

IMPACT OF THE PAN-CANADIAN PRICING ALLIANCE INITIATIVE ON TIME TO LISTING IN CANADA

AN ANALYSIS OF PHARMACEUTICAL COVERAGE

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BACKGROUND AND OBJECTIVE

In addition to Canada's Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR), a Pan-Canadian Pricing Alliance (PCPA) initiative was created to conduct joint federal/provincial/territorial pricing negotiations for brand name drug products prior to provincial formulary listing. While this new process was announced in August 2010, its impact on access to medicines in Canada has yet to be measured. This study assesses PCPA's impact on time to listing for new drugs by looking at provincial listing data in the period surrounding the implementation of PCPA. One of the PCPA's stated objectives is to increase listing consistency across Canada; therefore, additional analysis was conducted to determine whether PCPA has improved listing coverage consistency across the country¹.

APPROACH

SELECTION CRITERIA

Using IMS Brogan's iMAM[®] dataset and publicly accessible CDR and PCPA data, the following selection criteria were applied to identify new drugs/indications for analysis²:

- All non-oncology drugs with a CDR recommendation during 2008-2013 (n=177)
 - Each drug/indication combination was analyzed as an independent data point
- Time-to-listing analysis:** (2008-2012) All drugs listed within 18 months of their CDR recommendation date, in at least one province (n=83), were included
- Coverage consistency analysis:** (2008-2013) All drugs that received a CDR recommendation between 2008 and 2013 were included and followed through March 2014 (n=91)

METHODS

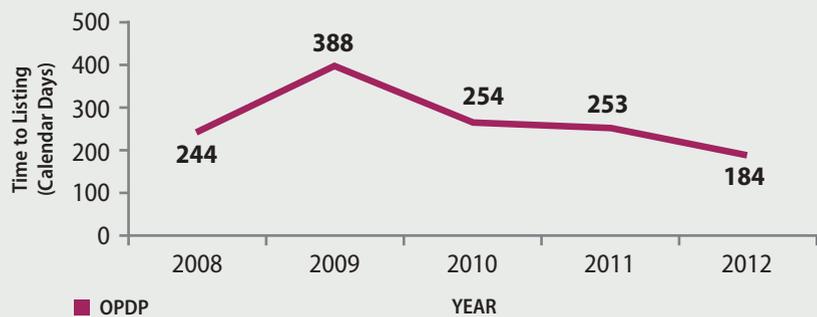
Time-to-listing analysis:

- Calculated time between CDR recommendation date and formulary listing, measured in calendar days
- Current analysis only examined listings in Ontario Public Drug Programs (OPDP)

Coverage consistency analysis:

- Tracked all drugs following their CDR recommendation
- Compared annually the number of provinces in which new drugs were listed
- All provincial drug plans were included in the analysis with the exception of Régie de l'assurance maladie du Québec (RAMQ), which does not participate in the CDR process

FIGURE 1. Average Time to Listing in OPDP 2008-2012



RESULTS

Findings revealed that although PCPA is an added layer to the public drug listing process in the Canadian health care system, time to listing has not been impacted.

- The results indicate that there is no statistically significant difference in the mean days to listing over the five-year period 2008-2012 ($p=0.294$, based on ANOVA test)
- Cox Proportional Hazard Model (CPHM) also indicates that there is no statistically significant difference between or among the years 2008 to 2012 when assessing the likelihood of a product being listed sooner

With regard to the provincial coverage trends analysis, the results do not indicate that coverage changed across provinces ($p>0.975$, based on Chi-square Contingency test).

FIGURE 2. Listing Consistency: Uptake Over Time



	2008	2009	2010	2011	2012	2013
# OF DRUGS	21	12	15	21	18	4

*2013 is only directional in nature due to limited observation window

CONCLUSION

The analysis of new drug listing trends in the 2008-2012 period found no indication that time to listing significantly changed because of the implementation of PCPA. In principle, it appears that PCPA does not delay the listing process. In addition, our findings suggest that so far, the PCPA process does not notably impact listing coverage consistency across Canadian provinces.

REFERENCES:

- The Council of the Federation. (2014). Pan-Canadian Pricing Alliance. Retrieved from <http://www.conseildelafederation.ca/en/initiatives/358-pan-canadian-pricing-alliance>
- IMS Brogan iMAM[®] service offering

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