pCPA/CDR/pCODR Changes and Impact to Market Access in Canada

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Introduction

Canada's public market access landscape has seen major changes in recent years; the formal establishment of the pan-Canadian Pharmaceutical Alliance office, a queue and resulting establishment of review fees for national health technology assessments (HTA), and Quebec's entry into pan-Canadian pharmaceutical negotiations. With such large number of simultaneous changes in the public reimbursement process, an updated study is needed to fully measure the consequences on public access to new medicines.

Objective

There is limited research measuring the impact of recent changes on public access to medicines in Canada. This study looks at tracking the impact of these changes using several access metrics, including provincial reimbursement rates (RR) and time to listing (TTL) to understand how they are impacting public access to new medicines in Canada.

Methods

Data Source

IMS Brogan iMAM™ Database was used to gather provincial listing data for all drugs selected in this study. Publicly accessible sources including Common Drug Review (CDR), the pan-Canadian Oncology Drug Review (pCODR) and the pan-Canadian Pharmaceutical Alliance (pCPA) were used to determine submission dates, recommendation dates, recommendation decisions and negotiation outcomes.

Drug reimbursement rates (RR) were calculated for each province and nationally as the proportion of HTA review drug-indication combinations that were reimbursed. Time to listing (TTL) was calculated as the time from Health Canada Notice of Compliance (NOC) date to the date of public formulary listing for each province.

This analysis studied all HTA recommendations up to December 2015 (n=408). Sample size was n=347 for CDR reviews, n=61 for pCODR reviews:

- Calculated and compared times from NOC to HTA recommendations by type of submission

HTA Recommendations Analysis

- CDR/pCODR recommendations were categorized as:
  - Negative (Do not list, Do not fund)
  - Negative Conditional on Price (Do not list at the submitted price)
  - Positive Conditional on Price (Fund conditional on cost)
  - Positive with Conditions (List with clinical criteria and/or conditions, List like other drugs in class)
  - Positive without (w/o) Conditions (List, Fund)
- Identified and compared the trend of HTA decisions by category between 2005 and 2015

pCPA and Impact to Public Reimbursement Analysis

- All pCPA considered outcomes were tracked; n=138 for all pCPA decisions, and n=90 for completed pCPA negotiations
- pCPA negotiation time was estimated from HTA recommendation date to negotiation decision release date through the pCPA website. Decisions made prior to pCPA releasing date were based on "Pan Canadian Drugs Negotiations Report" released by IBM in March 2014
- Time to listing (TTL) and provincial reimbursement rates (RR) were compared pre and post pCPA
- As the first negotiations were selectively picked by pCPA as a pilot, all recommendations made during this pilot phase (Sept 2010 to Aug 2012) were analyzed separately

Conclusion & Recommendations

These findings revealed that, in the most recent year of 2015, HTA review productivity has increased, with decreasing review times vs. 2014 and a much greater throughput. In addition, the pre-NOC review option has made a major impact in reducing the time to HTA decision and accelerating access to new medicines for public plan patients.

Although the pCPA has added a step in the public reimbursement pathway in Canada, it has actually resulted in a net reduction in time to listing. This reduction was mostly due to reductions in historically "slow" provinces, suggesting that these provinces have benefited most from the collaborative negotiation. However, successful pCPA negotiations have not resulted in increased listing across provinces, as was publicly anticipated, and a successful negotiation is no guarantee of listing across provinces in Canada. Furthermore, the disparity in reimbursement across provinces for any particular product continues to exist.

Limitations & Future Directions

- The HTA, pCPA and provincial listing information is based on publicly accessible information:
  - Provincial listing outside of formulary (e.g., exceptional access programs) was not assessed
  - pCPA negotiations actual start and completion dates are not disclosed
  - The time spent in pCPA negotiations is impacted by both the pCPA and the drug manufacturer. Results may vary.

The full impact of reimbursement changes takes significant time to be fully realized. While this study indicates some improvements in certain market access metrics, further time and study is required before the impacts are fully understood. In addition, this study has not looked at the patient-level impact of these changes. Further study is required on the types of products attaining reimbursement, and how that might be impacting patient care in Canada.

Results

HTA Trend Analysis

Figure 1. **Average HTA Review Times and Volumes by Year**

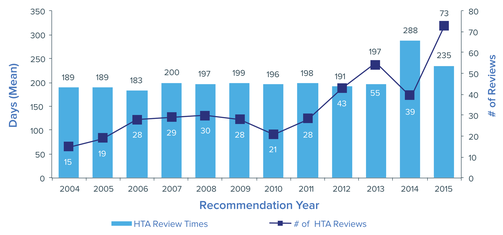
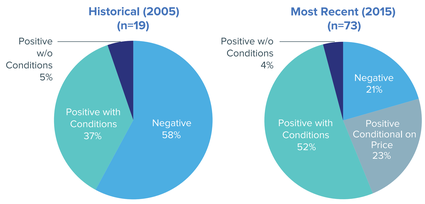


Figure 2. **HTA Decisions by Category**



- HTA review times increased by 90 days on average in 2014. Since implementation of review fees, review times have begun to decline but remained 35 days above historic averages in 2015. 2015 set a record high for number of HTA reviews at 73
- An increasing proportion of HTA reviews resulted in conditional recommendations, 75% in 2015 vs. 37% 2005.

pCPA and Impact to Public Reimbursement Analysis

Figure 3. **Average Time from HTA Recommendations to pCPA Outcomes**

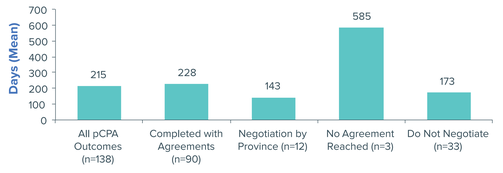


Figure 4. **Time to Listing from NOC Pre-pCPA vs. pCPA**

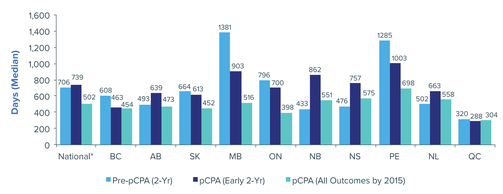
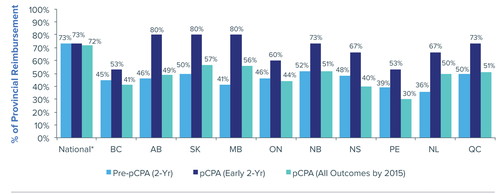


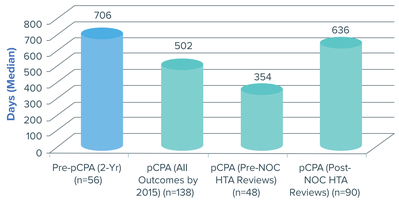
Figure 5. **Provincial Reimbursement Rate Pre-pCPA vs. pCPA**



# of Listed Drug/Indications (n)	National*	BC	AB	SK	MB	ON	NB	NS	PE	NL	QC
Pre-pCPA (2-Yr)	41	25	26	28	23	26	29	27	22	20	28
pCPA (Early 2-Yr)	11	8	12	12	12	9	11	10	8	10	11
pCPA (All Outcomes by 2015)	99	57	68	78	77	61	71	55	42	69	70

*National does not include Québec; national reimbursement rate represented for % of drug indications received at least one provincial reimbursement listing

Figure 6. **Time to Listing from NOC — Pre-pCPA vs. pCPA**



- On average, it took 7~8 months (228 days) from HTA decisions to a pCPA Letter of Intent (LOI) signed
- The median national TTL decreased significantly from 706 days to 502 days ($p<0.0001$) since the initiation of the PCPA. The magnitude of this change was greatest in provinces with historically high TTL, with MB dropping from 1381 to 516 days ($p<0.0001$). QC, not a member of the pCPA during the time of this study had the lowest TTL, which did not change over the timeframe of the study.
- The RR did not change significantly before vs. after pCPA (73% vs. 72%) ($p=0.1381$), suggesting that pCPA negotiated products have not led to a meaningful difference in likelihood of provincial reimbursement

[1] The Council of the Federation. Pan-Canadian Pricing Alliance. Retrieved from http://www.pmprovincesterritoires.ca/en/initiatives/358-pan-canadian-pricing-alliance
IBM Report "Pan Canadian Drugs Negotiations Report". Retrieved from http://www.pmprovincesterritoires.ca/phocadownload/pcpa/pan_canadian_drugs_negotiations_report_march22_2014.pdf

[2] CADTH Common Drug Review (CDR) Reports. Retrieved from https://www.cadth.ca/node/88649
CADTH pan-Canadian Oncology Drug Review. Retrieved from https://www.cadth.ca/about-cadth/what-we-do/products-and-services/pcodr/transparency/find-a-review

[3] IMS Brogan iMAM® service offering

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