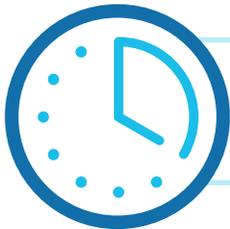


Canada's drug review and public reimbursement process is sequential and every step adds to the timeline.

We can do better for patients.



Wait times to reimburse life-saving medications are getting longer.

74% of all medicines that are reviewed by CADTH do not make it to country-wide public listings.

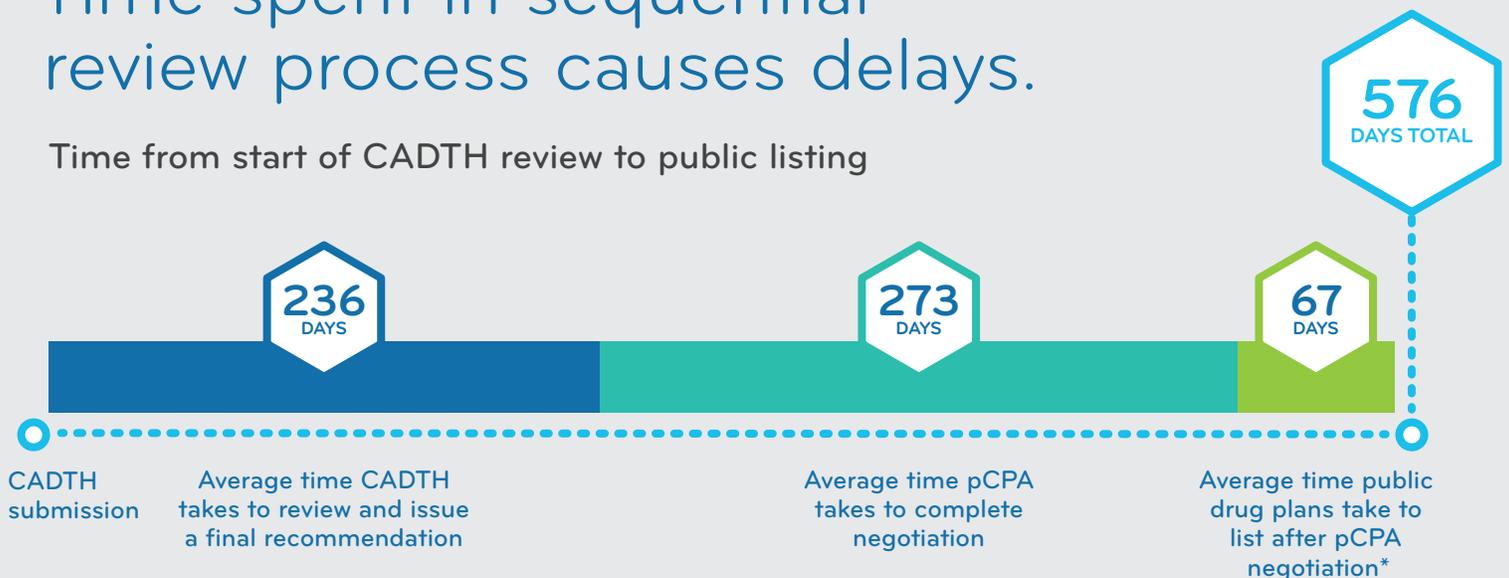


Let's work together to improve timelines for Canadian patients' access to new medicines.

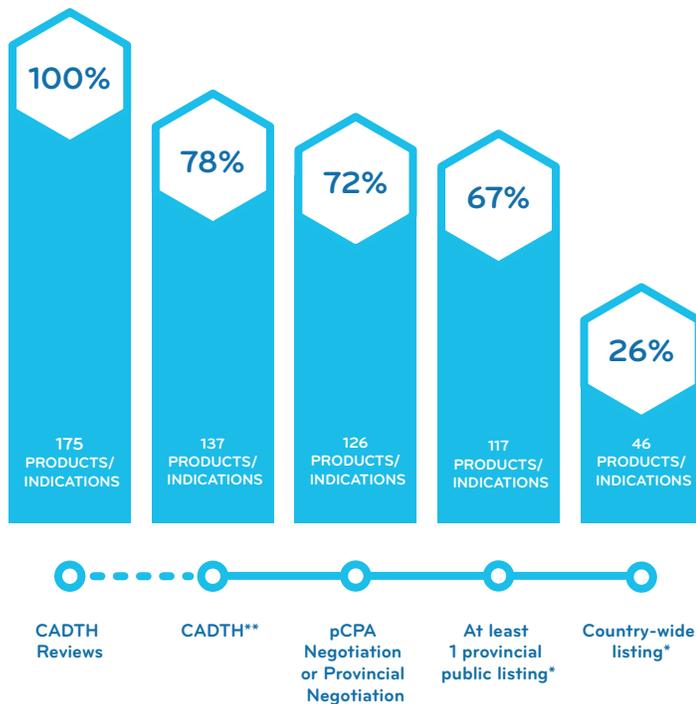
- The sequential process of reviews causes delays.
- Opportunities for parallel reviews exist and should be explored across the entire continuum.

Time spent in sequential review process causes delays.

Time from start of CADTH review to public listing



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



pCPA Negotiations Timelines



Time to first provincial listing is increasing.

CONTRIBUTION TO TIME TO FIRST PROVINCIAL LISTING*, CADTH vs pCPA & PROVINCIAL LISTING

2013-2014 LISTINGS



2015-2016 LISTINGS



- NOC to CADTH RECOMMENDATION TIME
- pCPA and PROVINCIAL LISTING TIME



CADTH drug recommendations, 2012-2016. pCPA-negotiated products, 2015-2016 (n=70). pCPA completed a total of 129 negotiations by December 2016 (of which 80 were closed between 2015-2016). Country-wide Listing defined as at least 80% of beneficiaries covered by public plans excluding Quebec. Time calculations exclude resubmissions. *Excludes Quebec (Quebec does not participate in the CADTH process). ** Positive or conditional recommendations, CADTH reviews cut off at 2015 to allow sufficient time to go through additional processes. 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).