UNEQUAL ACCESS OF INNOVATIVE DRUG PRODUCTS IN CANADA

Feener S[1], Barbeau M[1]

[1]Bausch Health Canada, Montreal, Canada

Introduction

- Following Health Technology Assessment (HTA) reviews by the Canadian Agency for Drugs and Technologies in Health (CADTH), a drug product file is sent to the pan-Canadian Pharmaceutical Alliance (pCPA) for negotiations of confidential rebates.
- The decision to publicly fund drugs in Canada remains to respective public drug plans (federal, provincial, and territorial).
- Individual public drug plan decisions can lead to unequal access across the country.

Objective

- The objective of this analysis was to assess if there are discrepancies in the listing status across the public drug plans for the latest innovative dermatology, metabolic, central nervous system (CNS), and respiratory products on the Canadian market.

Methods and Materials

- Dermatology, metabolic, CNS, and respiratory products that received a CADTH recommendation between January 1, 2016 to June 28, 2023 were collected.
- Dermatology products with no CADTH recommendation but that had reached a pCPA agreement for dermatology were also collected.
- The outcome and date of the CADTH recommendation, pCPA letter of intent (LOI), and listing status on the public drug plans were recorded for all products.
- Listing status was updated as of June 28, 2023.
- A status of “Listed” was recorded (assigned) regardless of type of listing (ex. Full benefit vs. limited use)
- An analysis of percentage listing across the drug plans was calculated using all products and products that went through pCPA and “concluded an LOI”.
- The following public drug plans were included in this analysis: British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, and NIHB

Results

- Eleven (11) innovative dermatology products, ten (10) CNS, eight (8) respiratory and fourteen (14) metabolic products with a signed pCPA LOI were identified between January 1st, 2016 and June 28th, 2023.
- Indications included:
  - Dermatology: psoriasis, acne, atopic dermatitis and actinic keratosis
  - CNS: epilepsy, multiple sclerosis, Parkinson’s disease, amyotrophic lateral sclerosis, neurofibromatosis
  - Respiratory: asthma, chronic obstructive pulmonary disease
  - Metabolic: diabetes mellitus, urea cycle disorder, Gaucher disease, hereditary tyrosinemia type 1
- The median percent listing was 100%, 90%, 88%, and 79% for dermatology, CNS, respiratory and metabolic products respectively (Figure 1).

Figure 1. Canadian median percent listing for products with a pCPA LOI

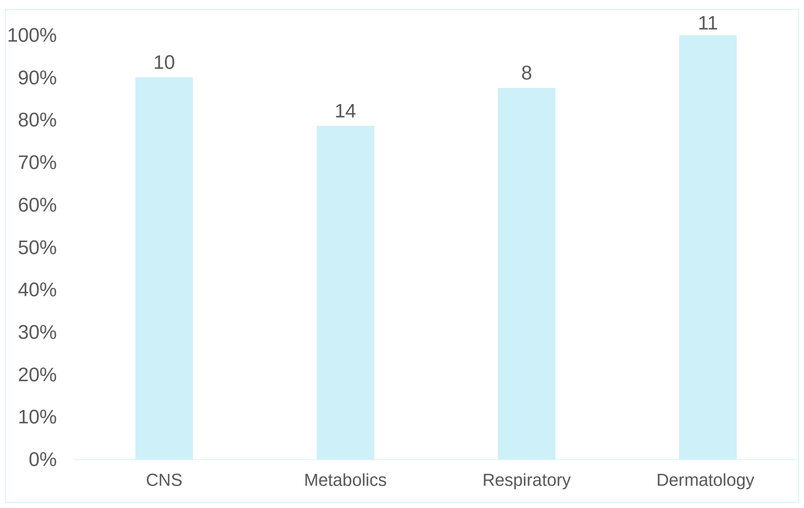
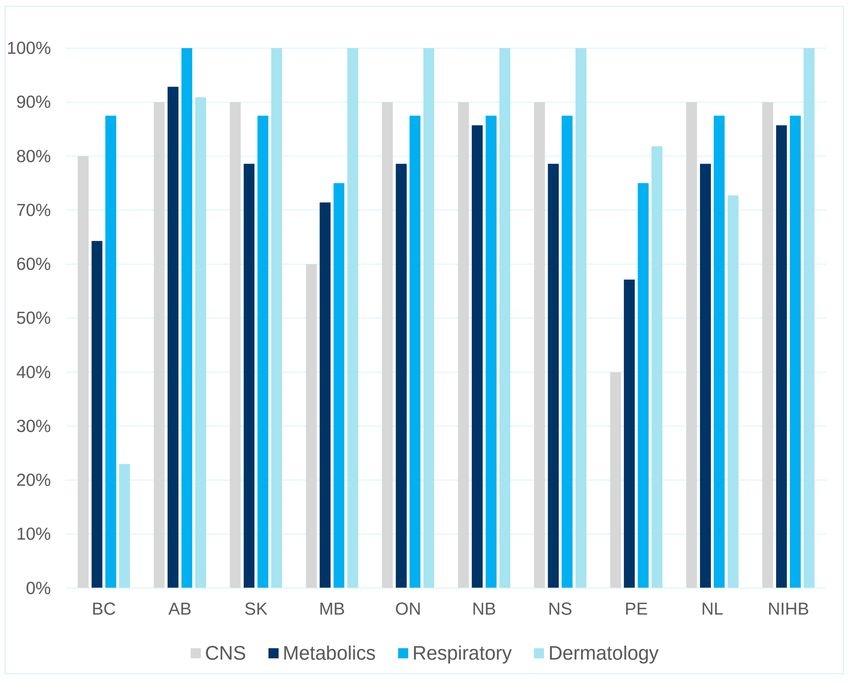


Figure 1. Heat map of public drug plan listing for innovative dermatology products.

- Of the products that received pCPA LOI, the percent listing across Canada ranged from 27% of dermatology products in in BC to 100% dermatology products and respiratory products in several provinces (Figure 2).

Figure 2. Percentage listing by drug plan for all dermatology, CNS, respiratory and metabolic products that have a pCPA LOI.



Results

- In BC, indigenous communities have public coverage through the First Nations Health Authority (FNHA), compared to indigenous communities in the rest of Canada who have public coverage through the NIHB.
- Indigenous communities in BC only have access to 27% of dermatology products with an LOI, compared to indigenous communities across Canada who have access to 85% of dermatology products with an LOI

Figure 3 Dermatology listings in British Columbia versus NIHB

	BC	NIHB
Ilumya		
Dupixent		
Skyrizi		
Siliq		
Tremfya		
Actikerall		
Taltz		
Duobrii		
Enstilar		
Arazlo		
Bryhali		
Rinvoq		
Bimzelx		
Cibinqo		

Conclusion

- Six out of ten drug plans list 100% of the dermatology products with a pCPA LOI.
- The Canadian median percent of listed products ranges from 100% of dermatology products to 79% for metabolic products.
- The lowest percent of listed products occurred in BC for dermatology products, where only 27% of products with an LOI are listed.
- There is unequal and unequitable access of innovative dermatology products for patients in BC compared to the rest of Canada.
- There are further inequalities for First Nations communities in BC when compared to First Nations in the rest of the country. First Nations communities in Canada (except BC) are covered by NIHB where they have access to all innovative dermatology products.

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