



**WRITTEN SUBMISSION**  
**Ontario Government 2022 Pre-Budget Consultation**

**January 24, 2022**



## INTRODUCTION

Innovative Medicines Canada (IMC) is the national voice of Canada's pharmaceutical industry representing 48 research-based companies. With an economic impact of \$15 B in Canada (\$8.5B in Ontario) and \$2B spent in R&D, the sector supports nearly 100,000 high value jobs with 58,000 of those jobs in Ontario.

Canadians can be proud of how our industry has taken up the fight against COVID-19 and the evolving challenges the variants of this virus present.

The sector is fully committed to collaborating with the federal and provincial government to build a thriving life sciences sector, one which will protect patients' access to the newest most innovative medicines, which will attract investment to Canada, foster innovation and contribute to domestic manufacturing capacity.

To better position Ontario to compete and attract investments, IMC recommends the following:

## GROWING THE SECTOR

### Establish a Life Sciences Strategy Working Group

- IMC applauds the government's 2020 announcement to develop a Life Sciences Strategy.
- IMC recommends establishing a working group with the ministries of Finance, Health and Economic Development, Trade & Job Creation alongside industry leaders to develop and implement the strategy. It is also critical that the Ontario Drugs and Devices Division and Public Health are included in these discussions since they determine the uptake and appropriate utilization of new medicines and vaccines.

### Continue to advocate for federal reconsideration of the PMPRB pricing reforms:

- Despite grave concerns expressed by patients, the life sciences community, the innovative pharmaceutical sector and provincial governments, the federal government has not repealed but once again temporarily delayed the implementation of the PMPRB amendments. These amendments are to come into effect July 1, 2022.
- IMC asks that Ontario continue to play a leadership role within Canada, and work with other provinces and the federal government to ensure the pricing reforms do not jeopardize patient access to new medicines and Ontario's competitiveness as a global destination for clinical trials, research and development and manufacturing.

## IMPROVING PATIENT ACCESS

### Support "30-day listings"

- Ontario represents the largest volume of Canadian patients subject to the terms of pan-Canadian Pharmaceutical Alliance (pCPA) negotiations. Patient access begins once a Product Listing Agreement (PLA) with the Drugs and Devices Division to formally list a new treatment is completed.
- Ontario patients are waiting an average of 144 days for oncology drugs and 113 days for non-oncology drugs after a completed pCPA negotiation (which takes approximately 335 days). Alberta

has a goal of listing within 5 days after a completed pCPA negotiation, while Quebec has a goal of listing within 30 days after a completed pCPA negotiation.

- IMC is pleased that the Drugs and Devices Division is willing to work with industry to ensure drugs are available to Ontarians 30 days after a pCPA negotiation is completed and looks forward to working collaboratively to achieve this objective that will yield important patient health benefits.

### **Support an “Accelerated Patient Access” (APA) pilot program with the pCPA**

- Canada ranks 18th out of 20 OECD countries from first global authorization to public reimbursement under the best-case scenario. Compared to the first global authorization (in the OECD 20), Canada takes an average of 248 days to reach approval<sup>1</sup>, 119 days to launch and another 559 days to reach its first public reimbursement
- If Ontario can contribute to reducing Canada’s total time to list, this achievement will create a more attractive destination for research investment, clinical trials and biomanufacturing.
- IMC requests that the government support an APA Pilot with the pCPA, so that once a drug identified as a priority by government has received a positive recommendation from the Canadian Agency for Drugs and Technologies in Health (CADTH), Ontario would reimburse the drug on a conditional basis while the pCPA negotiation is underway.

### **Provide programmatic operational funding for diagnostic testing**

- The government’s 2021 announcements to fund a number of cancer tests were welcome news for clinicians and patients since the next generation of cancer therapies will require significant enhancements in the province’s genetic testing capabilities, with 42% of all drugs currently in development being potential personalized medicines.
- The Ministry of Health should consider providing funding to establish a single-entry program for the prioritization and implementation of an advanced genetic (metabolic, cell-based, and molecular) testing program for all eligible Ontario patients.

### **Fair Funding for Take-Home Cancer Drugs (THCD)**

- Access to cancer treatment in hospital is seamless versus oral or THCD treatment.
- Ontario is one of a few provinces that does not have a program to fund THCD for patients.
- An analysis<sup>2</sup> of the cost to cover these patients indicates that to close the gap between the insured and uninsured will cost around \$42.5 million.
- IMC requests Ontario fund take-home cancer drugs to ensure that all cancer patients, regardless of age or private insurance status, have equal access to the treatments they require whether they are in hospital or outside of the hospital setting.

## **CONCLUSION**

As the province develops its budget for 2022, we urge the government to continue to support the innovative pharmaceutical sector given its importance to the health of Ontario’s citizens and its contribution to the economic growth of the province.

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<sup>1</sup> Innovative Medicines Canada preliminary analysis of IQVIA pan-Canadian time to list database commissioned for IMC. Data for 2017-2018 listings in Ontario.

<sup>2</sup> [Paying for Take Home Cancer Drugs in Ontario](#) by CanCertainty and Athena Research, November 23, 2017.



# BRINGING RESEARCH TO LIFE

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