



CanCertainty Position on the CAPCA pan-Canadian Cancer Drug Funding Sustainability Initiative

Introduction:

The Canadian Association of Provincial Cancer Agencies (CAPCA) has been consulting with stakeholders with respect to the pan-Canadian Cancer Drug Funding Sustainability Initiative (DFSI) with the objective *to generate guidance from deliberative public engagement events to inform provincial cancer drug funding decision making.*

CanCertainty Coalition leadership and several Coalition members have been very involved in the CAPCA DFSI consultations, with direct participation CAPCA-Hosted Roundtables, and engagement with CAPCA directly.

The CanCertainty Coalition is the united voice of 35 Canadian patient groups, cancer health charities, and caregiver organizations from across the country, joining together with oncologists and cancer care professionals to significantly improve the affordability and accessibility of cancer treatment. For more information, visit www.CanCertainty.com

What is CAPCA doing and why?

CAPCA has identified the following opportunities to “strengthen” the pan-Canadian oncology drug system regarding reimbursement and access:

- 1) To OPTIMIZE how cancer drugs are selected and used
- 2) To HARMONIZE how new cancer drugs are integrated into clinical pathways and implemented
- 3) To create a process to gather, analyze, and apply REAL WORLD EVIDENCE (RWE) of a drug’s effectiveness in the general population
- 4) To develop criteria and a process to assess AFFORDABILITY of a cancer drug

The Drug Funding Sustainability Initiative seeks to address these opportunities through a new committee, the Cancer Drug Implementation Advisory Committee (CDIAC). CAPCA has suggested that CDIAC is complementary to CADTH/pCODR and pCPA, and 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.

Concerns related to take-home cancer medications

The over-arching concern of many members of the CanCertainty Coalition is that CAPCA is skipping over many foundational steps in its efforts to develop sustainability mechanisms. There are a number of issues within the scope of the sustainability initiative that are directly related to the CanCertainty campaign, which is focused on significantly improving the affordability, accessibility and safety of take-home cancer medications in Ontario and Atlantic Canada. Those issues will be the focus of this position paper.

Discussion and CanCertainty Positions:

1) To OPTIMIZE how cancer drugs are selected and used

CAPCA has characterized *Optimization* as: *Develop implementation considerations for the selection and use of cancer drugs and corresponding clinical pathways to support provincial funding decisions. This work includes consideration of cancer drugs that may no longer be justified.*

CanCertainty Position on Optimization:

Approximately 50% of the cancer drugs used in clinical practice are take-home cancer drugs. Thus, the CanCertainty Coalition believes that in order for CAPCA to get to a point where it can capably optimize how cancer drugs are selected and used, it needs to first address the many significant disparities across Canada on how take-home cancer drugs are dispensed, how data (RWE) is collected, and which patients have their cancer drugs fully-covered.

2) To HARMONIZE how new cancer drugs are integrated into clinical pathways and implemented

CAPCA has characterized *Harmonization* as: *Implement a mechanism for provinces to work together on how new drugs will be integrated into treatment plans – including clinical algorithms – to help provinces identify and fund the best cancer treatments. Intent is to increase consistency in drug funding decisions, inform pan-Canadian price negotiations and enhance the information available for provincial cancer drug funding decisions.*

CanCertainty Positions on Priority Harmonization Targets

i) Harmonization of the Development of Treatment Guideline and Drug Access Criteria

In Canada, provinces do not work from unified national treatment guidelines. Each province independently develops treatment guidelines using a multi-disciplinary consensus approach (tumour site groups) and independently develops detailed access criteria to drug treatments. Frequently, recommendations for drug treatment presented in the provincial guidelines for a cancer site are out-of-date, or do not reflect provincial cancer drug funding. The result is inconsistent treatment guidelines and drug access criteria from province-to-province, and significant expenditure across Canada on redundant efforts to develop guidelines and access criteria.

CanCertainty Position:

CanCertainty believes it is critical that there is a clear and transparent definition for Harmonization. It is also important the objective of Harmonization is to create a standard of best practices in cancer treatment and best outcomes possible for patient with all types of cancer across the country.

Furthermore, CanCertainty believes that before CAPCA develops Harmonization mechanisms that include how cancer drugs are selected and used and integrated into clinical pathways, they need to first focus on harmonizing the processes and infrastructure used for the development of clinical treatment guidelines and drug access criteria across Canada. Such harmonization would support sustainability by eliminating redundant efforts to develop provincial guidelines and drug access criteria, and lead to a system with more consistent and equitable cancer treatment for patients across the country.

ii) Safe Prescribing and Dispensing of Cancer Drugs

Across Canada, there is tremendous variance on how cancer systems address the safe prescribing and dispensing of cancer drugs. Drug ordering is one of the most complex processes in patient care. Most jurisdictions in Canada have Computerized Physician Order Entry (CPOE) systems in place to support improved patient safety, decrease costs, and improved compliance with treatment guidelines by a) allowing the immediate electronic communication among cancer care providers to ensure reliable and efficient care, b) reducing prescription errors and adverse drug events, and c) flagging drug allergies to prevent adverse drug events. From 2006 to 2011, it is estimated that Ontario's CPOE System prevented approximately 8,500 adverse drug events, 5,000 physician office visits, 750 hospitalizations, 57 deaths, and saved millions in annual health-care costs.¹ **However**, Ontario (and many other provinces) only have these systems in place for IV drugs, with oral/take-home drugs dispensed through community pharmacy. This poses immense safety challenges to patients, and increases costs to cancer systems and patients alike. With pharmaceutical treatment advancements, now approximately 50% of the drugs currently used to treat cancer being take-home drugs and it is time that prescribing and dispensing systems also evolve into integrated digital oral/IV systems.

CanCertainty Position:

As a prerequisite to CAPCA developing Harmonization mechanisms that include how cancer drugs are selected and used and integrated into clinical pathways, CAPCA should first ensure the complete deployment of integrated Computerized Physician Order Entry (CPOE) systems across Canada to include take-home cancer drugs. Such a deployment would significantly support sustainability by reducing adverse drug events, physician office visits and hospitalizations, and provide more meaningful data for the real world evaluation of cancer drugs.

¹ <https://www.ehealthontario.on.ca/en/news/view/cancer-care-ontario-ehealth-ontario-partner-to-deliver-safer-chemotherapy>

iii) Inconsistency and Delays in Approving Drugs for Funding

While it takes several months for a drug to be reviewed and receive a recommendation from pCODR, each province then takes more time to each review and make a decision on funding the drug. This results in a wide variance across Canada in the amount of time that passes before patients can access a drug, and causes yet another form of inequity and inefficiency in our cancer systems.

CanCertainty Position:

As a prerequisite to CAPCA developing Harmonization mechanisms that include how cancer drugs are selected and used and integrated into clinical pathways, CAPCA should first work to harmonize and optimize the speed and efficiency of drug funding approval processes across Canada.

iv) Reimbursement of Take-home Cancer Drugs

Significant provincial disparities exist between intravenous cancer drugs, which are administered in hospitals, and oral drugs, which are usually taken at home. The western provinces provide all patients, regardless of age or income level, or whether the drug is IV or orally administered, with the most comprehensive coverage. If a drug is listed, patients are fully covered, with no deductibles or co-pays. In the six other provinces, coverage varies significantly.

CanCertainty Position:

As a prerequisite to CAPCA developing Harmonization mechanisms that include how cancer drugs are selected and used and integrated into clinical pathways, CAPCA should first work to harmonize and optimize reimbursement policies for take-home cancer drugs across all provinces.

Treatment taken at home vs. in the hospital can save the healthcare system money and support sustainability, as well as potentially provide better negotiating positions for the procurement of all cancer medications.

3) **To create a process to gather, analyze, and apply REAL WORLD EVIDENCE (RWE) of a drug's effectiveness in the general population**

Collecting and analyzing cancer information is at the very heart of a quality cancer system. Post-market surveillance to determine the real world effectiveness of drugs, and the safety and value of drugs, is critical. Patients stand to benefit enormously from the continued evolution of a pharmacosurveillance system. Many cancer systems have the ability to collect significant amounts of data on hospital-administered IV cancer treatments, which are provincially funded and available to all residents. However, the ability to collect data for take-home cancer drugs, which account for approximately 50% of anti-cancer treatments, is not possible in many provinces due to antiquated prescribing and dispensing systems.

Also, there are various existing patient registries that have been developed with the purpose to support research and refine and improve treatment and management of various cancers. For example, there are well developed information systems (national registries) for Bladder Cancer (Canadian Bladder Cancer Information System/CBCIS) and Kidney Cancer (Canadian Kidney Cancer Information System/CKCIS) that

are access-restricted systems where data on cancer patients is collected from across Canada with the purpose to support research and refine and improve treatment and management of cancer. While clinicians are using these systems to improve care, provincial reimbursement authorities have not yet tapped into these registries to collect RWE.

CanCertainty Position:

As a prerequisite to CAPCA developing new mechanisms for the selection and prioritization of cancer drugs, it needs to develop and harmonize RWE collection mechanisms across Canada. As a priority, to enable high-quality RWE data collection, CAPCA needs to first focus on merging take-home cancer drugs into the CPOE systems currently used in many provinces to prescribe and dispense IV cancer drugs. Also, CAPCA needs to explore and leverage existing patient registries that have been developed with the purpose to support research and refine and improve treatment and management of various cancers based on Canadian RWE.

4) **To develop criteria and a process to assess AFFORDABILITY of a cancer drug**

CAPCA is currently looking at the funding and affordability of cancer drugs exclusively within the silo of total drug expenditure within provinces. However, not only do Canadians believe that healthcare is the most important government spending priority, within healthcare, Canadian's believe **cancer** is the most important spending priority.²

Cancer treatment urgently needs new investment, and governments and government agencies need to differentiate cancer from other serious health issues, and consider investment in, and the affordability of cancer drugs with a view that extends beyond simple cost containment.

Affordability of any cancer drug or treatment intervention must consider the preferences of the public, and 'affordability' must be weighed against potential patient outcomes, short- and long-term. Benefits to the Canadian economy, to society, are often realized outside of the drug silo and indeed outside of the healthcare silo:

*Authors from the Karolinska Institute in Stockholm argued that the burden of illness for cancer compared to other diseases is far greater than the proportion of health dollars it consumes. The improved quality of life obtained by using expensive new drugs would return the cost of treating cancer patients through increased taxes and reduced utilization of the health system.*³

CanCertainty Position:

When determining the affordability of new drugs, CAPCA needs to assess affordability not just in the context of total government drug spending, but within the broader context of other forms of cancer care, societal priorities, and with a view that cancer is already differentiated from other serious diseases and requires separate and distinct investment.

² CanCertainty/Strategic Directions survey of 1,155 randomly selected Canadian residents to study attitudes towards government spending and healthcare priorities, February 2016.

³ Canadian Cancer Action Network, *Issues of Access to Cancer Drugs in Canada*, April 2008,

Other Opportunities to Support Sustainability of Provincial Cancer Systems

CAPCA has other opportunities to address sustainability of provincial cancer systems that could rapidly deliver results:

Wastage

There is a tremendous opportunity for savings from drug wastage for both intravenous and take-home cancer drugs.

Intravenous drugs in non-reusable containers are wasted by discarding the remaining contents after use in a single patient. At the cost of thousands of dollars per treatment, salvaging this excess product can potentially trim millions of dollars from Canada's cancer drug bill.⁴

Take-home cancer drugs in many provinces are dispensed through community pharmacy, which results in significant wastage. Because many community pharmacies may have only a few patients (or one patient) on any specific take-home cancer medication, they dispense all inventory to those few patients. As dose changes or discontinuations are very common in cancer treatment, the result is a high amount of drug wastage, for take-home cancer drugs, estimated to be in the 10% range.

Cancer clinic pharmacies have volumes of patients, and can dispense smaller, weekly amounts to these patients who frequently have dose changes or discontinuations.

CanCertainty Position:

CAPCA should, as a priority sustainability initiative, focus on reducing drug wastage across all Canadian provinces and territories.

Cancer Drug Dispensing Models

Take-home cancer drugs are delivered/dispensed in various ways across Canada, with some provinces dispensing cancer drugs through cancer clinic pharmacies, and others dispensing through community pharmacy. In provinces where cancer drugs are dispensed through community pharmacy, significant savings are achievable if the delivery of take-home cancer drugs were changed to be dispensed through cancer clinic pharmacies.

Even within the community pharmacy model, savings could be achieved by restructuring markups and dispensing fees from the current 6-8% mark-up currently paid to flat fees from specific oncology-trained community pharmacies. (Expenditures in markups and dispensing fees in ON for THCDs were estimated at \$26M in 2013).

CanCertainty Position:

CAPCA should, as a priority sustainability initiative, focus on reducing the expenditures spent on markups and dispensing of take-home cancer drugs across Canada.

System Efficiencies

⁴ Canadian Cancer Action Network, *Issues of Access to Cancer Drugs in Canada*, April 2008,

Every patient and every patient organization knows of obvious inefficiencies within the cancer system that could save provincial cancer systems time, resources, and money – and improve patient-centricity and consistency.

CanCertainty Position:

CAPCA needs to engage with patient groups to find the mechanism to bring end-user feedback into the cycle of continuous improvement.
