PATIENT ACCESS TO NEW MEDICINES IN CANADA: AN INTERNATIONAL COMPARISON OF LAUNCH AND PUBLIC REIMBURSEMENT PERFORMANCE

AUTHOR: Sarah Lussier Hoskyn

INNOVATIVE MEDICINES CANADA

OBJECTIVE

To compare the speed and likelihood of achieving public reimbursement in Canada relative to its international peers.

BACKGROUND

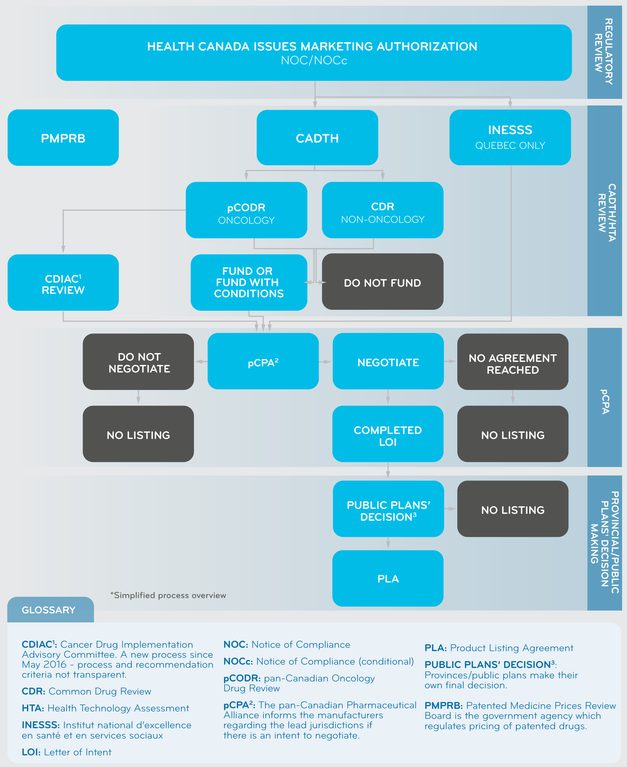
Previous studies have indicated that Canada's sequential and multi-layered drug review and public reimbursement decision process contributes to Canada's long reimbursement timelines[1], and specifically the pCPA process is adding to the existing delay[2].

METHODS

Using aggregated, summarized data from the IQVIA MIDAS database spanning 2011-2016, this analysis compares the number of novel, new medicines and the timelines to launch and reach public reimbursement in 20 selected OECD countries (OECD20) with comparable economic standing and health systems. Sub-analyses include differentiating by type of product, including oncology and orphan medicines (using the EMA definition).

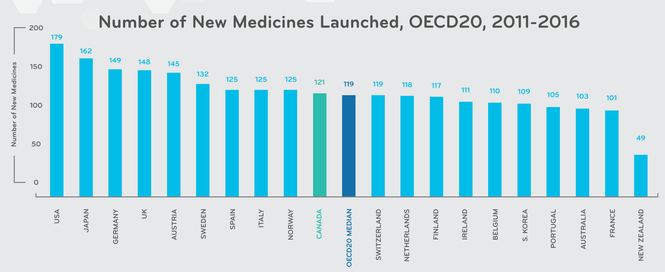
RESULTS

Canadian Drug Review and Public Reimbursement Process - An Overview*



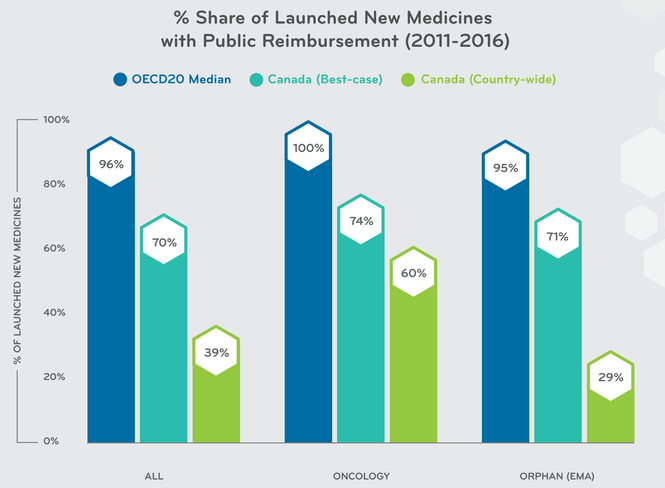
Medicines take longer to be covered in Canada compared to other countries due to its sequential and multi-layered drug review and public reimbursement process. Generally speaking, once Health Canada has approved the product, individual agency reviews are conducted consecutively instead of concurrently or before market authorization, as it does in many other OECD countries. Because public drug plan decisions are not made until after all sequential steps have been completed, patient access is considerably delayed and compromised. Of late, pCPA timelines have increased significantly, further increasing the delay.[2]

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



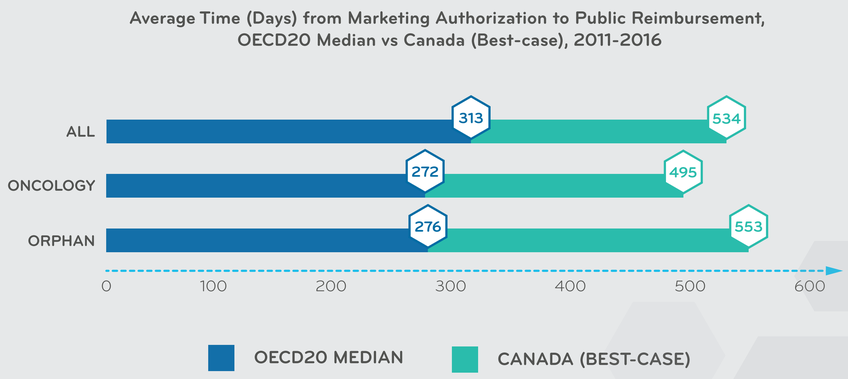
Canada does relatively well compared to its international peers, with a comparable number of new medicine launches relative to the OECD20 Median (121 vs 119). These medicines generally become available shortly after market authorization to the 23 million Canadians who are covered by a private plan and those who pay out of pocket for their medicines.[1]

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



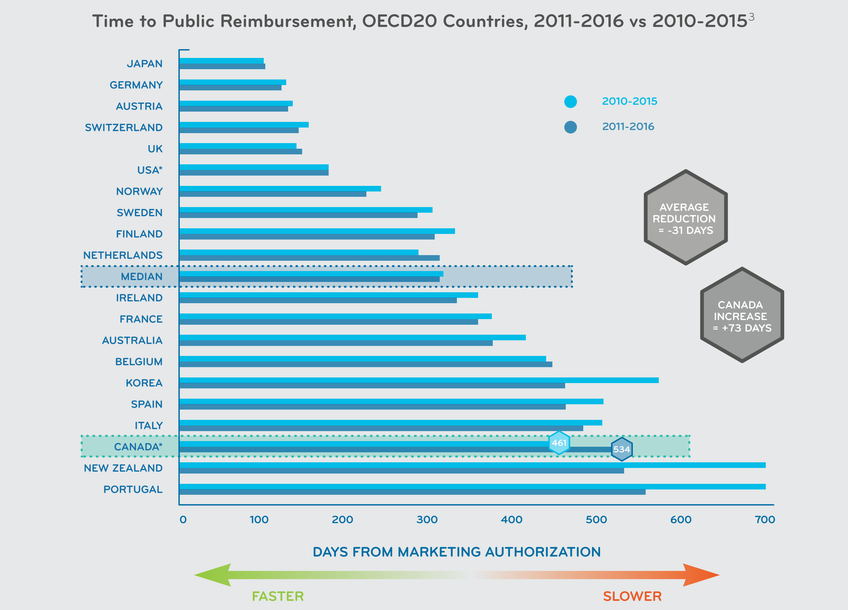
Between 2011-2016, Canadian jurisdictions covered as little as one third of new medicines than the median of 20 comparable OECD countries. In the best-case scenario*, Canada covered 70% of available medicines. But country-wide**, this figure fell to 39%. For orphan medicines (used to treat patients with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

3 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.

4 Canada's public reimbursement has worsened compared to its international peers



Whereas most OECD20 countries saw similar or reduced timelines to public reimbursement, Canada is the only country whose public reimbursement timelines saw a significant increase between 2010-2015[3] and 2011-2016 (73 days). Moreover, while OECD20 countries all reimbursed more medicines in 2011-2016 compared to 2010-2015[3] (average 22 more medicines), Canada's public plans did not see any increase.

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.

SOURCE

IQVIA MIDAS | New Medicines = medicines containing new chemicals not already on the market, with market authorization betw. 2011-2015 and launch and public reimbursement betw. 2011-2016 in each respective country. | Orphan = EMA designated | OECD20 = Australia, Austria, Belgium, Canada, Finland, France, Germany, Ireland, Italy, Japan, Netherlands, NZ, Norway, Portugal, S. Korea, Spain, Sweden, Switzerland, UK, US | OECD20 Median = The middle number of new medicines or days (average) to reach public reimbursement out of OECD20, excluding Canada. For each measure the OECD20 Median could represent a different country. | Time to reimbursement = number of days from marketing authorization to appearance in a public reimbursement list in each respective country | Launch = first sale appearance in MIDAS database. There may be additional medicines with sales that are not captured, particularly if the sales are small.
*Canada (Best-case) = Public reimbursement in at least one provincial reimbursement list covering at least 20% of the Canadian publicly-covered population.
**Canada (Country-wide) = Public reimbursement in a number of provincial reimbursement lists together covering at least 80% of the Canadian publicly-covered population.

REFERENCES

1 Salek S, Lussier Hoskyn S, Johns J, Allen N and Sehgal C (2019). Factors Influencing Delays in Patient Access to New Medicines in Canada: A Retrospective Study of Reimbursement Processes in Public Drug Plans. Front. Pharmacol. 10:196.
2 Salek S, Lussier Hoskyn S, Johns J, Allen N and Sehgal C (2019). Pan-Canadian Pharmaceutical Alliance (pCPA): Timelines Analysis and Policy Implications. Front. Pharmacol. 9:1578.
3 Brad Millson, Sherri Thiele, Yvonne Zhang, Wendy Dobson-Belaire, Brett Skinner. ACCESS TO NEW MEDICINES IN PUBLIC DRUG PLANS: Canada and Comparable Countries. 2016 Annual Report. Innovative Medicines Canada, 2017.