Canadian Drug Review and Public Reimbursement Process - An Overview

RESULTS

Canada is comparable to its international peers when it comes to the number of launches

Between 2011-2016, Canadian jurisdictions covered as little as one third of new medicines than the median of 20 comparable OECD countries. In the best-case scenario, Canada covered 70% of available medicines. But country-wide, this figure fell to 39%. For orphan medicines (used to treat patients with rare diseases) the gap was even larger. This is in contrast to 95%-100% of available medicines which are covered in the OECD20 median.

New medicines take nearly twice as long to be approved in Canada’s public drug plans

The lag time between when a new medicine is approved for use in Canada to when it is covered under a public drug plan was nearly twice as long as the median of 20 comparable OECD countries, reaching 534 days compared to 313 days in the best-case scenario. For orphan medicines (used to treat rare diseases), the lag was twice as long in the best-case scenario, reaching 553 days compared to 276 days. Note that this is the best-case, meaning that more time would be spent to reach public reimbursement on a country-wide basis.

Canadian public plans cover fewer new medicines than other countries, particularly orphan medicines

Canada does relatively well compared to its international peers, with a comparable number of new medicine launches relative to the OECD20 Median (121 vs 119). These medicines generally become available shortly after market authorization to the 23 million Canadians who are covered by a private plan and those who pay out of pocket for their medicines.

CONCLUSION

Public reimbursement timelines are longer than most OECD countries due to Canada’s drug review and public reimbursement process being multi-layered and sequential. Moreover, timelines continue to increase. This has significant implications for Canadian patients who are waiting to access the latest treatments that could potentially save or significantly improve their quality of life, including medicines to treat high-unmet needs such as rare diseases and oncology medicines.

To shorten these wait times, Canada needs to take a holistic view and build on the strengths of individual processes to reduce system inefficiencies. By streamlining public reimbursement processes through more parallel review opportunities and establishing performance standards, we can create more predictable timelines through the entire drug review process.

REFERENCES


2. *Canada (Best-case) = Public reimbursement in at least one provincial reimbursement list covering at least 20% of the Canadian publicly-covered population.

3. *Canada (Country-wide) = Public reimbursement in all provincial reimbursement lists together covering at least 80% of the Canadian publicly-covered population.

4. *Canada (Best-case) = Public reimbursement in at least one provincial reimbursement list covering at least 20% of the Canadian publicly-covered population.