

Drug Coverage Decision for B.C. PharmaCare

About PharmaCare B.C. PharmaCare is a government-funded drug plan. It helps British Columbians with the cost of eligible prescription drugs and specific medical supplies.

Details of Drug Reviewed

Drug	dulaglutide
Brand Name	Trulicity [®]
Dosage Form(s) Manufacturer	0.75 mg/0.5 mL and 1.5 mg/0.5 mL solution for injection Eli Lilly Canada Inc.
Submission	New Submission
Туре	
Use Reviewed	Type 2 Diabetes
Common Drug Review (CDR)	Yes, CDR recommended: to Reimburse with clinical criteria and/or conditions . Visit the CDR website for more details: https://www.cadth.ca/sites/default/files/cdr/complete/SR0462 complete Trulicity June 21 16 e.pdf
Provincial Review	The Drug Benefit Council (DBC) now screens drug submissions under review by the CDR to determine whether or not a full DBC review is necessary, based on past DBC reviews, recommendations, and existing PharmaCare coverage. If a full DBC review is determined to not be required, the Ministry's drug coverage decision will be based on the Canadian Drug Expert Committee (CDEC) recommendation and an internal review only. The DBC screened Trulicity® on March 7, 2016. The DBC advised that because dulaglutide is similar to some of the other drugs used for the treatment of type 2 diabetes, the Ministry may accept the CDEC's recommendation for dulagltuide.
Drug Coverage Decision	Non-Benefit
Date	March 13, 2020
Reason(s)	 Drug coverage decision is consistent with the CDEC recommendations. CDEC recommended that dulaglutide be reimbursed with the condition that the drug plan cost should not exceed the least costly drugs reimbursed in combination with metformin or with metformin and a sulfonylurea. Dulaglutide with metformin was similar to liraglutide (Victoza®) or has demonstrated some advantage over sitagliptin (Januvia®) with respect to the improvement in glycated haemoglobin (A1c) levels. Dulaglutide was similar to the comparators with respect to safety and quality of life. Dulaglutide with metformin and sulfonylurea at 0.75 mg dose was similar to insulin glargine (Lantus®) but has demonstrated some advantage at the higher 1.5 mg dose over insulin glargine with respect to the improvement in A1c levels. There were more patients who experienced hypoglycemia while taking insulin glargine. Based on economic considerations and the submitted product price, dulaglutide was not cost effective, and dulaglutide is more costly than dipeptidyl peptidase 4 (DPP-4) inhibitor or sodium-glucose co-transporter-2 (SGLT2) inhibitor drugs, including empagliflozin (Jardiance®), saxagliptin

	 (Onglyza®) or linagliptin (Trajenta®). The Ministry participated in the pan-Canadian Pharmaceutical Alliance negotiations with the manufacturer. The manufacturers and pCPA jurisdictions have engaged in negotiations but an agreement was not reached.
Other	None
Information	

The Drug Review Process in B.C.

A manufacturer submits a request to the Ministry of Health (Ministry).

An independent group called the <u>Drug Benefit Council (DBC)</u> gives advice to the Ministry. The DBC looks at:

- whether the drug is safe and effective
- advice from a national group called the Common Drug Review (CDR)
- what the drug costs and whether it is a good value for the people of B.C.
- ethical considerations involved with covering or not covering the drug
- input from physicians, patients, caregivers, patient groups and drug submission sponsors

The Ministry makes PharmaCare coverage decisions by taking into account:

- the existing PharmaCare policies, programs and resources
- the evidence-informed advice of the DBC
- the drugs already covered by PharmaCare that are used to treat similar medical conditions
- the overall cost of covering the drug

Visit The Drug Review Process in B.C. - Overview and Ministry of Health - PharmaCare for more information.

This document is intended for information only.

It does not take the place of advice from a physician or other qualified health care provider.