TIME TO REVIEW AND PUBLIC REIMBURSEMENT OF INNOVATIVE MEDICINES IN CANADA

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INNOVATIVE MEDICINES CANADA

OBJECTIVE

Understand time taken through different process steps in the drug review and public reimbursement process, and identify opportunities to reduce timelines for access by Canadian patients.

BACKGROUND

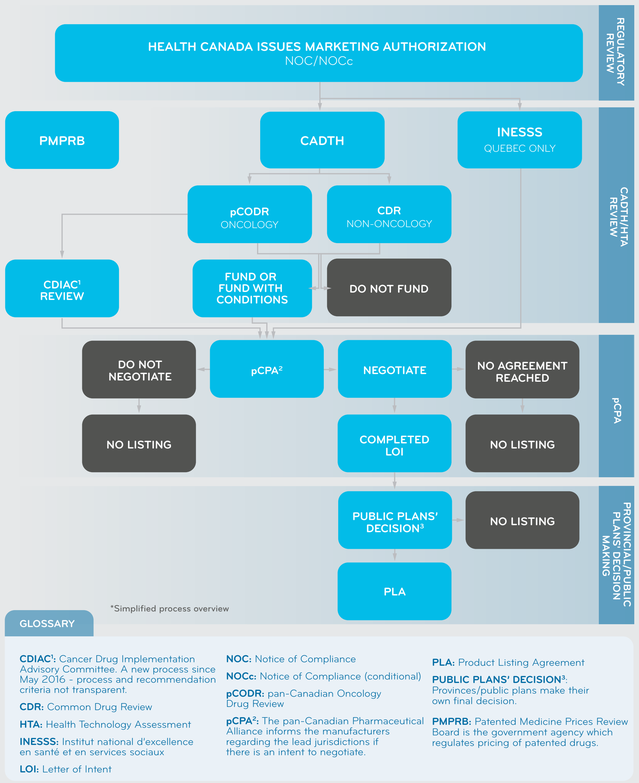
Canadians who rely on public drug plans wait longer and can access considerably fewer new innovative medicines, and wait times to access are increasing.

METHODS

This is a retrospective study looking at new medicines and indications approved by Health Canada and reviewed by CADTH (CDR and pCODR) from 2012 to the end of 2016. This analysis investigated timelines of individual review segments through the reimbursement system, from Health Canada approval until public drug plans' listing decisions (except Quebec).

RESULTS

Canadian Drug Review and Public Reimbursement Process - An Overview*

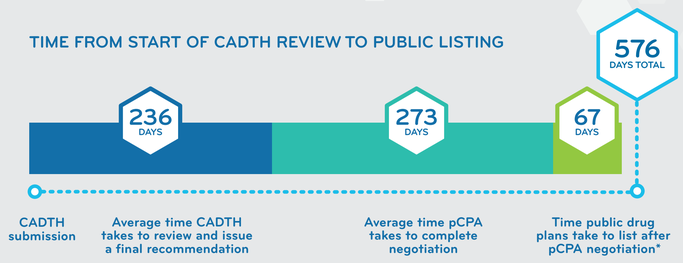


There are many agencies with respective roles, and each of their decision-making processes are independent, largely sequential, and non-binding on the public drug plans. Some new processes such as CDIAC are non-transparent.

CONCLUSIONS

The sequential review process of reimbursement decision-making is creating new hurdles and delays for patients to access new medicines. There are opportunities to streamline the process such as optimizing and making better use of parallel review process opportunities from end to end perspective.

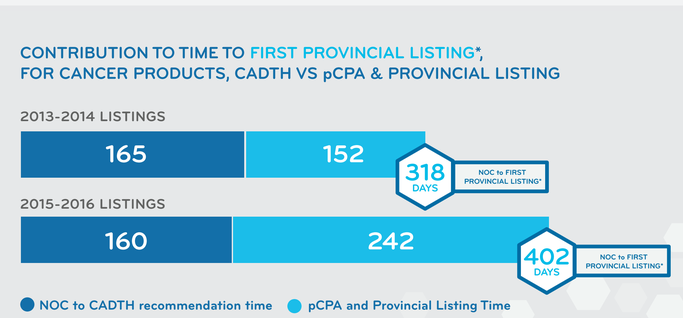
1 Time spent in the sequential review process causes delays



CADTH-reviewed products 2012-2015, pCPA and Public Listings to Dec 2016 (includes all products that went through each individual process, but excludes pCPA completed negotiations published on Jan 31, 2014 which are artificial dates). * Excludes Quebec.

In general, individual agency reviews are conducted sequentially (except for some pre-NOC HTA reviews). Since reimbursement decisions wait until all sequential process steps have been completed, patient access is considerably delayed.

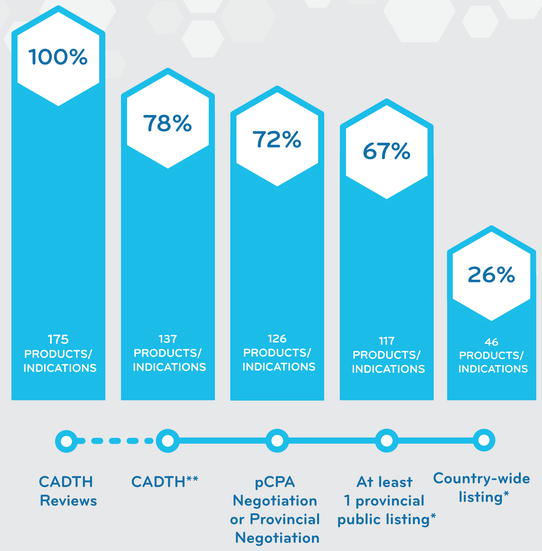
3 Increasing downstream timelines for cancer therapies



pCODR-reviewed products 2012-2016, excluding resubmissions, with listing in at least one provincial drug plan by December 2016 (excluding Quebec). * Excludes Quebec.

Total time to first provincial listing, which represents the best-case scenario, has increased significantly. Although time from regulatory approval to pCODR recommendation has improved for cancer products (potentially due to more pre-NOC HTA submissions), this has been more than offset by the increase in downstream timelines.

2 74% of all medicines reviewed by CADTH do not make it to all publicly covered Canadian patients

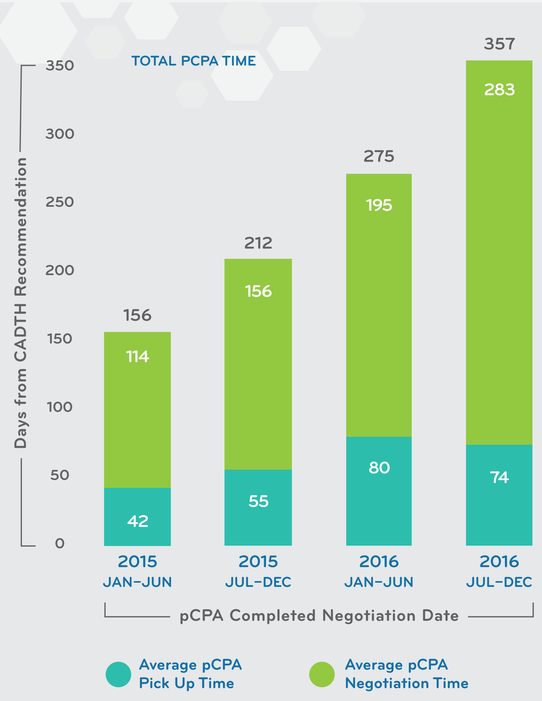


Due to the sequential, independent process, each review segment filters out a portion of new medicines.

As a result, at worst, 74% of new therapies did not reach patients on a country-wide basis during the time-horizon studied (excluding Quebec).

CADTH-reviewed products 2012-2015, pCPA and Public Listings to Dec 2016. Country-Wide Listing calculated as 80% of beneficiaries covered by public plans (excluding Quebec). * Excludes Quebec, ** Positive and Conditional Recommendations.

4 pCPA Negotiations Timelines



While CADTH timelines and public drug plan decision timelines have decreased (in some provinces), negotiation durations have seen the most increase. Reasons could be multi-factorial.

Time from CADTH recommendation to start of pCPA negotiation, and to completed pCPA negotiation, pCPA Negotiations completed between Jan-June 2015 and July-Dec 2016.

SOURCE

Analysis by Innovative Medicines Canada. Data collected by IQVIA via Health Canada NOC Database, CADTH website, pCPA website, and IQVIA's iMAM® and FAME database (sourced from provincial drug plan websites).

REFERENCES

Millson, B., Thiele, S., Zhang, Y., Dobson-Belaire, W., and Skinner, B. (2016). "Access to New Medicines in Public Drug Plans: Annual Report 2016". (Ottawa, Ontario).
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