatment cycles), as specified in the relevant BC Cancer chemotherapy protocol. Once-per-cycle treatment of highly-emetogenic cancer chemotherapy, administered orally on day 1 only as specified in the relevant BC Cancer chemotherapy protocol.**

*Notes:*

1. *Highly-emetogenic chemotherapy is defined by greater than 90% of patients experiencing emesis if not treated. Emetogenicity of chemotherapy is determined in accordance with the BC Cancer Drug Manual for single agent chemotherapy and with the BC Cancer chemotherapy protocols for combination chemotherapy (see individual protocols for assessment of emetogenicity and SCNAUSEA supportive care protocol rating). The SCNAUSEA supportive care protocol is available at: [www.bccancer.bc.ca/HPI/ChemotherapyProtocols/SupportiveCare/default.htm](http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/SupportiveCare/default.htm)*
2. *Coverage is not intended for the prevention of nausea and vomiting with cancer chemotherapy of high-moderate, low-moderate, low or rare emetogenicity. However, exceptional case coverage requests may be submitted to PharmaCare. Exceptional case submissions are required for all patients who do not meet the above Limited Coverage criteria, from all physicians (including those with specialist exemption).*

**Terms of the Agreement:**

- PSD reserves the right to: Implement and modify Collaborative Prescribing Agreements for PharmaCare coverage; require renewals of such Agreements; and, as necessary, conduct quality assurance checks of such processes. For quality assurance purposes, the physician with a valid exemption agrees to receive feedback on his/ her prescribing of netupitant-palonosetron, such as depersonalized, aggregate prescribing data.
- Patients who meet the Limited Coverage criteria and whose prescription is written by a physician who has entered into a Collaborative Prescribing Agreement will receive automatic coverage for their subsequent claim.
- PharmaCare coverage is subject to the patient's PharmaCare plan rules, including any annual deductible.
- PharmaCare coverage is not retroactive. Special Authority approval or a current valid Agreement must be in place before a patient fills a prescription.
- For any patient who does not meet the Limited Coverage criteria, a physician with a valid exemption is required to do one of the following:
  - a) Write the following instruction to pharmacists on the prescription "Submit as zero cost to PharmaCare," indicating that these prescriptions are not to be covered by PharmaCare; or
  - b) Apply for exceptional PharmaCare coverage by submitting a Special Authority request with full documentation (via fax to 1-800-609-4884).
- A physician's exemption may be discontinued if the exempted physician prescribes netupitant-palonosetron in a manner inconsistent with the terms of this Agreement or the physician is no longer affiliated with the BCC.

\_\_\_\_\_  
Name of oncology-focused prescriber (please print)

\_\_\_\_\_  
CPSBC ID Number or BCCNP ID

\_\_\_\_\_  
Signature of oncology-focused prescriber

\_\_\_\_\_  
Medical Services Plan Billing Number

\_\_\_\_\_  
Date submitted

\_\_\_\_\_  
Fax # (to which confirmation of exemption should be sent)

**FAX COMPLETED AGREEMENT TO HEALTH INSURANCE BC at 1 250 405-3599.**

A copy of this agreement will be kept on file at the Ministry of Health

PSD Use Only:

Effective date: \_\_\_\_\_

**DBR Operational Information:**

Approval period: <u>Indefinite</u> Approved on behalf of PSD: _____ Confirmation sent: (Date) _____	ID reference number for CPSBC/BCCNP ID = <b>91/96</b> Category and subcategory code = <b>9901-0329</b> Assumed SA = <b>No</b>
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