The first PCSK9 Inhibitor approved in Canada: Is your drug plan ready?

Reformulary is! On September 10, 2015, Health Canada approved a drug called REPATHA™ (evolocumab) for certain patients with high cholesterol. REPTATHA is the first in a class of drugs called PCSK9 Inhibitors, to reach the market in Canada, and is expected to lower LDL cholesterol levels for patients with heterozygous familial hypercholesterolemia (HeFH) or with clinical atherosclerotic cardiovascular disease (ASCVD).

**REPATHA is under review by our Expert Committee**

REPATHA is already in our review process. This means that a member of our Reformulary Expert Committee is preparing a detailed drug review of evidence related to the clinical effectiveness and cost-effectiveness. The Committee meets on a monthly basis to provide an objective evaluation of all new drug reviews, and makes a recommendation to the Reformulary Group with respect to placement on the Reformulary (preferred drug (tier 1); non-preferred drug (tiers 2 & 3); or Special Authorization).

**Coverage for REPATHA**

While REPATHA is undergoing our evidence-based review, any requests for coverage will be held until a coverage decision is made. Once the decision is made, requests are adjudicated. This means plan members will receive coverage based on placement of the drug on the Reformulary.

**Reformulary Expert Committee**

Our Reformulary Expert Committee is a group of 10 independent practicing physicians and pharmacists from a broad range of medical specialties, from across Canada. The members of our Expert Committee are selected based on their recognized expertise in their specialty, involvement in clinical practice, and experience conducting comparative drug evaluations. Committee members are not employed by Reformulary Group, and have no financial interest in the company.

**Facts about PCSK9 Inhibitors**

**50X Higher**

The price of REPATHA is almost 50 times higher than the annual cost of generic statins that are currently used to treat the majority of patients.¹

**1 in 500**

HeFH is estimated to affect about 1 in 500 Canadians.²

**$100 Billion**

In the U.S., it is believed that the PCSK9 inhibitors may become the costliest therapy class EVER — estimated to grow to $100 billion each year if not managed properly.³

**Check out the members of the Expert Committee**

**Drug plan costs may increase by 37%+ — if not powered by Reformulary**

Our analysis of potential cost impact for plan sponsors (using pharma manufacturer-supplied data) shows plan sponsors with open formularies could face a 37% increase in total annual drug spend. The good news is that plan sponsors on the Reformulary may only face 1.7% increase.
The Reformulary

A single, evidence-based formulary, the Reformulary has a preferred list of drugs for virtually all therapeutic conditions that provide the best healthcare value, at either no or little co-payment by members. The Reformulary also includes lists of non-preferred drugs that have no added clinical benefit and/or cost more, and require the member to pay a larger portion of the drug cost. There are always preferred alternatives to the non-preferred drugs.

1. Based on manufacturer-submitted Budget Impact Analysis, and annual average cost of statin therapy among Reformulary members.
