

CANADIAN PUBLIC INSURANCE PLANS AND DELAYS IN PATIENT ACCESS TO INNOVATIVE MEDICINES



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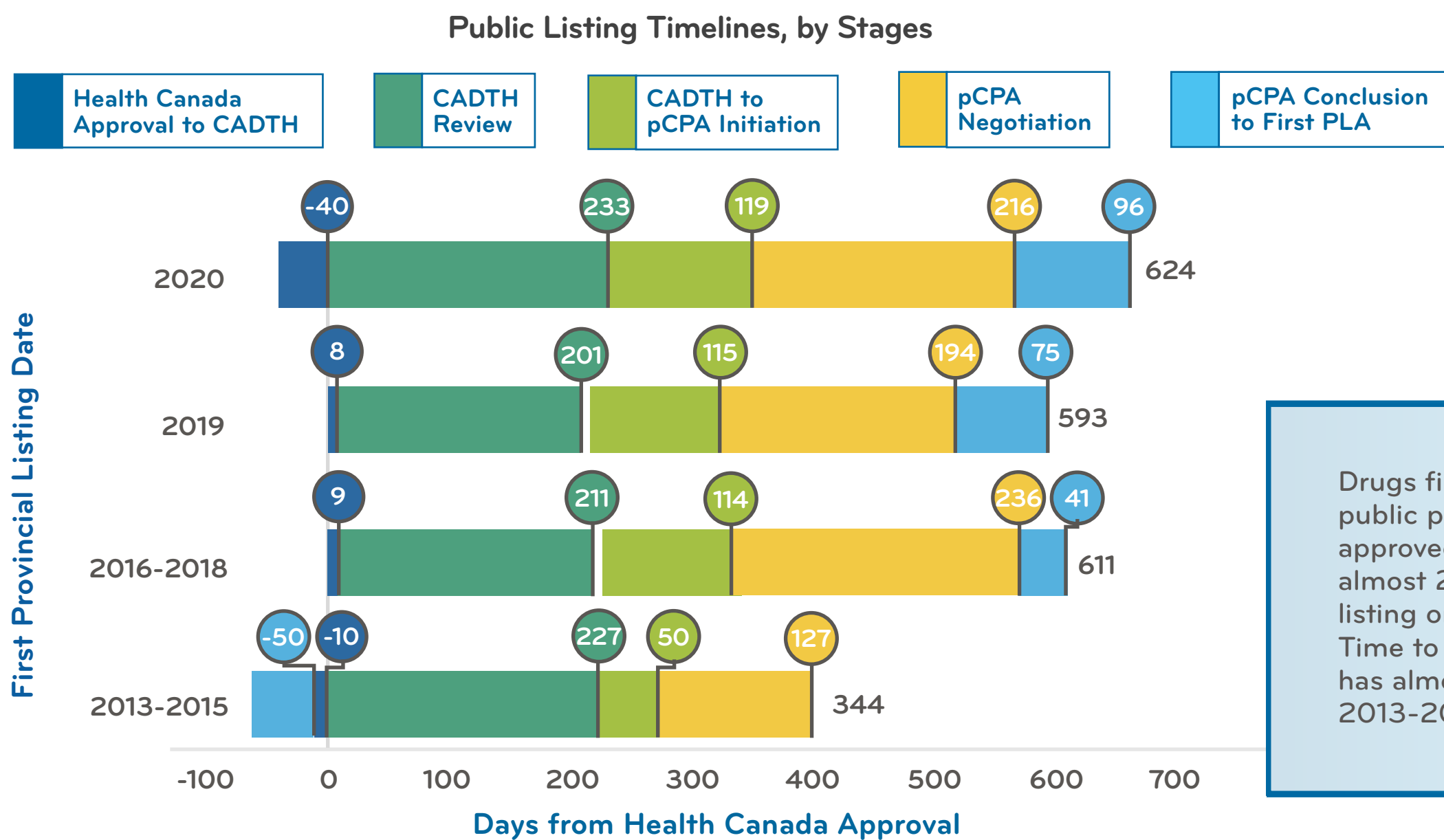
CONTEXT

Canadians relying on public insurance plans face significant delays in accessing new medicines, largely due to Canada's sequential approval and listing process. These delays have been getting longer over the past 10 years.

METHODOLOGY

This analysis combined data on drug approvals from Health Canada, reimbursement reviews by the Canadian Agency for Drugs and Technologies in Health (CADTH), the pan-Canadian Pharmaceutical Alliance (pCPA) negotiations website, and provincial drug plan product listing agreement (PLA) dates to estimate public drug review timelines by successive stages. This analysis excludes CADTH resubmissions, Health Technology Assessments (HTA) initiated by drug plans, and files with subsequent pCPA attempts after an initial pCPA submission.

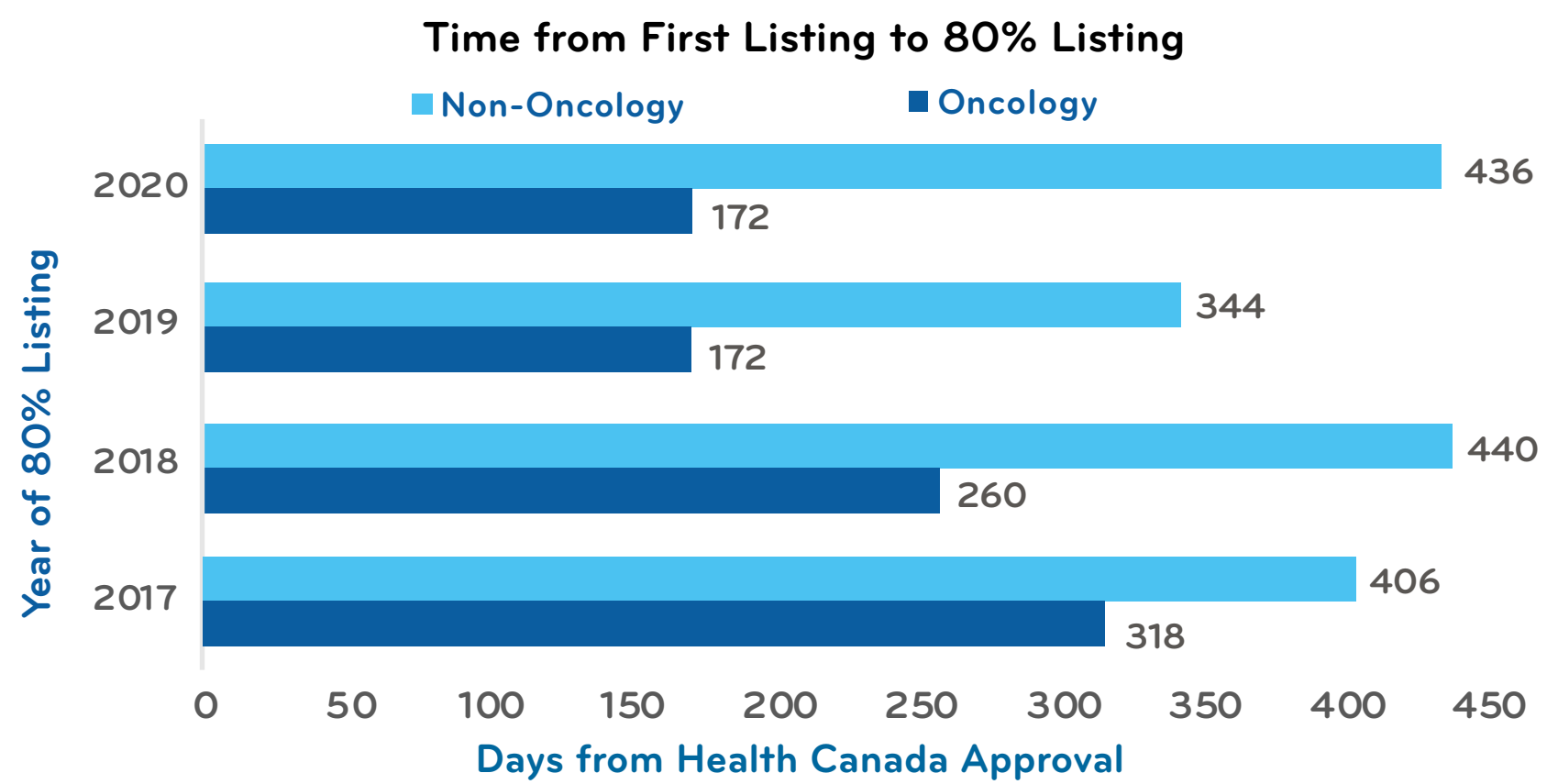
1 OVERALL PUBLIC LISTING TIMELINE



Drugs first listed on Canadian public plans in 2020 were approved by Health Canada almost 21 months before first listing on a provincial formulary. Time to a first provincial PLA has almost doubled since the 2013-2015 period.

Notes: Excludes Québec listings.

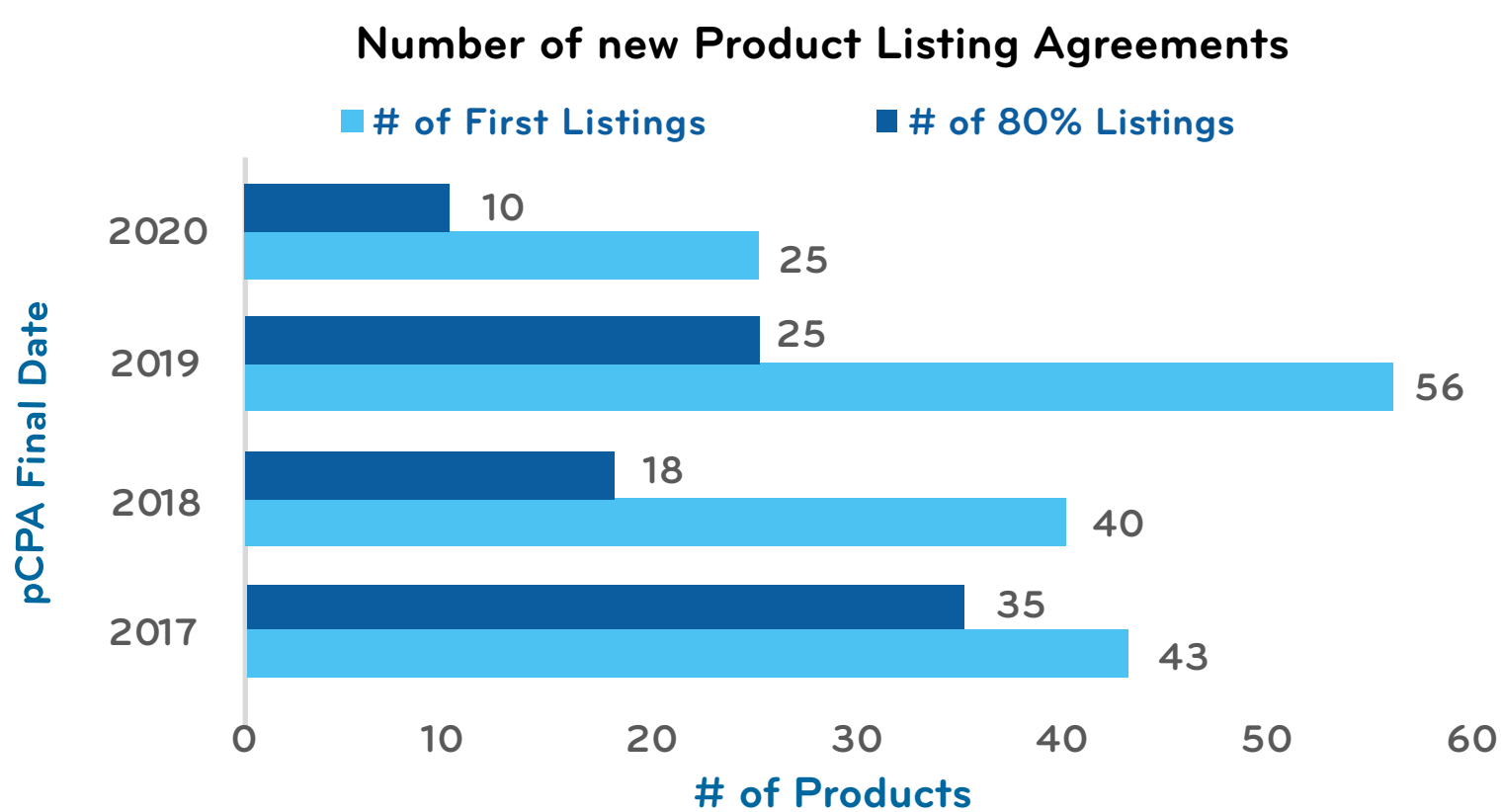
2 ONCOLOGY LISTING TIMELINE



There are also considerable delays before drugs become available to public plan beneficiaries across Canada after the first PLA. In 2020, oncology drugs experienced shorter delays with an average of 6 months to reach 80% listings. In this year, non-oncology drugs took more than 12 months to reach 80% of public plan beneficiaries after their first provincial PLA.

Notes: Provincial listing covering 80% of public plan beneficiaries provided as a key metric due to the decentralized nature of decision making in the Canadian system.

3 NUMBER OF ANNUAL LISTINGS



In 2020, the number of products first listed dropped sharply to 25 (from 56 products in 2019). Additionally, while 83% of products negotiated by the pCPA in 2017 reached 80% listing, only 45% of drugs negotiated in 2019 did so, and only 40% of products negotiated in 2020. The lower number of completed PLAs in 2020 coincides with the COVID-19 pandemic and these delays should be urgently addressed as Canada emerges from the health crisis.

Notes: Provincial listing covering 80% of public plan beneficiaries is provided as a key metric due to the decentralized nature of decision making in the Canadian system.

RECOMMENDATIONS

The data with respect to delays for Canadian public drug listings highlight the need for a review and streamlining of the current multiple and sequential Canadian regulatory and listing processes. There may be opportunities to increase the number of aligned reviews where HTA begins earlier in the process in parallel with Health Canada's regulatory review. However, some of these efficiencies under aligned reviews have been negatively offset due to a more than doubling of the time to initiate a pCPA negotiation and to implement a completed negotiation. These challenges pre-date the pandemic and should be addressed through administrative improvements to achieve more timely access for Canadian patients.