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

<table>
<thead>
<tr>
<th><strong>Drug</strong></th>
<th>ticagrelor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brand Name</strong></td>
<td>Brilinta®</td>
</tr>
<tr>
<td><strong>Dosage Form</strong></td>
<td>60 mg oral tablet</td>
</tr>
<tr>
<td><strong>Manufacturer</strong></td>
<td>AstraZeneca Canada Inc.</td>
</tr>
<tr>
<td><strong>Submission Type</strong></td>
<td>New Indication</td>
</tr>
<tr>
<td><strong>Use Reviewed</strong></td>
<td>For use in combination with low-dose acetylsalicylic acid (ASA) for the secondary prevention of atherothrombotic events in patients with a history of myocardial infarction (MI occurring at least one year ago) and a high-risk of developing an atherothrombotic event</td>
</tr>
<tr>
<td><strong>Common Drug Review (CDR)</strong></td>
<td>Yes, CDR recommended: <strong>to Reimburse with clinical criteria and/or conditions</strong>. Visit the CDR website for more details: <a href="https://www.cadth.ca/about-cadth/what-we-do/products-services/cdr/reports">https://www.cadth.ca/about-cadth/what-we-do/products-services/cdr/reports</a></td>
</tr>
</tbody>
</table>

Drug Benefit Council (DBC)  
DBC met on September 12, 2016. DBC considered various inputs including: the final reviews completed by the CDR on August 25, 2016, which included clinical and pharmacoeconomic evidence review material and the recommendations from the Canadian Drug Expert Committee (CDEC). The DBC received no Patient Input Questionnaire responses from patients, caregivers, or Patient Groups, while the CDR received patient input from one Patient Group. The DBC also considered a Clinical Practice Review from one specialist, and a Budget Impact Assessment.

Drug Coverage Decision  
**Non-Benefit**

Date  
September 5, 2017

Reasons

**Drug coverage decision is consistent with the DBC recommendation.**

- When compared to placebo, the drug demonstrated a small reduction in the risk of major cardiovascular events; however, the benefit of the drug appeared to be offset by a similar increase in the risk of major bleeding events.

- Based on economic considerations and the submitted product price, the drug was not cost effective and did not offer optimal value for money.

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.