

Alignment Between CDA Recommendations and pCPA Negotiation Outcomes: Exploring Factors Influencing Reimbursement Success

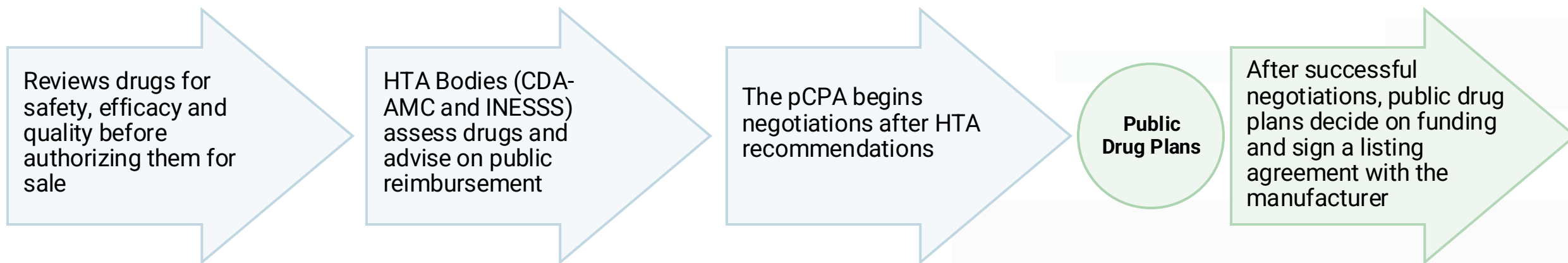
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Where the CDA and pCPA Fit in the Canadian Drug Reimbursement Process*



Santé
Canada

Health
Canada



Canada's Drug Agency
L'Agence des médicaments du Canada
Drugs, Health Technologies and Systems. Médicaments, technologies de la santé et systèmes.

Institut national
d'excellence en santé
et en services sociaux

Québec



pcpa app

pan-Canadian Pharmaceutical Alliance
Alliance pharmaceutique pancanadienne

*Public drug plans are operated
by federal, provincial, and
territorial governments; each
manages its own coverage
policies and eligibility*

**The figure above offers a simplified representation of the process; exceptions may apply*

Why Examining Alignment Between CDA-pCPA is Relevant for Policy & Reimbursement?

- ✓ Essential to ensure evidence-based clinical value leads to timely, equitable patient access.¹
- ✓ Misalignment between HTA and negotiation can delay therapy access and create inefficiencies in public drug reimbursement.²
- ✓ Supports sustainable healthcare budgets while ensuring high-value innovations aren't excluded due to procedural gaps.¹
- ✓ Informs policy to improve transparency and predictability in drug pricing.³
- ✓ Strengthens stakeholder confidence and guides future reimbursement reforms.³

From Recommendations to Negotiations: Exploring the CDA–pCPA Interface



Assess the alignment between:

*Canada's Drug Agency (CDA) reimbursement
recommendations*

*Outcomes of pricing negotiations by the pan-
Canadian Pharmaceutical Alliance (pCPA)*



Identify key factors contributing to:

*Failed negotiations for drugs with
favorable value assessments*



Provide insights to support:

- *Improved coordination between
HTA and pricing processes*
- *Policy decisions within the
Canadian healthcare system*

Analyzing Misalignment Between CDA-pCPA Outcomes

- **Data Sources**

- Publicly available data from the CDA and the pCPA websites (accessed January 2024).

- **Study Sample**

- CDA-AMC project numbers were used to match decisions with pCPA negotiation outcomes.
- 355 projects were included in the analysis

- **Data Extraction**

- CDA's "Recommendations and Reasons" reports were screened to identify conditions for reimbursement.
- Outcomes categorized as:
 - Agreement (LOI)
 - No Agreement
 - Active Negotiation
 - Not Pursued

Evaluating Agreement Between CDA-pCPA Outcomes

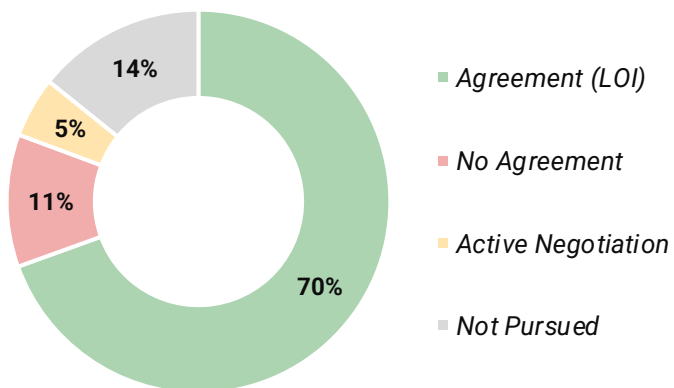
- **Statistical Analysis**
 - Descriptive statistics to characterize alignment.
 - Chi-squared test and Cramer's V to assess association between decisions.
 - Wilcoxon rank-sum test to compare negotiation durations.
 - Text pattern analysis performed in R to classify reimbursement conditions (e.g., price reduction vs. reference pricing).
- **Software**

All analyses performed in R (version 4.4.2).

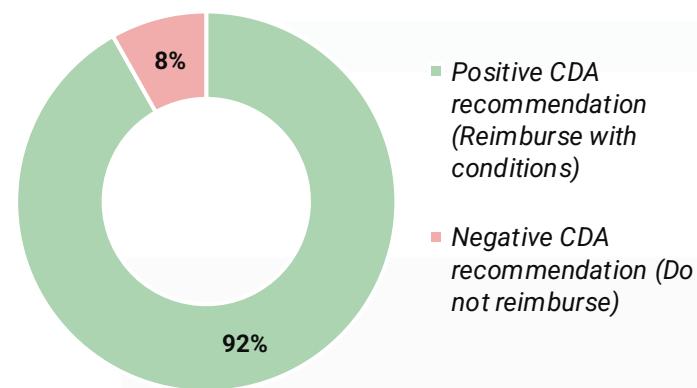
Descriptive Outcomes & Alignment



**Overall pCPA Projects
(as of Jan 2024) (n= 921)**



**Matched CDA–pCPA
Dataset (n=355)**



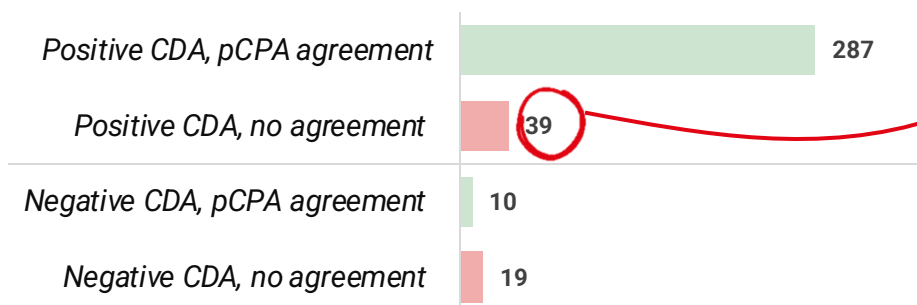
Chi-squared test: significant association between CDA– pCPA outcomes ($p = 0.0022$)

Cramer's V = 0.18 → small to moderate association

Drivers of Misalignment



Distribution of Agreement Between CDA–pCPA Outcomes (n=355)



- **11% (n=39) of positive CDA recommendations failed to reach an agreement**
- 5.4% (n=10) of negative CDA recommendations resulted in an agreement



Reimbursement Conditions for Failed Positive Recommendations (n=39)



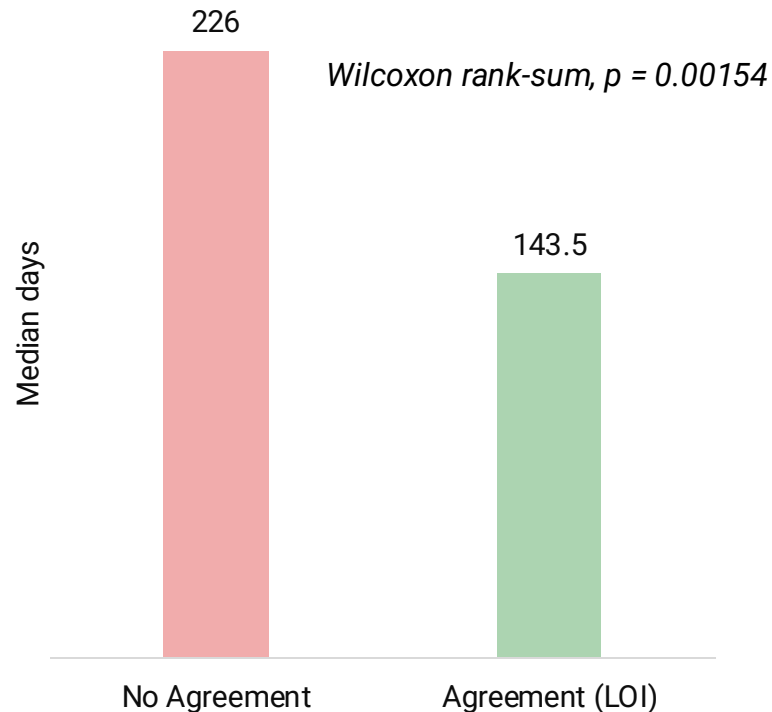
- 62% (n=24) reports required the price to be referenced against the lowest treatment alternative or public drug plan.
- 38% (n=15) of CDA reports required price reduction as a condition for reimbursement.

Substantial price reduction demands (average: 82.5%, range: 50%–97%) may explain why 11% of positive CDA recommendations failed to reach agreement

Timelines for pCPA Negotiations



**Median Negotiation Time:
Agreements vs. Non-Agreements (n=355)**



***Failed negotiations lasted ~82 days longer on average
— a statistically significant delay in access***

Insights Into pCPA Outcomes Following CDA Recommendations

- ✓ Most drugs with positive CDA outcomes reach pCPA agreement; however, misalignment remains—11% fail to secure reimbursement despite HTA support.
- ✓ Substantial price reductions—averaging 82.5% and up to 97%—were common in failed cases, suggesting cost remains a major barrier.
- ✓ Failed negotiations took longer (median 226 vs. 143.5 days; $p = 0.00154$), potentially delaying access.
- ✓ 5.4% of drugs with negative CDA outcomes still reached agreements, indicating pCPA decisions may diverge from CDA under certain conditions.

Misalignment between value-based HTA outcomes and pricing expectations may limit access to therapies, despite evidence of benefit



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Thank You!