Patient Leader Education Summit

Current State Panel Discussion & Q&A

Alexandra Chambers, Marie Hotte, Heather Logan, Imran Ali, Scott Gavura

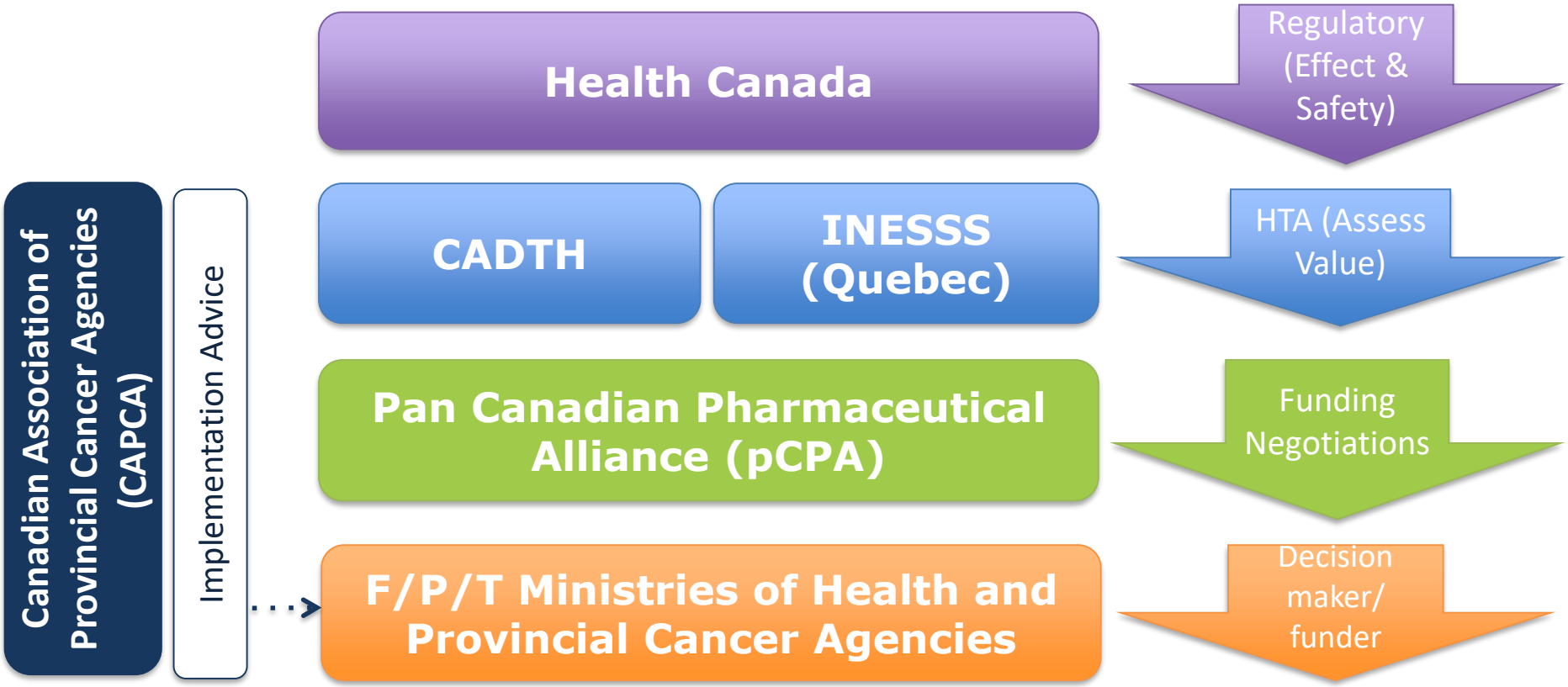
Friday 31 March 2017

Agenda

Request of Panel Members: *To speak to the challenges and issues at each step in the process.*

- **Canadian Agency for Drugs and Technologies in Health / pan-Canadian Oncology Drug Review**: Alexandra Chambers, Director
- **Institut national d'excellence en santé et en services sociaux**: Marie Hotte, Scientific Coordinator
- **Canadian Association of Provincial Cancer Agencies**: Heather Logan, Executive Director
- **Pan-Canadian Pharmaceutical Alliance**: Imran Ali, Senior Manager
- **Cancer Care Ontario, Payer Perspective**: Scott Gavura, Director, Provincial Drug Reimbursement Programs

Who Does What?



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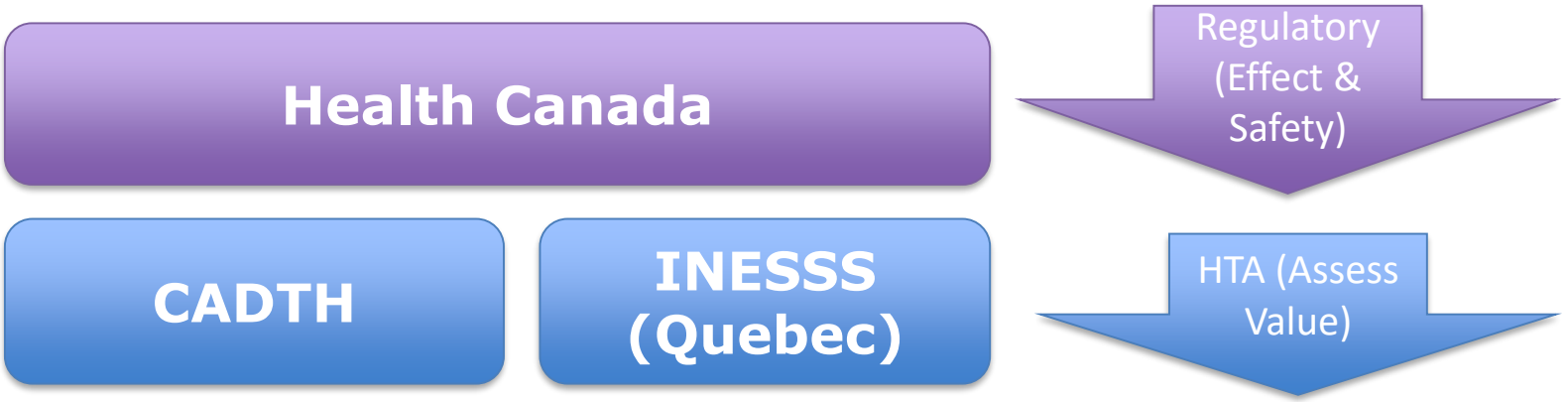
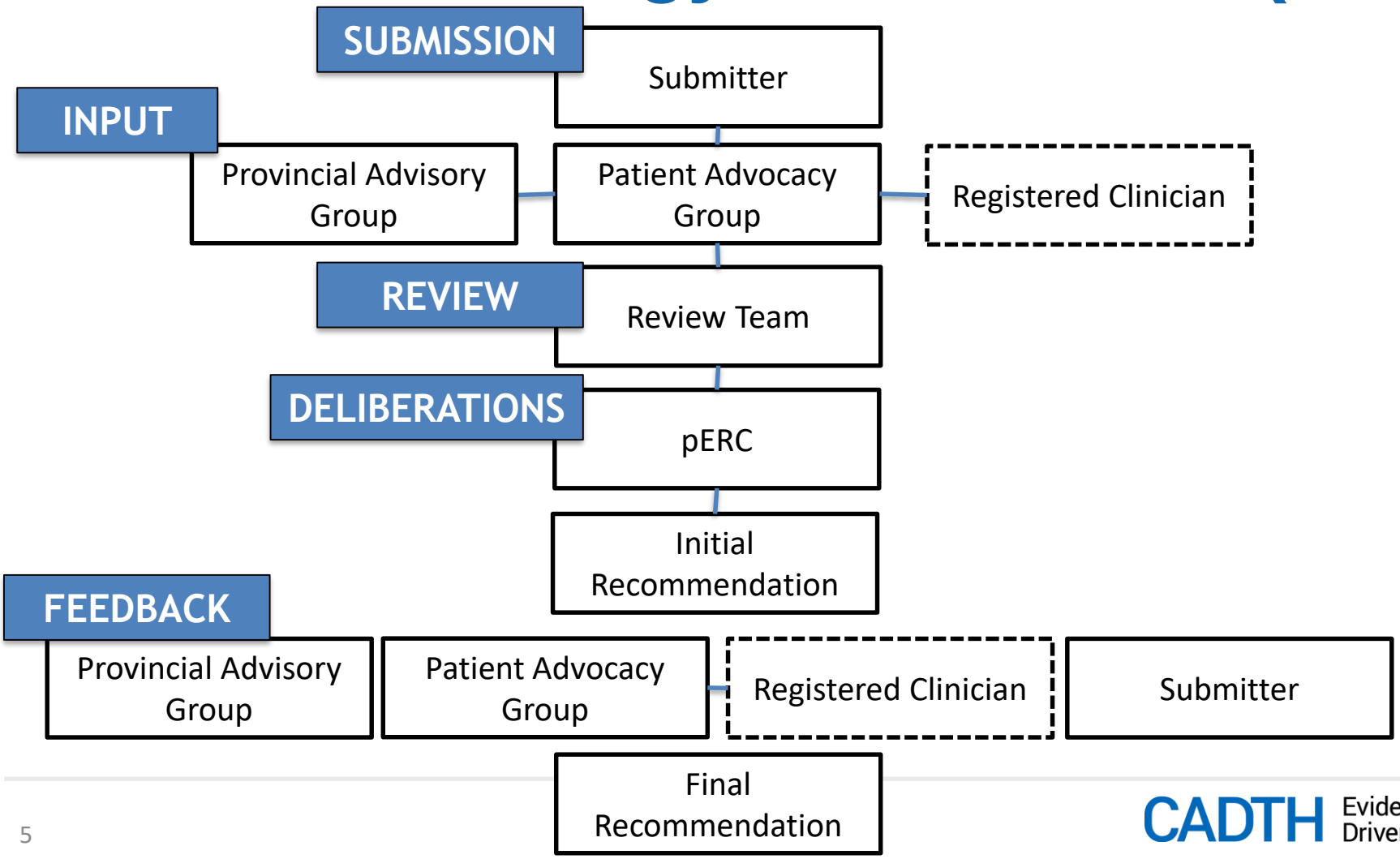


How is HTA different than Regulatory Approvals?

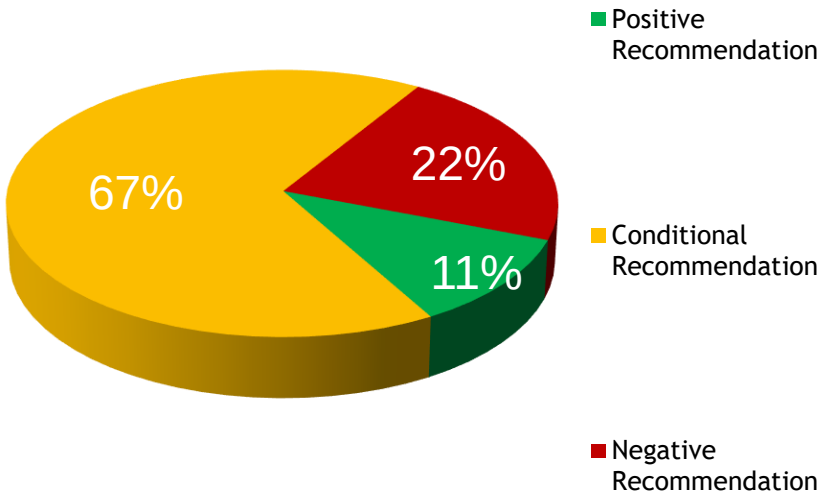
	Regulatory	HTA
Efficacy	Does the drug work	Incremental benefits compared to current treatments
Safety	Benefits of treatment outweighs risks	Impact of side effects on quality of life Side effects compared to current treatments
Cost	Not assessed	Cost effectiveness Value of treatment
Objective	Marketing rights	Assist reimbursement decisions

CADTH pCODR - Health Technology Assessment (HTA)



CADTH Evidence Driven.

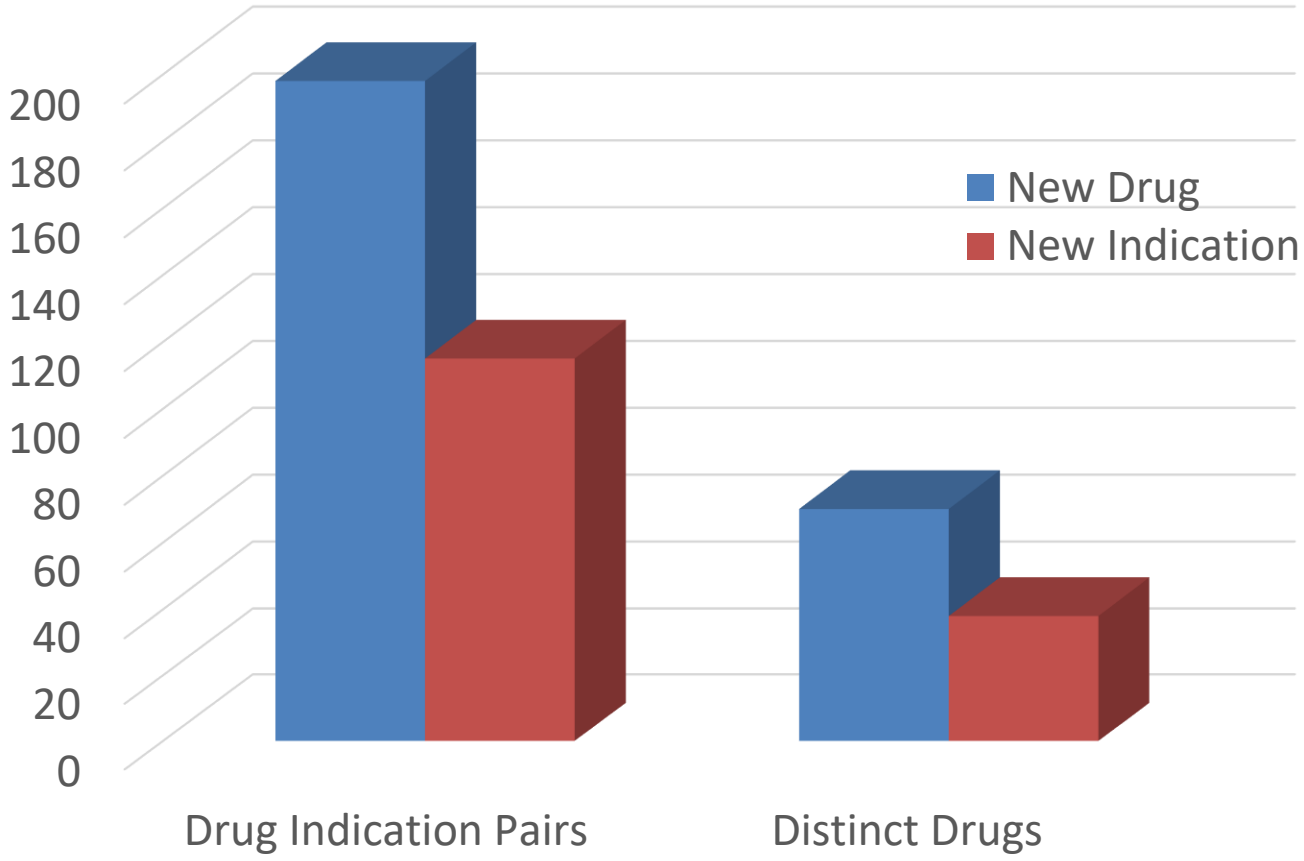
pERC Final Recommendation



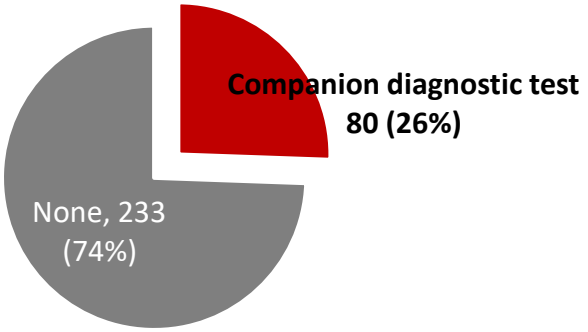
pCODR has issued 80 notification to implement as of December 31, 2016
9 (11%) recommend to reimburse
53 (67%) recommend to reimburse with clinical criteria and/or conditions
18 (22%) do not recommend to reimburse

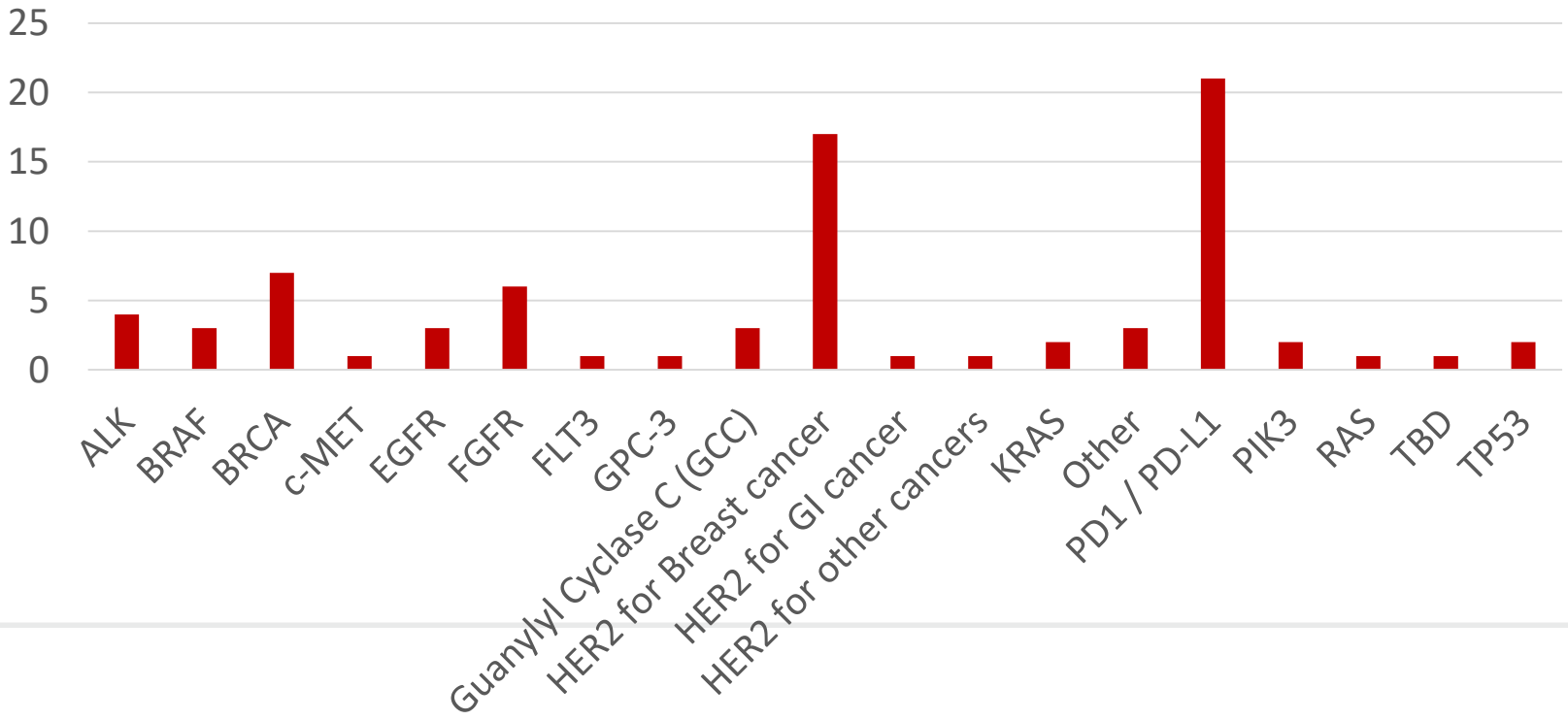
Overview of Current Pipeline Drugs Tracked by pCODR

Based on information from 18 manufacturers provided to pCODR in spring 2016



Pipeline Drugs with Companion Diagnostic Tests

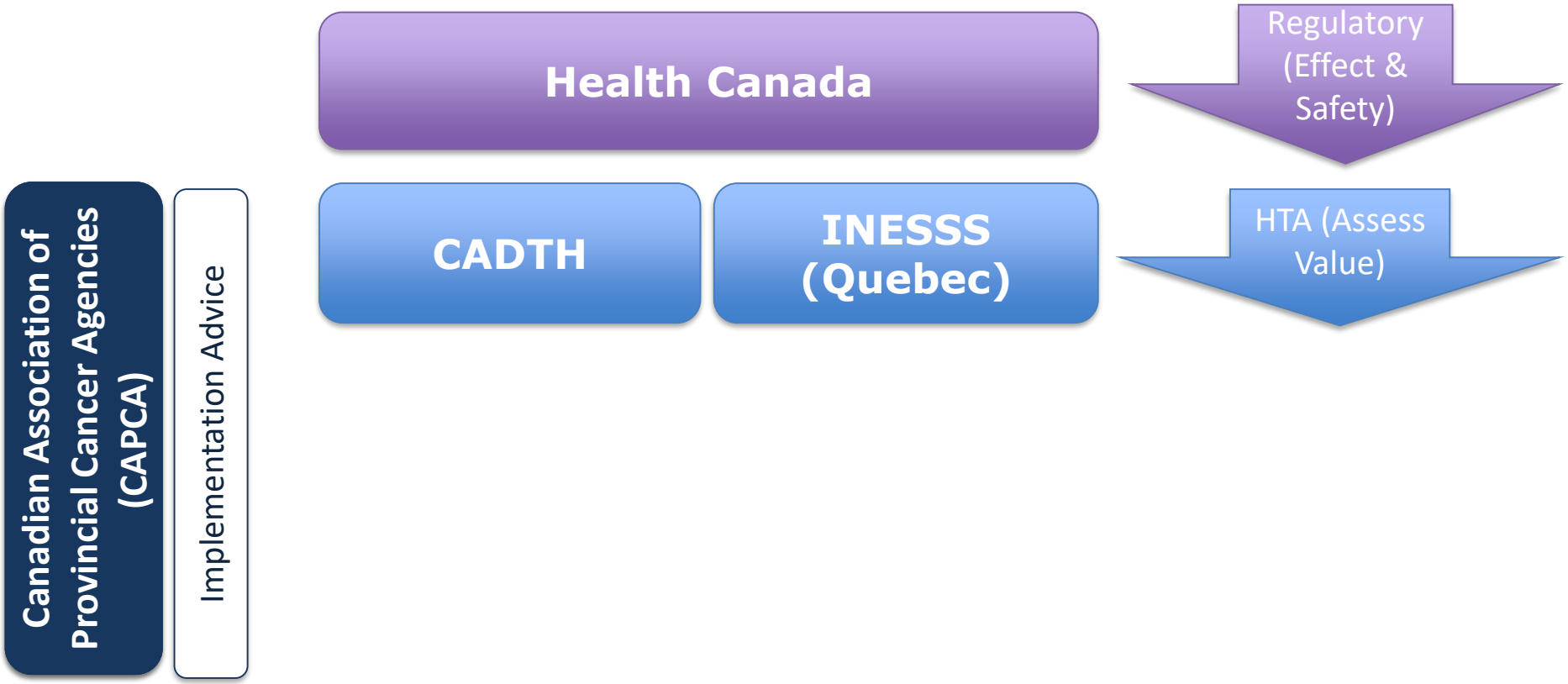




CADTH pCODR - Challenges

- Managing the volume of drug submissions
- Ensuring high quality submissions for review
- Providing useful, timely, relevant recommendations for jurisdictions

Who Does What?



CAPCA – Drug Funding Sustainability Initiative

- Provincial cancer programs across Canada are concerned about the sustainability of high-quality cancer control services due to the rising costs of cancer treatments

- Opportunities to strengthen the system
  - To **OPTIMIZE** how cancer drugs are selected and used
  - To **HARMONIZE** how new cancer drugs are integrated into funding and clinical pathways and implemented
  - To develop criteria and a process to assess **AFFORDABILITY** of a cancer drug
  - To create a process to gather, analyze, and apply **REAL WORLD EVIDENCE** (RWE) of a drug's effectiveness in the general population

CAPCA – Drug Funding Sustainability Initiative

- Complementary and intended to be fully supportive and aligned with CADTH/pCODR and pCPA

- Builds on the one-drug at a time approach to look at trade-offs and choices between and among therapeutic options to inform how, not just whether, new cancer drugs should be implemented

CAPCA – DFS Challenges

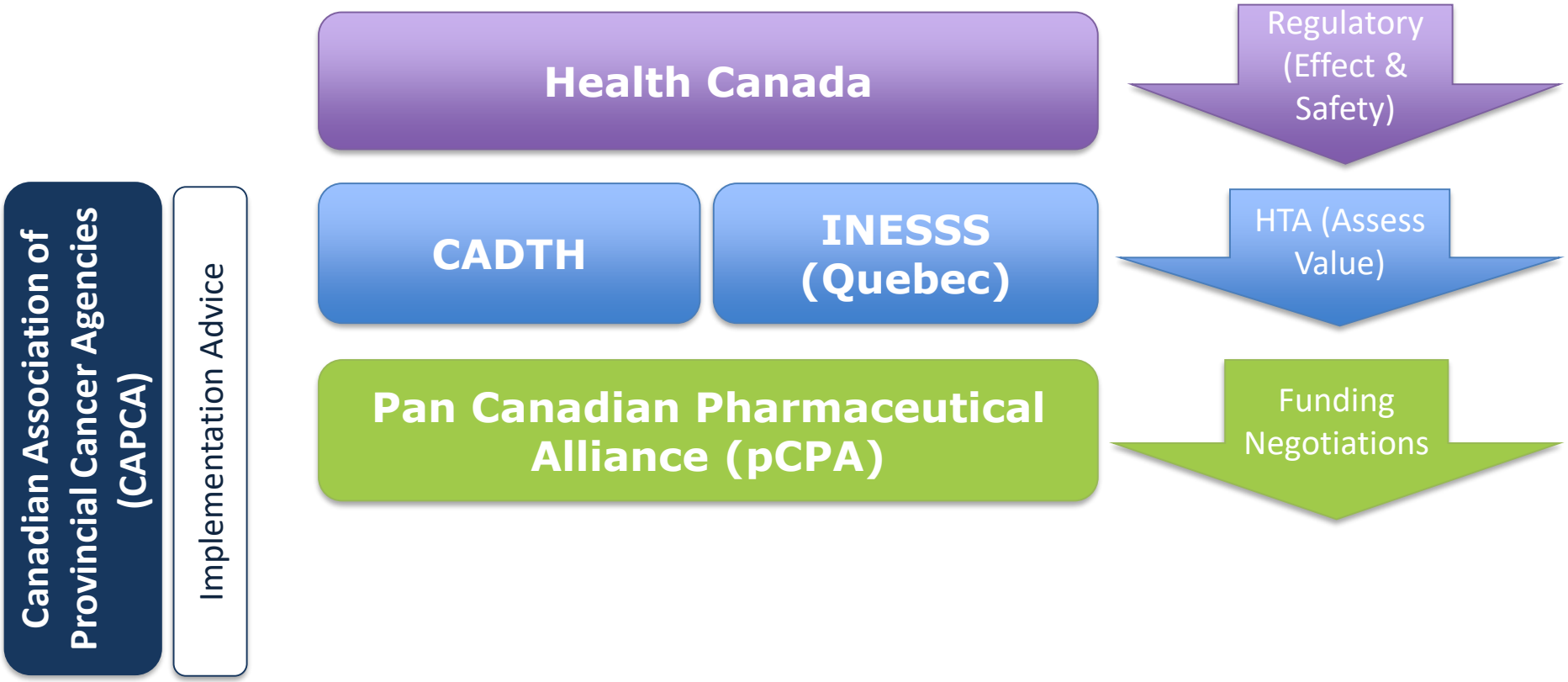
If nothing is done,

- The list of drugs “under consideration” continues to grow and/or drugs through HTA first are funded ahead of drugs that offer more clinical benefit
- Cancer budgets are all inclusive and cancer programs have to “make it work”. What and how much can be cut elsewhere?
- Money allocated elsewhere in healthcare is reallocated to cancer drug funding. What is the appropriate part of the system to pull resources from?

If we accept the premise that sustainability is a real issue and that tough, but necessary, decisions are necessary:

- How do we build on what has been tried before to improve our ability to make decisions that truly engage and involve patients and patient advocacy groups?
- What can be done to ensure that we have the ability to ensure that the drugs that are publicly funded deliver the promised clinical impact for patients?

Who Does What?



The pan-Canadian Pharmaceutical Alliance (pCPA)

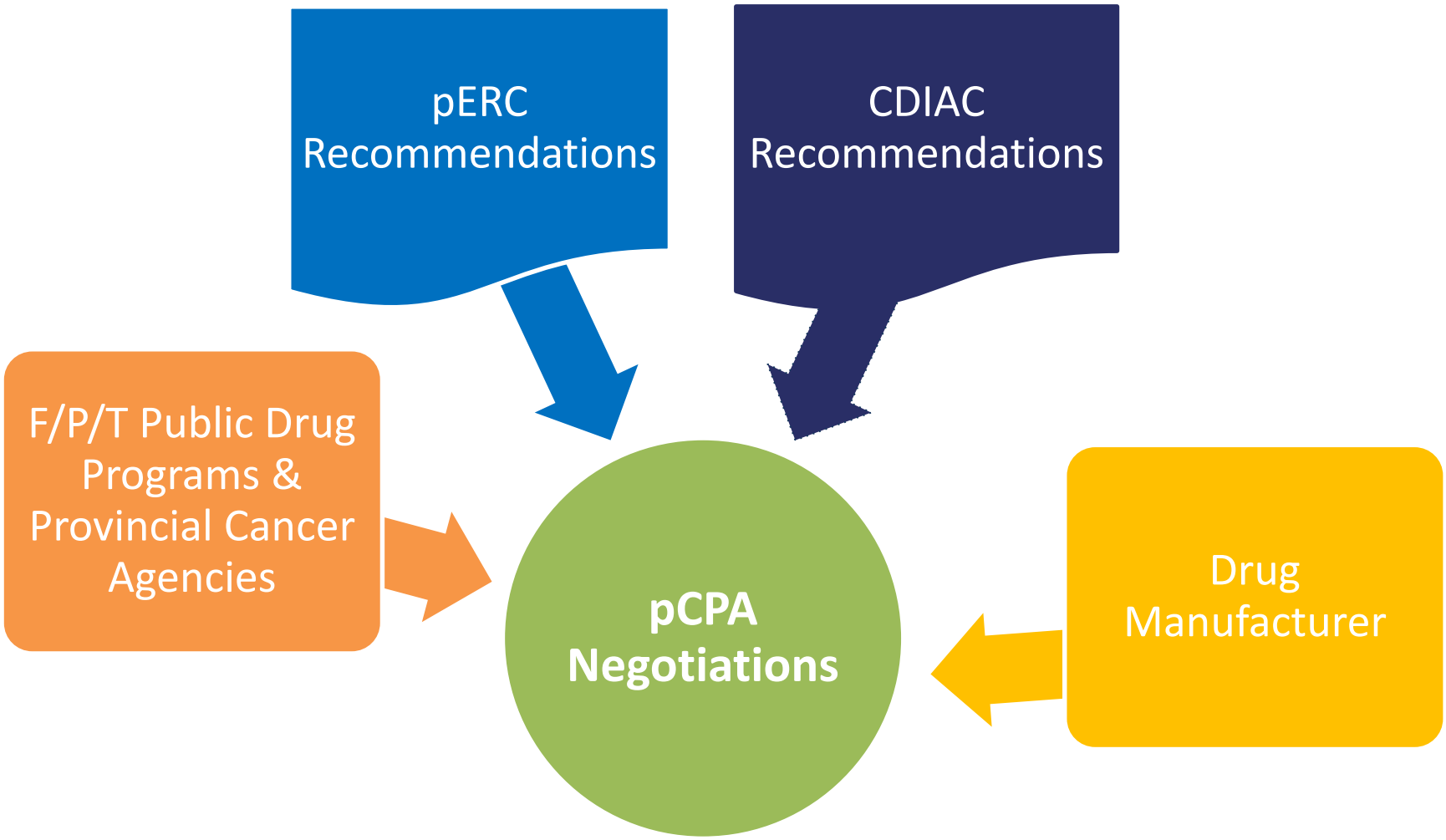
The objectives of the pCPA are to provide value to the broader health care systems of the Participating Organizations and to improve patient care by negotiating drug reimbursement collectively to:

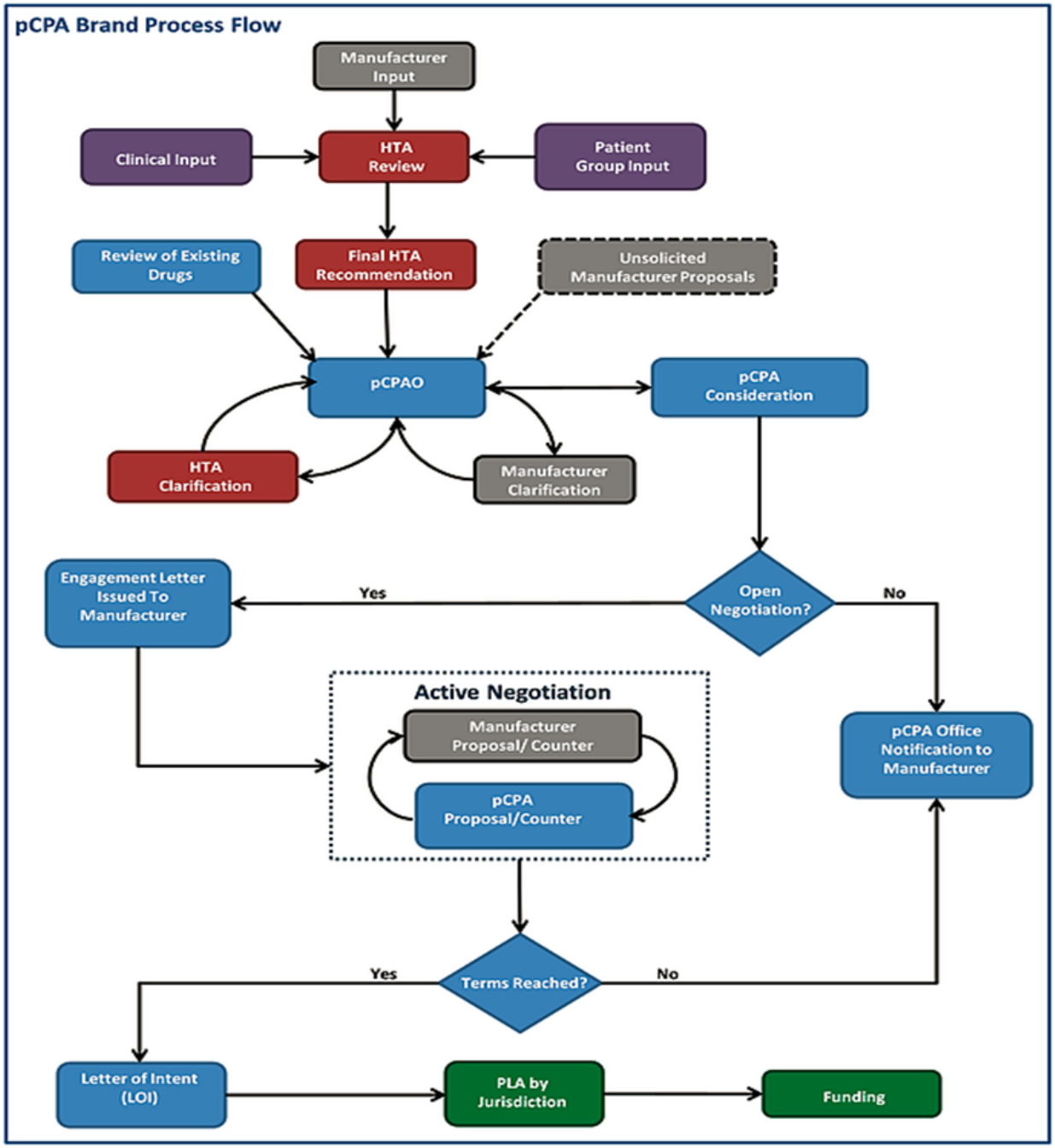
1. Increase access to clinically effective and cost effective drug treatment options;

2. Improve consistency of decisions among Participating Organizations;

3. Achieve consistent and lower drug costs for Participating Organizations; and

4. Reduce duplication of effort and improve use of resources.

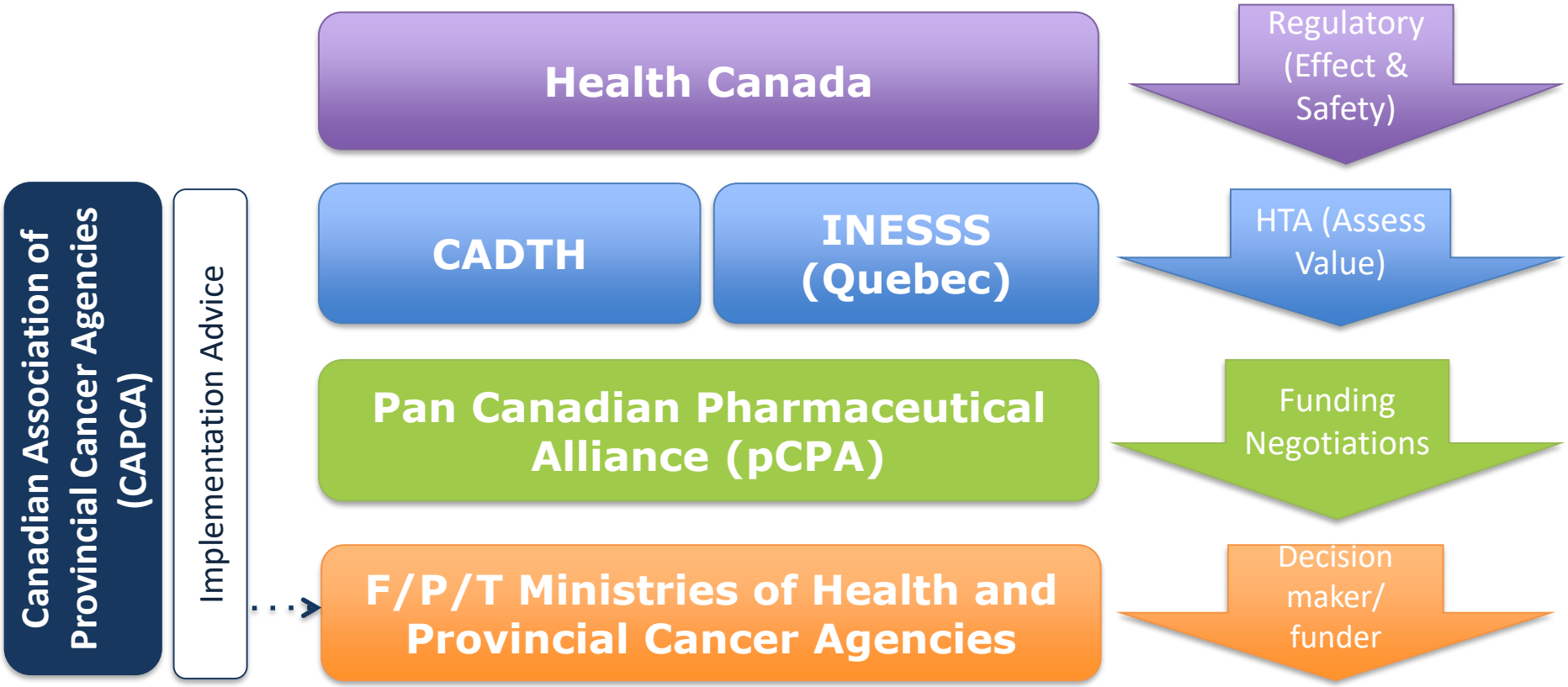

pERC Recommendations
CDIAC Recommendations
F/P/T Public Drug Programs & Provincial Cancer Agencies
pCPA Negotiations
Drug Manufacturer


pCPA Brand Process Flow
Manufacturer Input
Clinical Input
HTA Review
Patient Group Input
Review of Existing Drugs
Final HTA Recommendation
Unsolicited Manufacturer Proposals
pCPAO
pCPA Consideration
HTA Clarification
Manufacturer Clarification
Engagement Letter Issued To Manufacturer
Yes
Open Negotiation?
No
Active Negotiation
Manufacturer Proposal/ Counter
pCPA Proposal/Counter
pCPA Office Notification to Manufacturer
Yes
Terms Reached?
No
Letter of Intent (LOI)
PLA by Jurisdiction
Funding

pCPA – Challenges

- Managing the volume of drug negotiations
- Increased fiscal pressures in all jurisdictions
- Inconsistent existing funding landscape across jurisdictions
- Rapidly changing therapeutic treatment spaces
- Unique/new circumstances (e.g. biosimilars, Drugs for Rare Diseases)

Who Does What?



Drug Listing Decisions

- The listing decision is made by the Minister of Health or delegate (e.g. cancer agency)

- Listing decisions take into consideration
  - pERC reimbursement recommendations
  - CDIAC recommendations
  - pCPA agreement
  - Budget & budget impact
  - In some provinces and territories, there is an additional drug review or advisory committee

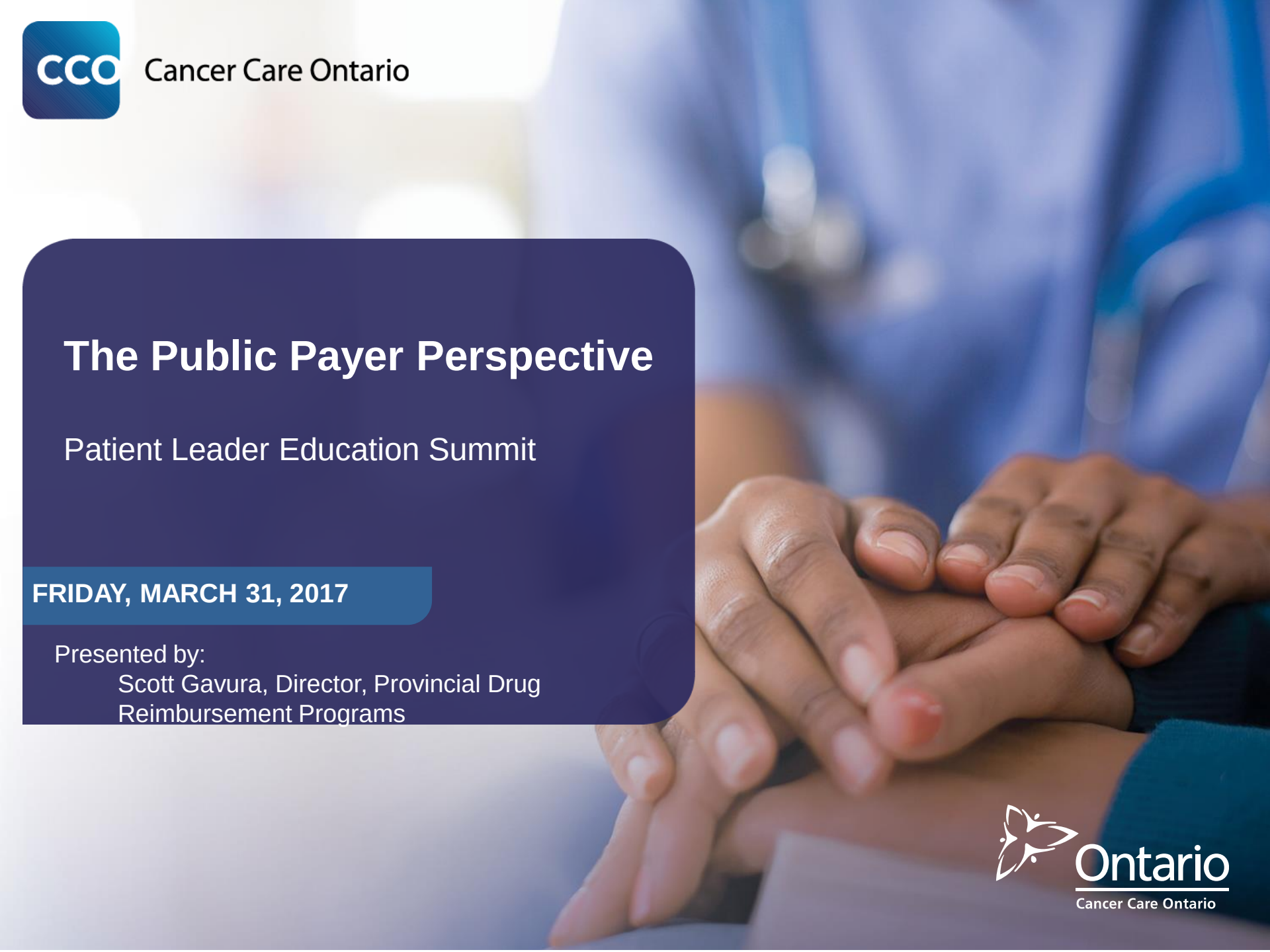
Cancer Care Ontario

The Public Payer Perspective

Patient Leader Education Summit

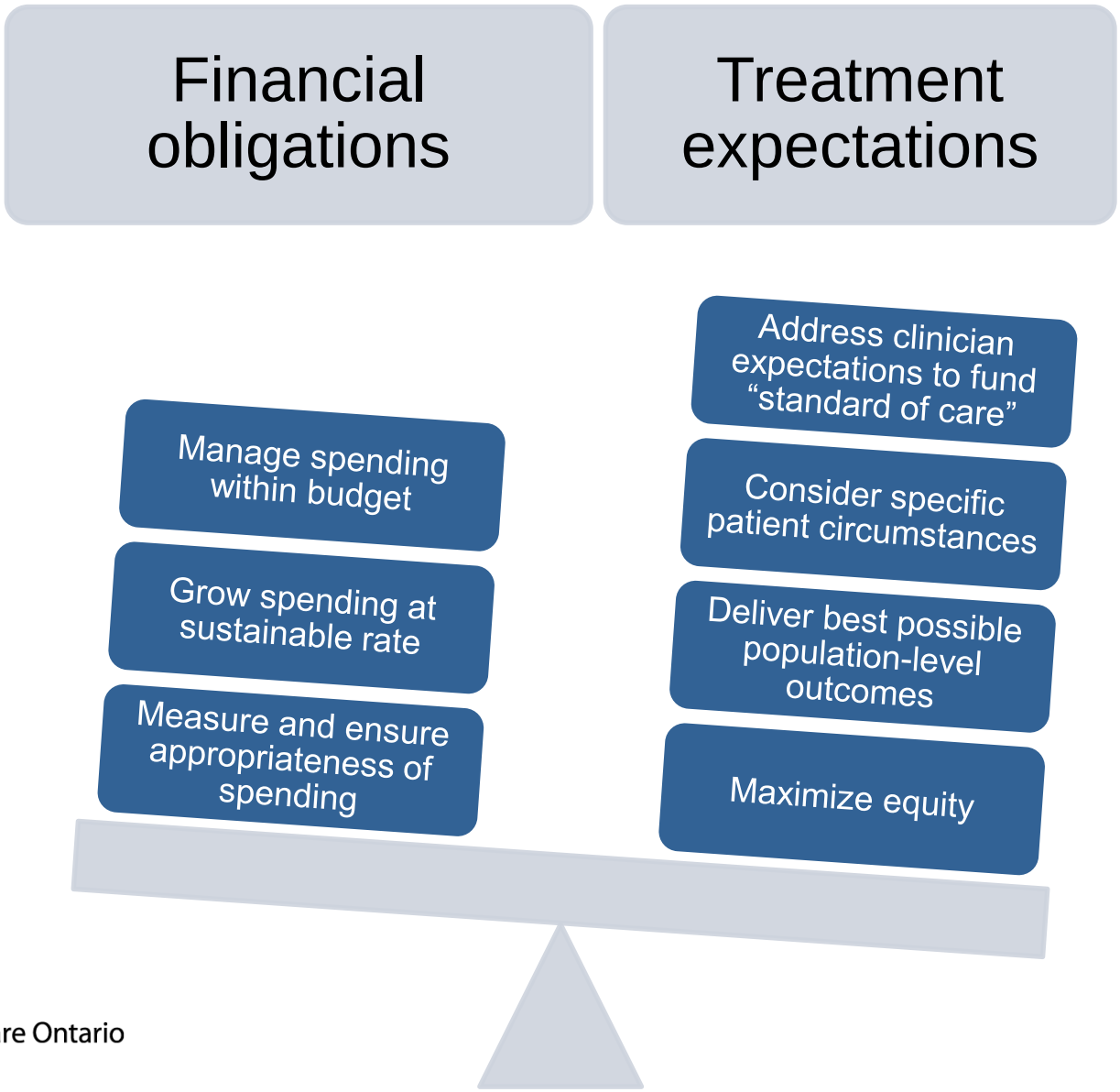
FRIDAY, MARCH 31, 2017

Presented by:
Scott Gavura, Director, Provincial Drug Reimbursement Programs

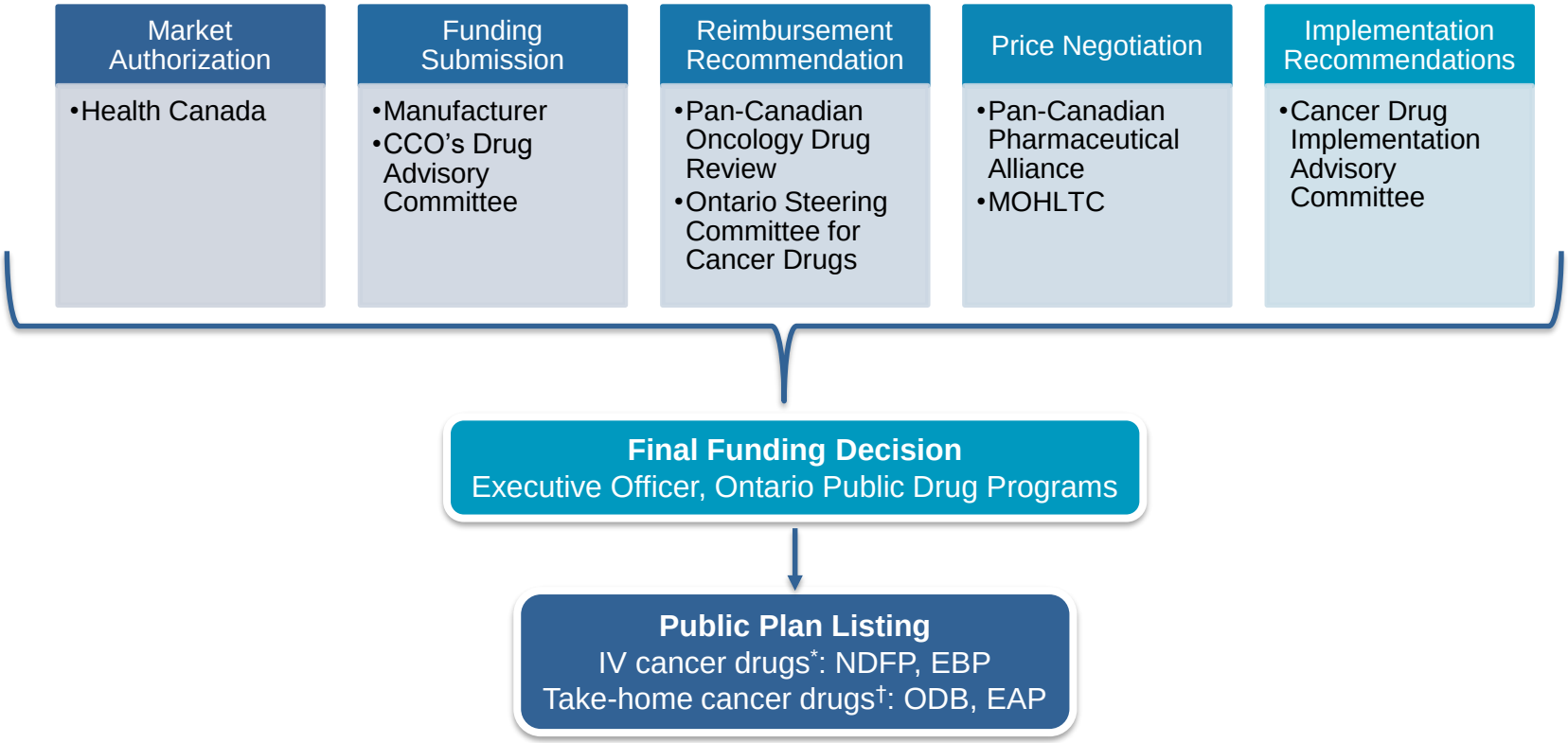


Ontario
Cancer Care Ontario

Balancing funding obligations and demands



Multiple inputs into drug funding decisions



Cancer Care Ontario

*IV cancer drugs: injectable cancer drugs administered in out-patient hospital clinics.
†Take-home cancer drugs: refers to cancer drugs dispensed from retail pharmacies (usually oral drugs)

Multiple funding programs to deliver drug benefits*

Take-home cancer drugs

Ontario Drug Benefit Program

Exceptional Access Program

IV cancer drugs

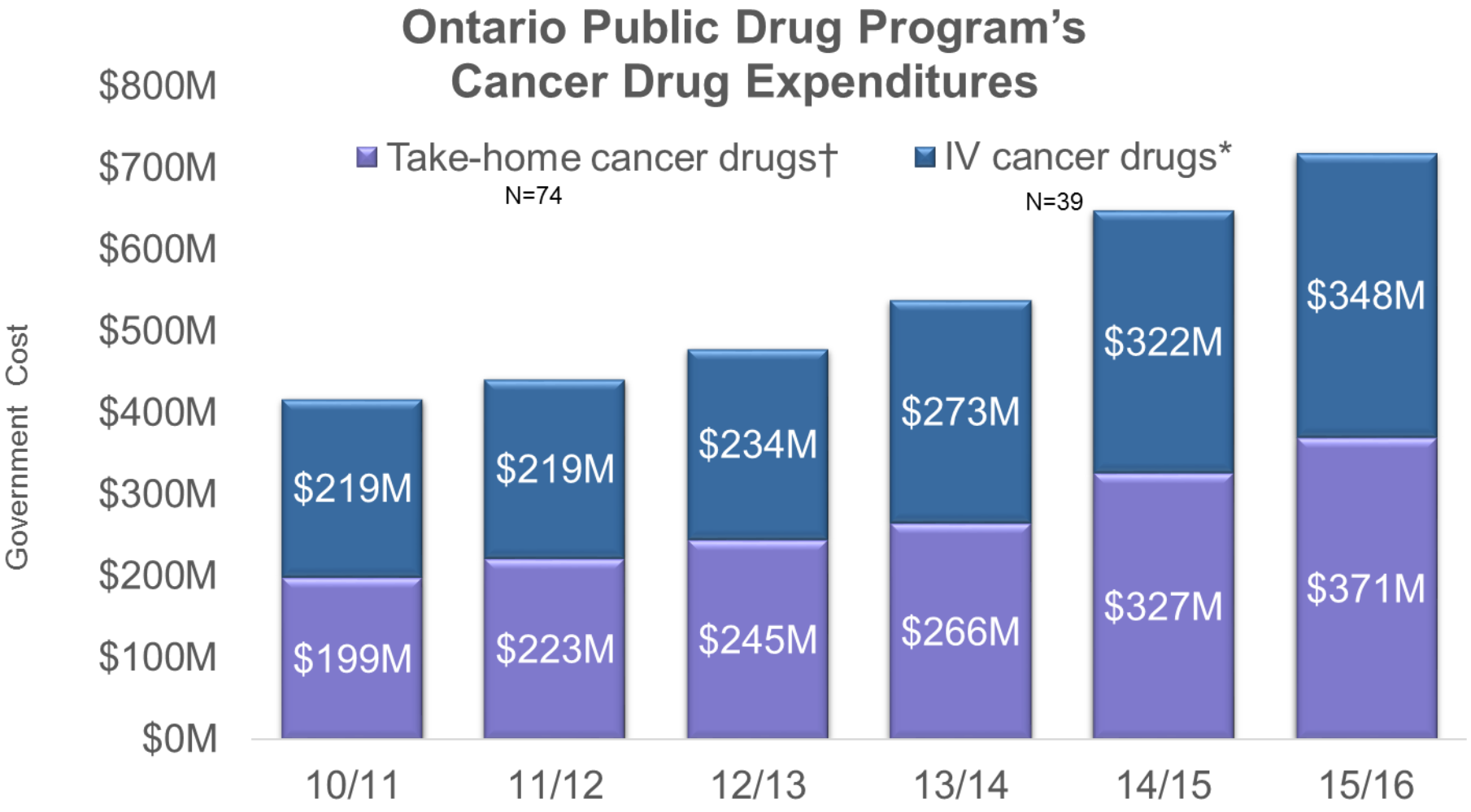
New Drug Funding Program

Evidence Building Program

Case-by-Case Review Program

*Ontario Public Drug Programs provide coverage for cancer drugs administered in the outpatient setting.

Continued investment in cancer drugs

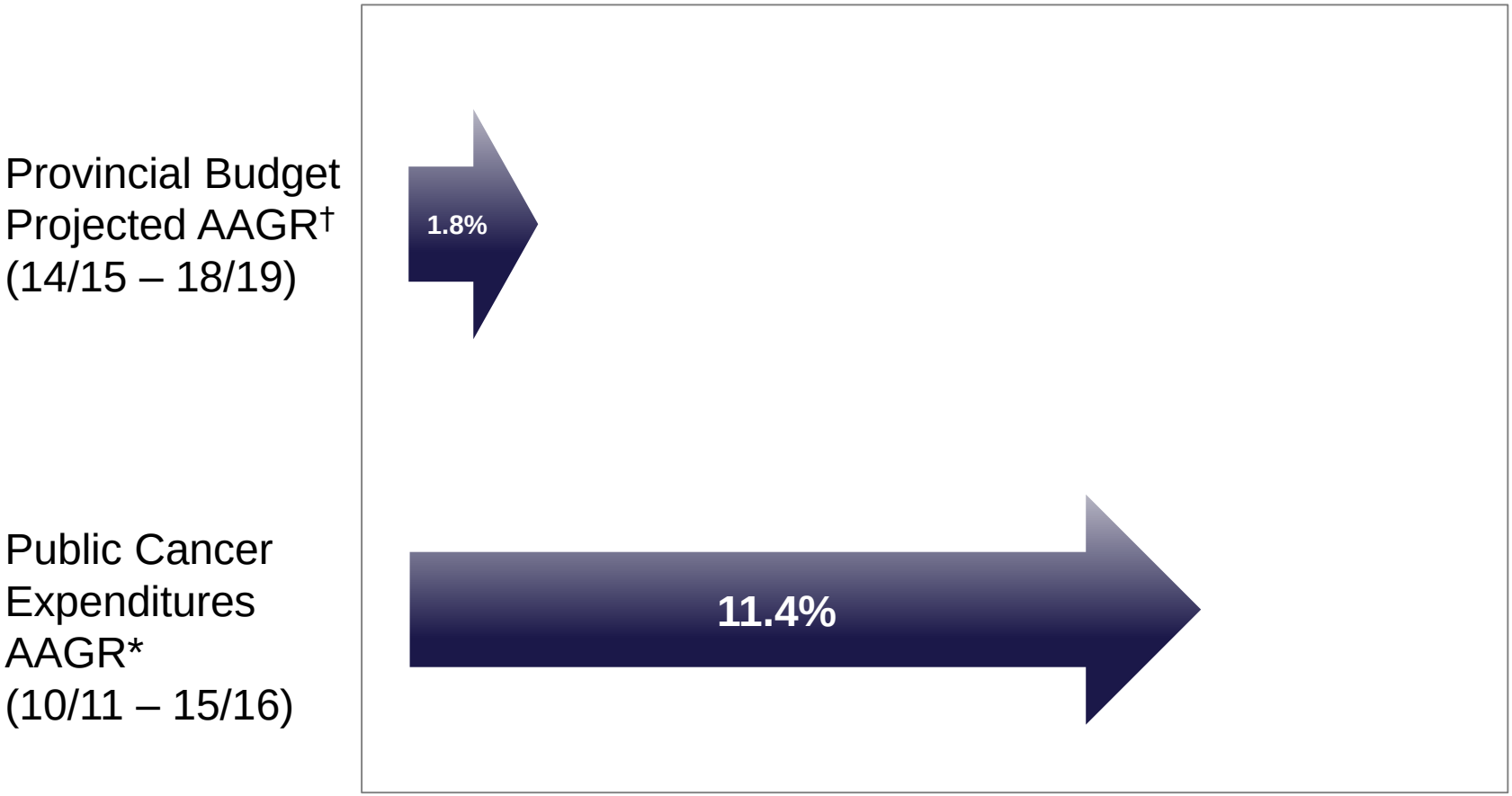


*Hospital-administered injectable cancer drugs that were reimbursed by NDFP. Majority are given intravenously.

†Drugs with cancer uses that were reimbursed by ODB.

Sources: ODB costs - ICES, Aug 2016; NDFP costs - CCO, Nov 2016.

Recent growth in cancer drug spending ~10x larger than planned growth in overall health care budget



*Calculated using ODB data sourced from ICES (Aug 2016;) and NDFP data sourced from CCO (Nov 2016)
†Projected growth rate for the health sector over the medium term as reported in the 2016 Ontario Budget 2016)

Significant investment continued through 16/17...

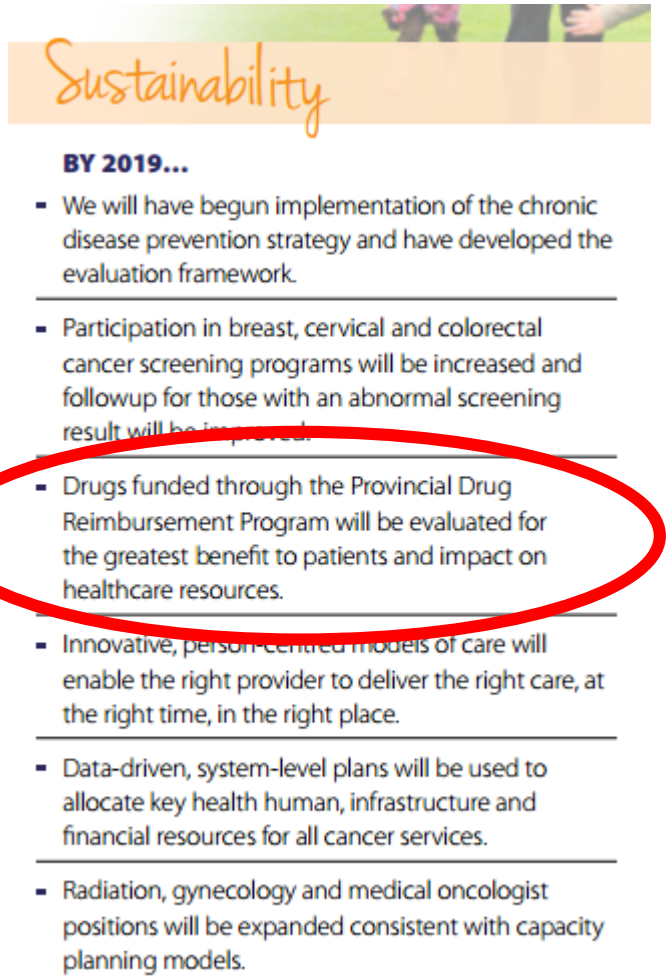
New DRUGS

- Pembrolizumab - melanoma
- Nivolumab -RCC, NSCLC, melanoma
- Siltuximab –multi-centric castleman's disease
- Idelalisib – CLL
- Ponatinib –ALL, CML
- Grastofil - supportive therapy
- Ramucirumab –gastric

New INDICATIONS

- Lenalidomide – myeloma
- Everolimus – SEGA
- Aldesleukin – melanoma
- Capecitabine/Oxaliplatin – colorectal cancer
- Trastuzumab – adjuvant breast cancer

Sustainability as a CCO priority



Sustainability

BY 2019...

- We will have begun implementation of the chronic disease prevention strategy and have developed the evaluation framework.
- Participation in breast, cervical and colorectal cancer screening programs will be increased and followup for those with an abnormal screening result will be improved.
- Drugs funded through the Provincial Drug Reimbursement Program will be evaluated for the greatest benefit to patients and impact on healthcare resources.
- Innovative, person-centred models of care will enable the right provider to deliver the right care, at the right time, in the right place.
- Data-driven, system-level plans will be used to allocate key health human, infrastructure and financial resources for all cancer services.
- Radiation, gynecology and medical oncologist positions will be expanded consistent with capacity planning models.

Implementation challenges

- Drug-specific funding decisions in face of uncertainty
  - Affordability concerns with individual products
  - Need to plan for real-world evaluations with all newly funded drugs

- Multiple new entrants, simultaneously
  - Increase decision-making uncertainty

- Drug-test pair implementation
  - Need to ensure testing available simultaneously

The result: Continued complexity of drug-funding decision making.

Questions and Discussion