

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	netupitant-palonosetron (NEPA)
Brand Name	Akynzeo™
Dosage Form(s)	300 mg/0.5 mg capsule
Manufacturer	Purdue Pharma (Canada)
Submission Type	New submission
Use Reviewed	For the prevention of chemotherapy-induced nausea and vomiting (CINV) in adult patients
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/SR0548_cdr_complete_Akynzeo_June_22_18.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 Akynzeo™ on February 19, 2018. The DBC advised that because NEPA is similar to some of the other drugs used for the prevention of CINV, the Ministry may accept the CDEC's recommendation for NEPA.
Drug Coverage Decision	Limited Coverage Benefit. Access the netupitant-palonosetron criteria from www.gov.bc.ca/pharmacarespecialauthority
Date	November 26, 2019
Reason(s)	Consistent with the recommendation from CDEC:

	<ul style="list-style-type: none"> • NEPA was similar to a combination of aprepitant and granisetron, and demonstrated advantage over palonosetron alone with respect to efficacy, safety and quality of life in patients receiving highly emetogenic chemotherapy (HEC). • However, the advantages or similarity of NEPA over combination of aprepitant and palonosetron with respect to efficacy and safety in patients receiving moderately emetogenic chemotherapy (MEC) is uncertain. • Based on economic considerations and the submitted product price, NEPA was not cost-effective for patients receiving MEC, but for patients receiving HEC, there was uncertainty in NEPA's cost-effectiveness. • The Ministry participated in the pan-Canadian Pharmaceutical Alliance negotiations with the manufacturer which were able to address the concerns identified by the CDEC with respect to the uncertainty in the cost-effectiveness and value for money for the prevention of CINV associated with HEC. • Effective November 26, 2019, PharmaCare will provide a Limited Coverage benefit for the prevention of CINV-associated with HEC in adult patients.
Other Information	None

The Drug Review Process in B.C.

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

An independent group called the [Drug Benefit Council \(DBC\)](#) 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 [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.