AGREEMENT #1 CONCERNING THE COMMUNITY PHARMACY ACCESS PROGRAM FOR CERTAIN COVID-19 PHARMACEUTICAL TREATMENTS

BETWEEN

The MINISTER OF HEALTH AND SOCIAL SERVICES, for and on behalf of the Government of Québec, whose business offices are located at 1075, chemin Sainte-Foy, Édifice Catherine-De Longpré, Québec (Québec), G1S 2M1, represented by Ms. Dominique Savoie, Deputy Minister;

hereinafter, the "Minister"

AND

The RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC, a legal person established under the Québec Health Insurance Act (CQLR, chapter R-5), having its headquarters at 1125, Grande Allée Ouest, Québec (Québec), G1S 1E7, represented by Marco Thibault, president and chief executive officer, duly authorized for the purposes hereof;

hereinafter the "Board"

WHEREAS, under Order in Council 318-2022 dated 16 March 2022, the Government of Québec entrusted the Board with the Community Pharmacy Access Program for Certain COVID-19 Pharmaceutical Treatments;

WHEREAS, under section 4 of that program, the Minister and the Board may agree upon, by agreement, to modify the conditions listed in Schedule A and the list of pharmaceutical treatments in Schedule B, in particular to reflect the arrival on the Canadian market of new COVID-19 drug therapies and the recommendations made by the Institut national d'excellence en santé et en services sociaux.

WHEREAS, on 14 April 2022, Health Canada authorized a new COVID-19 pharmaceutical therapy;

WHEREAS, on 28 April 2022, the Institut national d'excellence en santé et en services sociaux has recommended to the Minister of Health and Social Services that this new pharmaceutical therapy be covered under certain conditions;

CONSEQUENTLY, THE PARTIES AGREE TO THE FOLLOWING:

1. Schedule A of the Community Pharmacy Access Program for Certain COVID-19 Pharmaceutical Treatments is amended by adding, at the end, the following:

   "Evusheld[MC] (Tixagevimab and Cilgavimab)

   For pre-exposure prophylaxis of COVID-19 in:

   (a) a person aged 18 years and over with severe immunosuppression, regardless of vaccination status, if the last dose of COVID-19 vaccine, if applicable, was 14 days or more ago;

Severely immunocompromised includes persons with the following conditions:

- solid-organ transplant with immunosuppressive treatments;
- anti-B cell therapies (monoclonal antibodies targeting CD19, CD20, CD22, CD30 and BAFF, e.g., ocrelizumab, rituximab, ofatumumab, alemtuzumab, obinutuzumab, blinatumomab, daratumumab, basiliximab, brentuximab, belimumab, anti-thymocyte globulins);
- chimeric antigen receptor (CAR) T-cell therapy or hematopoietic stem cell transplant until complete immune reconstitution;
- primary immunodeficiency on intravenous (IVIG) or subcutaneous (SCIG) non-specific human immunoglobulin replacement therapy (e.g., common variable immunodeficiency, combined immunodeficiency). For other immune deficiencies, refer to the treating immunologist;
- active treatment for solid tumour or hematological cancer, deemed immunosuppressive by the treating physician (some targeted biologic therapies are not considered immunosuppressive);
- untreated stage 3 or advanced human immunodeficiency virus infection or person with acquired immunodeficiency syndrome (CD4 T cells count less than 200);
- taking an alkylating agent for the treatment of rheumatological disease (e.g., cyclophosphamide);
- treatment with a high dose systemic corticosteroid (i.e., at least 20 mg/day of prednisone, or equivalent) and for at least three weeks.

(b) a person aged 18 years and over with at least one condition at high risk of COVID-19 complications and either unvaccinated or incompletely vaccinated due to medical contraindication (e.g., allergy and failed desensitisation [or desensitisation contraindicated for medical reasons], history of myocarditis related to the mRNA vaccine), and no alternative available.

High risk of COVID-19 complications means:

- a person aged 60 years and over;
  or
- a person aged 18 years and over with at least one of the following comorbidities:

  - hemoglobinopathy;
  - chronic renal failure;
  - chronic hepatic failure;
  - obesity (increased risk with BMI ≥ 35);
  - diabetes;
  - documented high blood pressure;
  - atherosclerotic cardiovascular disease;
  - NYHA functional class II to IV heart failure;
  - chronic pulmonary disease (e.g., COPD, moderate to severe asthma);

(c) a pregnant woman with at least one condition at high risk of COVID-19 complications (conditions described in [a] and [b]), after discussion with an experienced medical specialist or colleagues;

(d) a youth weighing 40 kg or more with at least one condition at high risk of COVID-19 complications (conditions described in [a] and [b]), after discussion with an experienced medical specialist or colleagues."

2. Schedule B of that program is amended by adding, at the end, the following:

"

Evusheld[MC] (tixagevimab and cilgavimab)	**One package containing 150 mg of tixagevimab (100 mg/ml) and 150 mg of cilgavimab (100 mg/ml)**	$1,000	1 unit per service**
	Supplies necessary for the administration of Evusheld[MC]*	$0.75	

**Only when the treatment is administered in a pharmacy*
***Only 1 service per person for the duration of the program*

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3. This agreement comes into effect on 9 May 2022.

IN WITNESS WHEREOF, the parties have signed this agreement, in duplicate, at the location and on the dates indicated below.

FOR THE MINISTER OF HEALTH AND SOCIAL SERVICES:

At Québec,

on May 3, 2022

SIGNED ORIGINAL

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Dominique Savoie
Deputy Minister

FOR THE RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC :

At Québec,

on May 3, 2022

SIGNED ORIGINAL

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Marco Thibault
President and Chief Executive Officer