



*Canadian Agency for
Drugs and Technologies
in Health*

*Agence canadienne
des médicaments et des
technologies de la santé*

Common Drug Review: Past Learnings, Future Direction

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*CAPT Symposium
April 21, 2009, Montreal*







Common Drug Review – The Beginning

- Prior to CDR, public drug plans conducted separate drug reviews.
- First Ministers initiated the plan for a single review and listing process.
- CDR established in March 2002; began accepting submissions in September 2003.
- First recommendations issued in May 2004.

Common Drug Review – Mandate

- **Provide a single process for:**
 - conducting objective, rigorous, and timely reviews of the clinical and economic evidence for drugs, and
 - providing formulary listing **recommendations** to the publicly funded drug plans in Canada (except Quebec)
- **Formulary decisions are made by the drug plans**



***“A young doctor makes a full
graveyard.”***

Chinese Proverb

Drug Review Process

**Health Canada
Responsibility**

Market Authorization

**Manufacturer
Responsibility**

**Submission of Clinical &
Economic Evidence to CDR**

**CADTH
Responsibility**

**Reviews
by CDR**

**CEDAC recommendation to
drug plans**

**Drug Plan
Responsibility**

**Listing
Decision**

**Listing
Decision**

**Listing
Decision**

**Listing
Decision**

CDR Activity to March 31, 2009

Number of submissions	163
Number of priority reviews requested/granted	31/12
Number of final recommendations issued	128
Number of “list” recommendations	63
Number of “do not list” recommendations	65

CDR Successes

- **Incorporates 18 processes into one**
- **Meets targeted timeframes 100% of time**
- **High quality clinical and pharmacoeconomic reviews**
- **~92% agreement between CEDAC recommendations and drug plan decisions**
- **Information publicly available on CADTH web site**
- **Ongoing process improvements in response to feedback**

CDR – Challenges and Opportunities

- **Relationship with industry**
 - Individual manufacturers
 - Rx&D and BIOTECCanada
- **Input from patients and patient advocacy groups**
- **Media and political attention**
- **Capacity, timelines, transparency**
- **Information gaps and methodological issues**

A Comment on HESA

- **Parliamentary Committee study to review the role and effectiveness of CDR – December 2007**
- **Recommendations:**
 - Requirement for an independent, external evaluation
 - Enhance transparency of scientific and price information
 - Increase public involvement through open CEDAC meetings and a public advisory body
 - Create a distinct appeal process for CEDAC recommendations
 - Establish an approach for the review of drugs for rare disorders and first in class drugs





CDR - Future Direction

If you don't know where you are going, any road will get you there.

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Program Enhancement, Capacity Building

➤ Program Enhancement

- Pre-NOC priority review submissions
- Resubmissions based on a reduced price during the embargo period
- Expanded criteria for resubmissions

➤ Capacity Building

- Staffing, organizational structure, efficiencies
- Transparency initiative

Transparency Documents

Additional documents to increase understanding of the CEDAC recommendation

- Overview of clinical and pharmacoeconomic reports
- Summary of CEDAC discussion relating to the drug
- Plain language version of Recommendation and Reasons for Recommendation

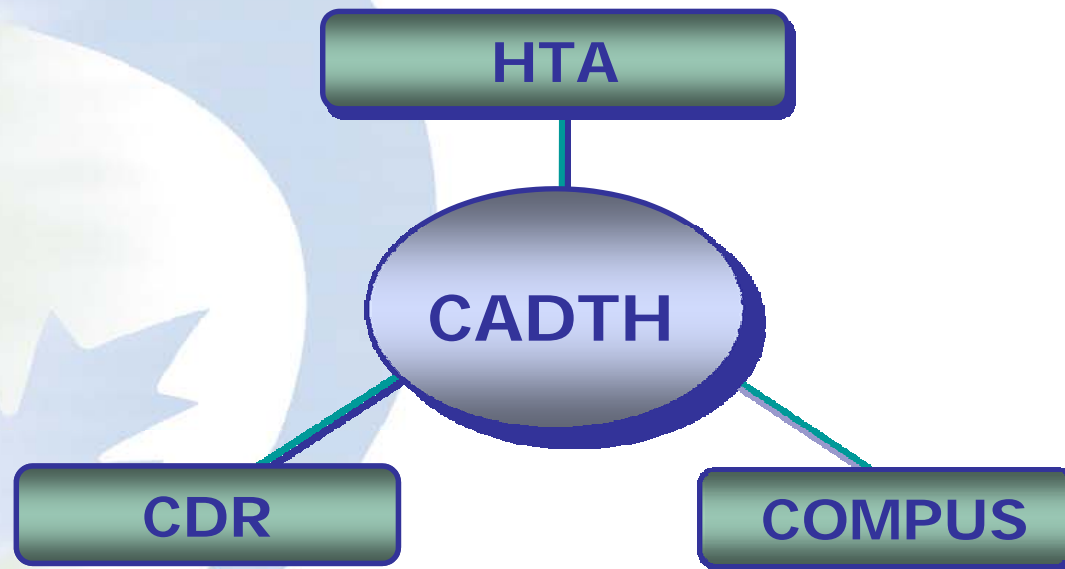
Manufacturer provided an opportunity to review documents

- To identify inaccuracies and confidential information for removal



Integration, Harmonization, Evaluation

- **Internal integration**



- **External harmonization**

- **Program evaluation**

Opportunities for Growth

Stay tuned!

For More Information



CADTH web site: www.cadth.ca