

Experimental Evidence to Inform Drug Funding Policy

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Overview

- Provincial drug funding policy
- Evaluative framework
- Examples
 - □ Drug Classes (statins, tryptans)
 - □ TZDs
 - Donepezil
 - □ Coxibs



Overview

Assumptions

Levels of evidence known

Context is everything



Overview

- Federal government <u>licenses</u>
 - Regulated
- Provincial governments <u>pay</u>
 - Unregulated



Provincial Drug Funding Policy Overview (cont.)

- A committee considers
 - Benefit/harm evidence
 - □ Price



Provincial Drug Funding Policy Overview (cont.)

- Rationing
- Seldom reversible
 - ☐ Yes, stays yes
- Seldom controllable
 - □ Partial yes, difficult to limit



Rules of Evidence/How to say 'No'

1. Manufacturers bear the burden of proof of benefit versus harm

Default position:

inadequate evidence of net benefit = Do Not List



Rules of Evidence/How to say 'No' (cont.)

- 2. Provincial Drug Plans determine:
- Strength of evidence
 - necessary conditions
 - quality and quantity



Rules of Evidence/How to say 'No' (cont.)

- 3. Provincial Drug Plans determine:
- Magnitude of effect
 - sufficient conditions
 - Clinical significance of outcome measures



Provincial Drug Funding Policy Examples

- Type 1
 - ☐ First of Class
 - establishes evaluative framework

- Type 2
 - ☐ Addition to Class



Provincial Drug Funding Policy Example 1.

- First of Class
 - □< 10%
 - Evaluative framework
 - Focus on pharmacology; is it a new Class?
 - Manufacturer must justify net benefit <u>versus</u> <u>placebo</u>
 - Key issue: clinical outcome measures



Provincial Drug Funding Policy Example 1. First in Class

- Donepezil
 - ☐ Licensed by Health Canada, 1999
 - □ Submitted to BC Drug Plan for Alzheimer's patients in 2000



Provincial Drug Funding Policy Example 1. First in Class (Donepezil)

- Evaluative Framework
 - □ RCTs versus placebo
 - □ Outcome measures needed:
 - delay entry into nursing homes
 - delay mental or functional deterioration



Provincial Drug Funding Policy Example 1. First in Class (Donepezil)

- Evidence
 - No clinically significant benefit
 - □ Significant increase in serious harm

■ BC Policy: **Do Not List**



Provincial Drug Funding Policy Example 1. First in Class (TZDs)

- Rosi- and Pio-glitazone
- Evaluative framework
 - □ RCTs versus placebo
 - □ Outcome measrues:
 - accepted glycemic surrogates
- BC Policy: eventually Listed



- Most common (90%)
- Evaluative framework
 - □ No price premium
 - □ Price premium



- No price premium
 - □ Evaluative framework
 - Accept RCTs versus placebo
 - Include observational data on harm



- No price premium
- Many drugs and classes
 - □ Triptans
 - □ Statins
 - □ Anti-psychotics
 - □ Anti-depressants



- No price premium
- RCT and non-RCT evidence
 - □ Triptans
 - Eletriptan ECG
 - □ Statins
 - Cirivastatin -rhabdomyolysis



- Price premium
 - □ Rofecoxib and Celecoxib
 - Licensed in Canada, 1999-2000
 - 10 NSAIDs already funded
- Marketed as
 - □ Equal efficacy
 - □ Less harm (justification for higher price)



- Price premium
 - □ Rofecoxib and Celecoxib
 - □ Evaluative framework
 - "me-too" NSAIDs
 - RCT, active comparator
 - Serious morbidity outcomes



- Evidence
 - □ Rofecoxib and Celecoxib
 - Small serious GI benefit (rofecoxib)
 - increased overall serious harm
- Policy: Do Not List



Example 2. Addition to Class

- Ongoing policy process
 - □ Rofecoxib and Celecoxib
 - Evaluative framework
 - □ Unchanged RCT evidence
 - □ Policy: List, 3rd Line
 - political reasons



- Final Chapter
 - □ Rofecoxib
 - □ Evaluative framework
 - Unchanged
 - Full RCT reporting
 - □ Increased overall harm (MI > GI benefit)
 - Withdrawn from market
 - Also lawsuits USA



Summary

- Provincial drug funding policy:
 - ☐ Sets necessary and sufficient conditions for funding
 - Needs sufficient evidence of net benefit to fund
 - □ Needs RCTs to say 'no'
 - ☐ Utilizes mainly RCT evidence
 - Observational data for additions to Class