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

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.
- 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).
- Questionnaires were sent to the CDR, INESSS, Alberta Health (AH), British Columbia Ministry of Health (MOH), Ontario Ministry of Health and Long Term Care (MOHL) 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 Pharmcare as they are reviewed by another provincial organisation. The CDR 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 1: Process maps and legend for the CDR and provinces participating in study.](image1)

![Figure 2: Bar chart displays quantity of provincial listing recommendations that are in concordance with the CDR.](image2)