

# **The Role of Economic Analysis in Funding Decisions for Health Care Interventions in Canada**

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# Outline of Presentation

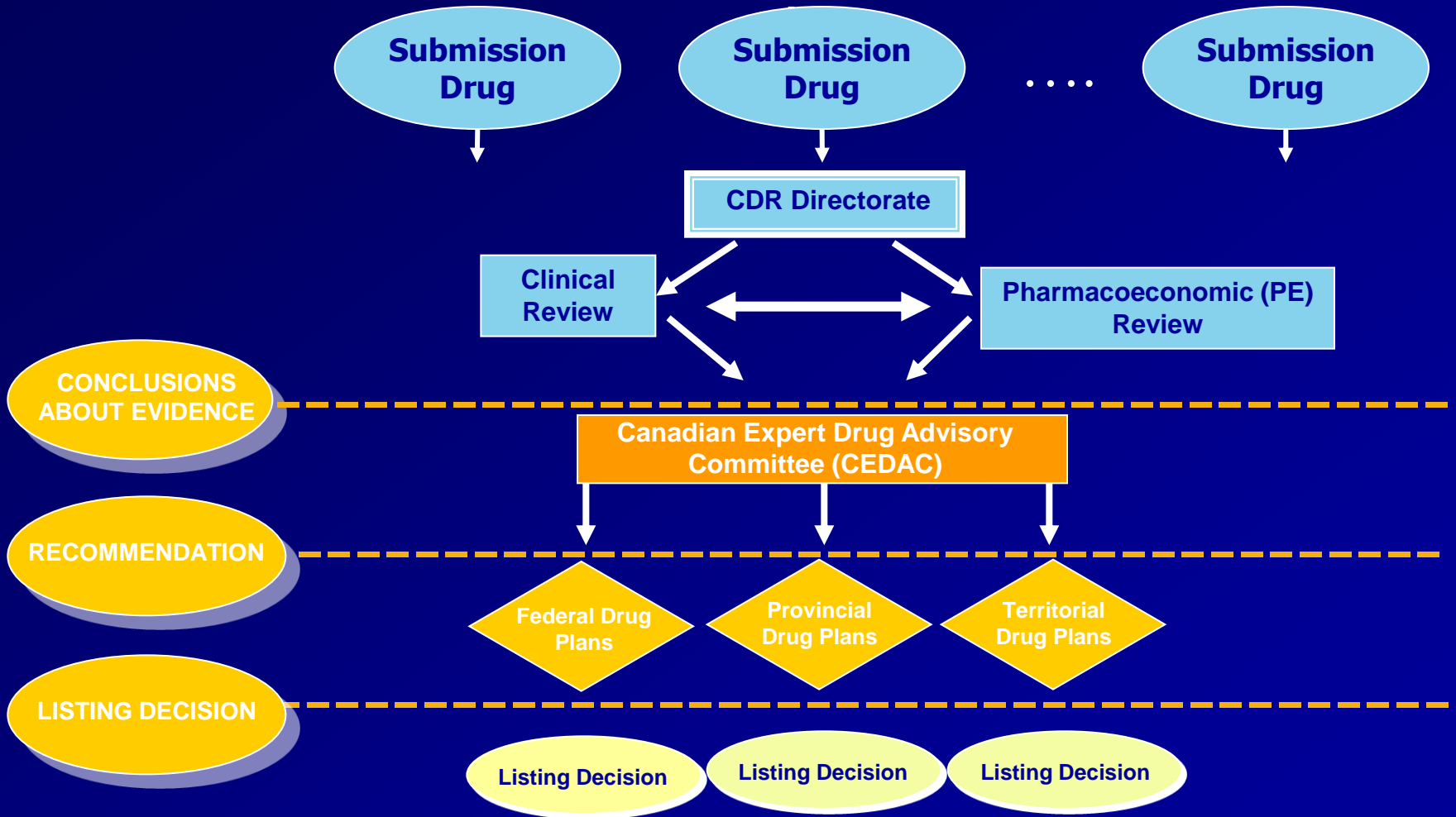
- *Use of economic evaluation in pharmaceutical decision making at a federal level*
- *Use of economic evaluation in pharmaceutical decision making at a provincial level*
- *Other use of economic evaluation in decision making in Canada*

**■ *Use of economic evaluation in pharmaceutical decision making at a federal level***

# Common Drug Review

- *Common Drug Review (CDR) is based within Canadian Agency for Drugs and Technologies in Health (CADTH)*
- *A single common process for assessing new drugs for potential coverage by drug benefit plans in Canada (except Quebec)*
- *Includes:*
  - Review of best available clinical evidence and critique of manufacturer-submitted pharmacoeconomic evaluation
  - Listing recommendation from a national expert committee (CEDAC – Canadian Expert Drug Advisory Committee)

# CDR



# CDR - Objectives

- Reduce duplication of efforts by drug plans
- Maximize the use of limited resources and expertise
- Provide equal access to the same high level of evidence and expert advice for all participating plans
- Provide a consistent and rigorous approach to drug reviews and an evidence-based listing recommendation.

# The Submission

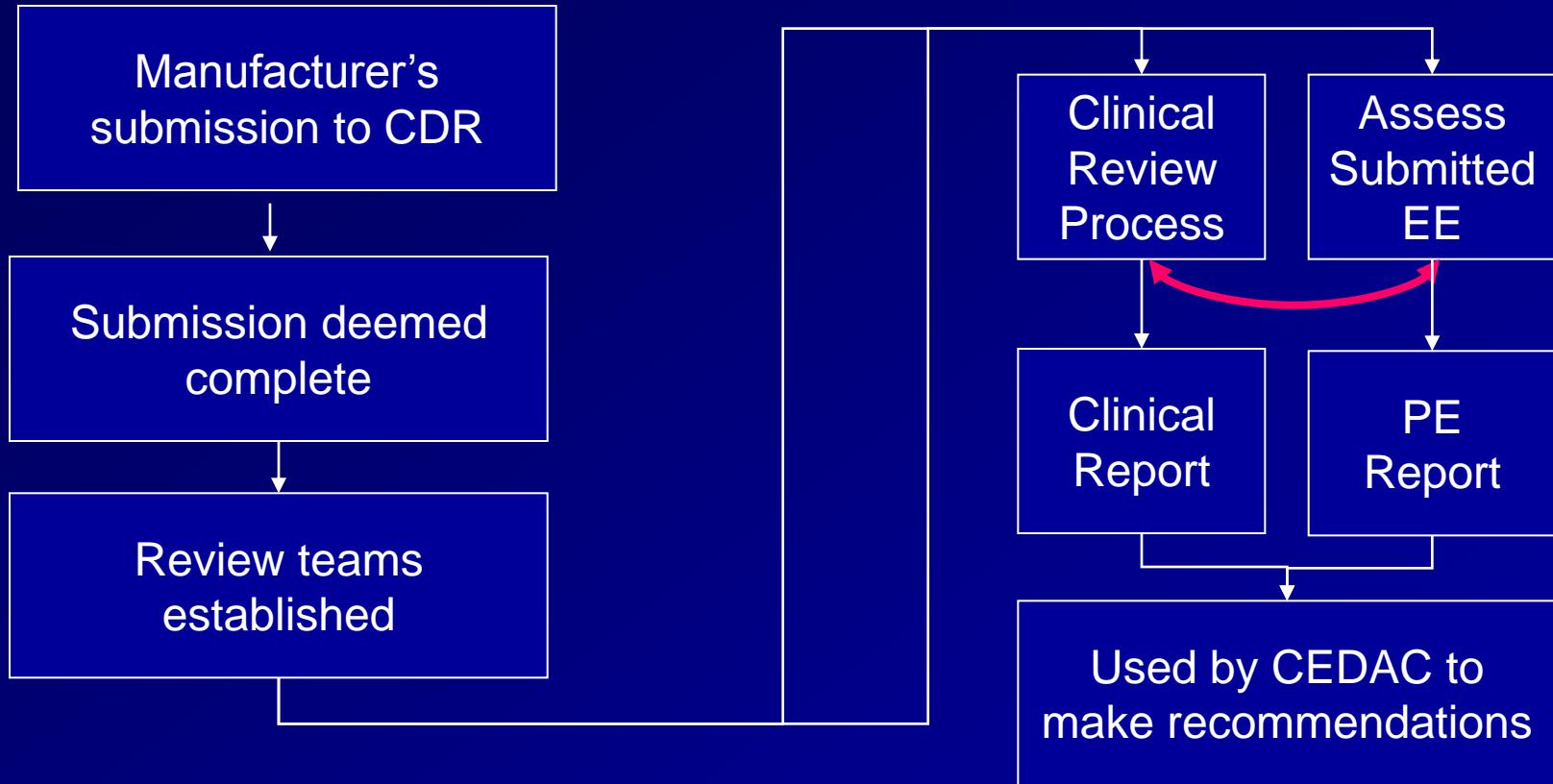
- ***Submissions can be filed by:***
  - Manufacturers (submissions and resubmissions)
    - New chemical entities & new combinations
    - Shortly old drugs with new indications
  - Drug Plans
    - Specific drugs/ class reviews
    - Request for Advice

# What is Submitted?

- Efficacy, effectiveness and safety data – common technical document, summary of clinical efficacy and safety data, list of all published and on-going studies
- An economic evaluation (EE) for the submitted drug
- Budget impact analyses (BIAs) for each drug plan
- Product monograph (approved by Health Canada)
- Disease prevalence
- Pricing information
- Letter indicating ability to supply
- Other



# Clinical-Pharmacoeconomic



# CDR - Process

	Pharmacoeconomic Review	Clinical Review
<b><i>Manufacturer submits</i></b>	<b><i>Appropriate economic evaluation</i></b>	<b><i>All relevant clinical trials and information</i></b>
<b><i>Basis for the review</i></b>	<b><i>Critique of manufacturer's economic analysis</i></b>	<b><i>Systematic review of clinical evidence</i></b>
<b><i>Inclusion of published literature</i></b>	<b><i>Comment on other economic studies or HTA reviews</i></b>	<b><i>If clinical information meets inclusion criteria of research protocol</i></b>
<b><i>Additional analyses</i></b>	<b><i>Require manufacturer's model</i> <b><i>- run additional analyses</i></b> <b><i>- modify model with appropriate clinical data, etc.</i></b></b>	<b><i>-Meta analyses</i></b> <b><i>-Indirect comparisons</i></b>
<b><i>CEDAC uses</i></b>	<b><i>Results from manufacturer's economic evaluation or CDR reanalysis</i></b>	<b><i>CDR systematic review and supplemental issues</i></b>

# CEDAC

## ■ ***Canadian Expert Drug Advisory Committee***

- An independent advisory body composed of individuals with expertise in drug therapy and drug evaluation
- Committee's approach is evidence-based and the advice reflects medical and scientific knowledge and current clinical practice
- 13 members (includes chair and 2 members of the general public)

# CEDAC Deliberations

- ***Criteria/factors considered in making recommendation:***
  - ***Clinical studies demonstrating safety and efficacy of the drug in appropriate populations***
  - ***Therapeutic advantages and disadvantages of the drug relative to accepted therapy***
  - ***Cost-effectiveness of the drug relative to accepted therapy***

# CEDAC Deliberations

- ***CEDAC may recommend that:***
  - A drug be listed
  - A drug be listed with criteria/conditions
  - A drug not be listed
  - A recommendation be deferred, pending clarification/information

# Other HTA Agencies

<i>Assessment group</i>	<i>CDR</i>	<i>NICE</i>	<i>PBAC</i>
<i>Systematic review of clinical literature</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>
<i>Conducts own economic analysis</i>	<i>N</i>	<i>Y</i>	<i>Y</i>
<i>Manufacturer submits economic info</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>
<i>Time frame</i>	<i>20-26 weeks</i>	<i>52-63 weeks</i>	<i>17 weeks</i>
<i>Price negotiations</i>	<i>N</i>	<i>N</i>	<i>Y</i>

**■ *Use of economic evaluation in pharmaceutical decision making at a provincial level***

# After CEDAC

- *After CEDAC makes a recommendation: individual drug plans consider drug*
- *In Ontario this is the responsibility of the Committee to Evaluate Drugs (CED)*



# CED

- Initially established in 1968 as the Drug Quality and Therapeutics Committee
- Drug submissions similar to CDR
- Considers drugs previously considered by CDR
  - Reviews CEDAC recommendations
- Includes submissions not considered by CDR
  - e.g. Line extensions, oncology products
- 16 members including 2 patient representatives

# CED and OPDP

- CED advises the Ontario Public Drug Programs
- Recommendations
  - Do not list (no means no)
  - Exceptional access
  - General benefit
  - Conditional listing
- Not all recommendations from CED adopted by OPDP
  - Role of OPDP to negotiate price discounts and other listing agreements
  - Political pressures

■ ***Other use of economic  
evaluation in decision making  
in Canada***

# Other Use of Economic Evaluation

- Ontario Health Technology Advisory Committee
  - Established in 2003
  - Considers new non drug technologies
    - Submissions from payers not manufacturers
  - Makes recommendations to Ontario Ministry of Health and Long Term Care concerning funding

# Conclusions

- Canada has established mechanisms for reviewing health care technologies for funding decisions
- The role of economic evidence within these mechanisms is firmly established
- Economists play a prominent role on the committees making policy recommendations
  - From 2006 on CED and 2010 on CEDAC
- Attempts have been made to widen decision making beyond established role in pharmaceuticals.