# Benchmarking Canadian HTA Agency and Provincial Payer Decision-Making

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## Background

Prior to the inception of the Common Drug Review (CDR) in 2002, multiple provincial, territorial and federal drug plans performed their own HTA to determine coverage for new drugs. The Canadian Agency for Drugs and Technologies in Health (CADTH) established the CDR to standardise the Canadian HTA environment by reducing the duplication of HTA and ultimately decrease the time taken for patients to access new and innovative medicines. The CDR is recognised by all provincial and territorial public drug programmes except Quebec (Figure 1). Institut national d'excellence en santé et en services sociaux (INESSS) is the agency responsible for HTA activities in Québec.

## Objectives

- Evaluate impact of the CDR on provincial resources and reimbursement decision making
- Understand how provincial decision makers use CDR assessment dossiers
- Identify additional assessments that are not considered for the CDR recommendation required by provinces or for which additional data must be provided
- Understand how the patient voice is included in the decision-making process

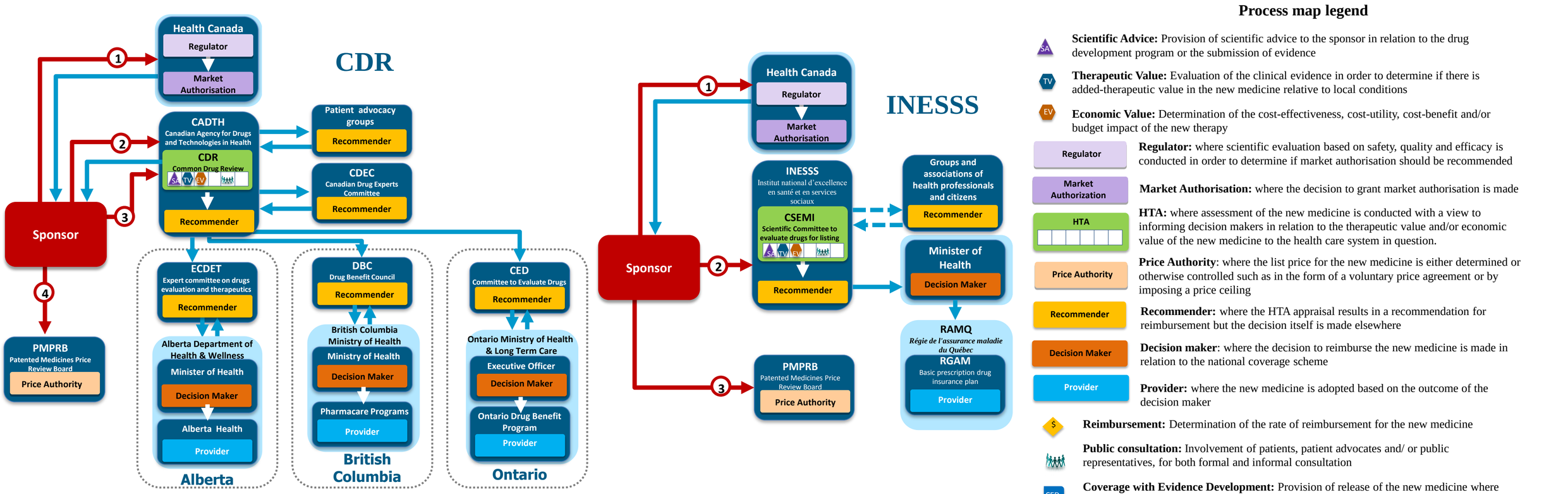


**Figure 1**: Process maps and legend for the CDR and provinces participating in study. [1]

## Methods

Information was collected in 3 stages:

- Listing recommendations were collected from the public domain for initial submissions and new indications granted a CDR listing recommendation from January 2009 to January 2014[2]. Listing decisions for each drug and were subsequently collected for each of the 4 participating provinces: Alberta (AB); British Columbia (BC); Ontario (ON) and Quebec (QC).[3-6]
- Questionnaires were sent to the CDR, INESSS, Alberta Health (AH), British Columbia Ministry of Health (MOH), Ontario Ministry of Health and Long Term Care (MOHLC) to collect information from 2 areas:
  - Questionnaire 1: General information: taking into account different remits, responsibilities and scope of activities.
  - Questionnaire 2: Participating agencies were asked to provide information for 6 predefined products.
- Interviews were conducted with participating provinces to provide further insight into their general practices and validate information supplied for the questionnaires.

## Results and Conclusions

- Results identified 509 listing recommendations for 121 new drug and indication combinations that satisfied inclusion criteria for this research. Total excludes ongoing reviews or where details were unavailable. HIV drugs were excluded for BC Pharmacare as they are reviewed by another provincial organisation. The provincial listing recommendation in concordance with CDR, ranged from 84% for AB (n=93) to 66 % for ON (n=92) (Figure 2).
- Interviews with payer representatives from AB, BC, and ON identified CDR dossiers as a critical part of the provincial appraisal.
- Surveys for the 6 predefined drug case studies collected data for any assessments performed by AB, BC and ON in addition to the CDR. Results of surveys and interviews indicate that when additional information is gathered, this is to supplement the CDR assessment to enable appraisal of the drug in the local context. This can include province-specific data such as: budget impact, consideration of existing formulary benefits and determining positioning in therapy.
- Table 1 shows the methods for including patient and public input, utilised by the participating drug plans. Information sourced from HTA/payer interviews and public domain.

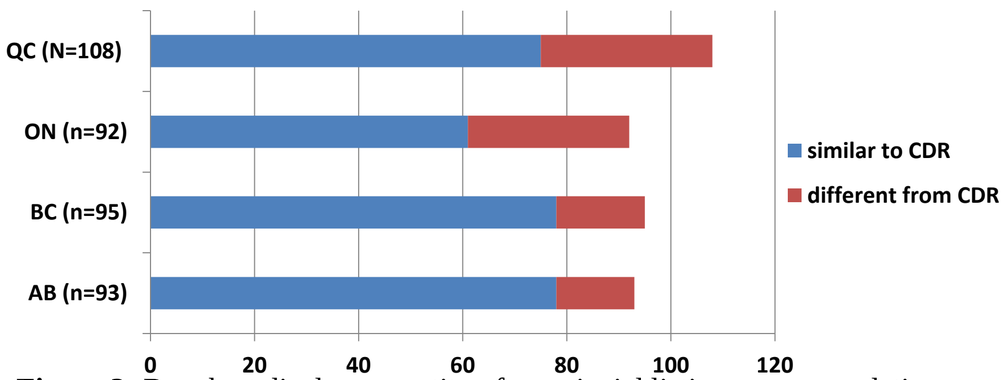


**Figure 2:** Bar chart displays quantity of provincial listing recommendations that are in concordance with the CDR. Québec does not participate in the Common Drug Review - information is included for comparison only.

**Table1**: Provincial methods for including patient and public input for drug listing recommendations

| HTA/ payers | Patient members on expert committee | Public members on expert committee | Call for patient input online | Input accepted from patient groups | Input accepted from individuals | Preferred template for input | Includes patient input from centralised review (CDR) |
|---|---|---|---|---|---|---|---|
| Alberta Health | – | – | – | – | – | – | + |
| British Columbia Pharmacare | – | + | + | + | + | + | + |
| CADTH | – | + | + | + | – | + | N/A |
| INESSS | – | + | + | + | + | – | N/A |
| Ontario Drug Benefit Program | + | – | + | + | – | + | + |

+ Included
– not included

**References**
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