

**CORD's Submission to the
House of Commons Standing Committee of Health
regarding their study on**
*Barriers to Access Treatment and Drugs
for Canadians Affected by Rare Diseases and Disorders*

October 30, 2018

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About CORD

CORD is Canada's national network for organizations representing all those with rare disorders. CORD provides a strong common voice to advocate for health policy and a healthcare system that works for those with rare disorders. CORD works with governments, researchers, clinicians and industry to promote research, diagnosis, treatment and services for all rare disorders in Canada.

Introduction

On behalf of the Canadian rare disease community, the Canadian Organization for Rare Disorders (CORD) commends the House of Commons Standing Committee on Health for launching a study that – for the first time – is focused on helping Canadians with rare disorders. This study represents an opportunity to shine a light on a long-neglected part of our healthcare system.

Rare diseases affect 1 in 12 Canadians, totalling nearly 3 million people, two-thirds of whom are children.¹ These diseases are often disabling or life-threatening and involve a long list of challenges in accessing the right diagnosis, care and treatments. Although there are roughly 7,000 known rare diseases, typically defined as affecting fewer than 1 in 2,000,² only 5% have effective medicines.³ Further, even where drugs exist to treat a certain rare disease, that does not mean that the treatment is available to Canadian patients.

A June 2018 survey conducted by CORD⁴ illustrates just how challenging it is for rare disease patients to access the treatments they need to survive and get better:

- 78% experienced challenges accessing needed medicines
- 53% disagreed that they had access to the right drug at the right time
- 58% were denied access to necessary drugs because of cost
- 64% were denied access to a drug because it was not on a public or private plan's list
- 70% experienced long delays and barriers to accessing needed medicines
- 47% were unable to access drugs because of cost or co-payments

The lack of access to the right therapies significantly impacts patient outcomes and can result in increased morbidity, loss of life or poorer quality of life and increased costs to the family, the healthcare system and ultimately the Canadian economy. While every country is struggling with rare diseases and orphan drugs, sadly Canada is doing worst than most other developed countries to provide equitable and sustainable access.

At CORD, we have been working for many years to address these challenges. Much of our work culminated in the launch of Canada's Rare Disease Strategy in 2015.⁵ Since then, we have urged the federal and provincial governments to do their part to implement this strategy, which includes as one of its key goals "provide sustainable access to promising therapies".

¹ Canadian Organization for Rare Disorders, *About CORD*, online: <https://www.raredisorders.ca/about-cord/>.

² Canada has no official definition of a rare disease or orphan drug, having not yet implemented the Orphan Drug Regulatory Framework. The definition proposed in the "yet-to-be-implemented" Orphan Drug Regulatory Framework is similar to that of the European Union, namely a condition that affects fewer than "1 in 2,000" persons. See: <http://www.orpha.net/national/data/CA-EN/www/uploads/Initial-Draft-Discussion-Document-for-A-Canadian-Orphan-Drug--Regulatory-Framework.doc>.

³ Pharmaceutical Research and Manufacturers of America (PhRMA), *Rare Diseases: A Report on Orphan Drugs in the Pipeline*, 2013 Report, online: http://www.phrma.org/sites/default/files/pdf/Rare_Diseases_2013.pdf.

⁴ Of the 426 responses to the survey, 136 were from rare disease patients. In its analysis of the responses, CORD tabulated the results of all patients and stratified the data to indicate the views of rare disease patients as distinct from those of patients who are not living with rare diseases.

⁵ CORD, *Canada's Rare Disease Strategy*, 2015: <https://www.raredisorders.ca/canadas-rare-disease-strategy/>.

Challenges in accessing rare disease treatments in Canada are due in part to lack of insurance coverage. However, access is also very difficult because of the many barriers found at nearly every level of the Canadian drug review process, including at the regulatory, health technology assessment and reimbursement levels.

Very recently, in October 2018, the Expensive Drugs for Rare Diseases Working Group (EDRD WG), established by the provincial/territorial (P/T) health ministers in 2015, launched a consultation on a proposed supplemental process for reimbursing complex/specialized drugs, including those used to treat rare diseases (a copy of the consultation paper is attached as **Annex A** of this submission). While we have yet to engage in the consultation and there are many details to be determined, we are encouraged by the overall process presented in the consultation document, which could help improve access to rare disease drugs. We recommend that the federal government work closely with the EDRD WG, ensure that the federally managed drug plans are included in the process and contribute the necessary resources to enable appropriate reimbursement that realizes appropriate access for all rare disease patients.

In fact, we believe that **the federal government is positioned to play key roles in helping ensure Canadians with rare conditions have appropriate access to necessary medicines by taking the following actions:**

1. **Regulatory process:** Build on its current orphan drug regulatory approach and implement a distinct orphan drug regulatory framework that incorporates international best practices and closely aligns with other regulatory agencies, notably the US Food and Drug Administration and the European Medicines Agency to encourage the development and availability of treatments for rare diseases in Canada in a timely fashion.
2. **Health technology assessment:** Build upon the announced process alignment between Health Canada and the Canadian Agency for Drugs and Technologies in Health and Quebec's Institut national d'excellence en santé et en services sociaux to help develop health technology assessment processes that take into account the specific attributes of rare disease drugs, including disease severity and the lack of alternative treatment options for patients. These processes should result in access criteria that can be incorporated into the managed access programs referenced in the Expensive Drugs for Rare Diseases Working Group's proposed supplemental process.
3. **Reimbursement by public drug plans:** Work with the provinces to use the Expensive Drugs for Rare Diseases Working Group's proposed supplemental process as a framework for implementing a separate national public pharmacare program focused on rare disease drugs. As part of this initiative, the federal government should support the efforts of the Expensive Drugs for Rare Diseases Working Group to improve the review and reimbursement of rare disease drugs and invest the necessary supplemental resources to increase the efficiency and the timeliness of the pan-Canadian Pharmaceutical Alliance.

4. **Drug pricing regulations:** Take immediate action to request a full analysis of the likely and potential implications of the proposed changes to the *Patented Medicines Regulations* for Canadian development, market entry, and availability of drugs for rare diseases. In particular, prior to proposing regulatory changes, consult with companies with rare disease drugs in development and rare disease patient representatives to fully understand the potential impact, especially in the context of national pharmacare and the Expensive Drugs for Rare Diseases Working Group's proposed supplemental process. By moving forward on the proposed regulatory changes, we risk imposing barriers that would go against the efforts underway to facilitate access, such as the orphan drug regulatory approach, the alignment between Health Canada and the Canadian Agency for Drugs and Technologies in Health, national pharmacare, and the Expensive Drugs for Rare Diseases Working Group's proposed supplemental process.
5. **Special Access Programme:** Ensure that the Special Access Programme is readily available for appropriate uses (e.g., emergency, bridging or other short-term use) while not having to be relied upon for routine or long-term use. Incorporate the Special Access Programme into a national public pharmacare program focused on rare disease drugs and, at the same time, develop incentives and clear pathways to facilitate regular access to therapies shown to work in other jurisdictions. Also, use data from the Special Access Programme to support companies making a transition to appropriate regulated use when possible.

This submission sets out in more detail these recommendations and the barriers they are intended to address.

1. Regulatory process

Canada is the only developed country without an orphan drug regulatory framework, a definition of rare diseases and a designation for orphan drugs. A recent analysis indicates that treatments for rare diseases are typically launched in Canada much later than in the United States and/or Europe and in several instances do not even come to Canada at all.⁶ These jurisdictions benefit from longstanding regulatory policies focused specifically on incentivizing the development and commercialization of medicines for rare disorders.

To help address this situation, in 2012, Health Canada developed and widely communicated a draft orphan drug regulatory framework. However, it was never implemented. In August 2018, Health Canada published an Orphan Drug Regulatory Approach bringing together all of the legislation and regulations currently in place along with guidelines relevant to “drugs designated as orphans” outside of Canada. These are therapies specifically intended for patient populations that met certain criteria and addressed unmet needs or offered a significant improvement over existing therapies.⁷ We endorse this approach, which represents a major development in support for the entry of rare disease drugs into Canada. However, building on this approach, we believe we can further incentivize the development and commercialization of rare disease therapies so that more patients can access the medicines they need in a timely manner. This is why we are calling for the implementation of a distinct orphan drug regulatory framework.

1. **Regulatory process:** CORD recommends that the federal government build on its current orphan drug regulatory approach and implement a distinct orphan drug regulatory framework that incorporates international best practices and closely aligns with other regulatory agencies, notably the US Food and Drug Administration and the European Medicines Agency to encourage the development and availability of treatments for rare diseases in Canada in a timely fashion.

2. Health technology assessment

In Canada, before being reimbursed by public drug programs, all drugs are required to undergo a health technology assessment by the Canadian Agency for Drugs and Technologies in Health (CADTH) and, in Quebec, the Institut national d’excellence en santé et en services sociaux (INESSS). These agencies review the drugs for their clinical and cost effectiveness in comparison to other standard therapies.

However, despite the unique context of drugs for rare diseases, these treatments are evaluated using similar processes and methodologies as drugs for common diseases. The uniqueness of rare disease therapies includes gaps in understanding the disease and its progression, smaller patient populations eligible to participate in clinical trials, ethical concerns that prevent the use

⁶ Rawson, N., Fraser Institute, *Regulatory, Reimbursement, and Pricing Barriers to Accessing Drugs for Rare Disorders in Canada*, 2018: <https://www.fraserinstitute.org/sites/default/files/barriers-to-accessing-drugs-for-rare-disorders-in-canada.pdf>.

⁷ Government of Canada, *Canada’s regulatory approach to drugs for rare diseases: orphan drugs*, 2018: <https://www.canada.ca/en/health-canada/services/licences-authorizations-registrations-drug-health-products/regulatory-approach-drugs-rare-diseases.html>.

of standard clinical trial designs and a widespread lack of understanding of the clinical significance of interventions.

CADTH has made changes to its recommendation framework in recent years to help address the challenges of rare disease drugs. While the new framework has led to fewer negative recommendations based on clinical reasons, the process is time-consuming given the urgent patient need, which justifies expedited regulatory reviews. As well, CADTH's recommendations often propose extremely limited access criteria – often much more restrictive than Health Canada's market authorization – and expectations of substantial reductions in drug prices (up to 98.5%), which may or may not be appropriate, but which inevitably result in very protracted negotiations and delayed patient access.

CORD is not the only one calling for these changes. The Director of CADTH's Common Drug Review has also recognized the need for a more appropriate evaluation approach for drugs for ultra-rare diseases in a publication earlier this year.⁸

Without changing the underlying methodology to appropriately evaluate drugs for rare diseases, thorny questions about clinical criteria and when the drug is considered to be cost effective are pushed down the line to be addressed during negotiations between manufacturers and the pan-Canadian Pharmaceutical Alliance (pCPA), resulting in very challenging and lengthy negotiations and a further delays for patients.

2. **Health technology assessment:** CORD recommends that the federal government build upon the announced process alignment between Health Canada and the Canadian Agency for Drugs and Technologies in Health and Quebec's Institut national d'excellence en santé et en services sociaux to help develop health technology assessment processes that take into account the specific attributes of rare disease drugs, including disease severity and the lack of alternative treatment options for patients. These processes should result in access criteria that can be incorporated into the managed access programs referenced in the Expensive Drugs for Rare Diseases Working Group's proposed supplemental process.

3. Reimbursement by public drug plans

In Canada, reimbursement of drugs for rare diseases by public drug plans is inconsistent, restrictive and lengthy. For instance, public drug plans take on average 449 days to cover new drugs compared with 142 days for private plans,⁹ and we suspect that the timelines for public reimbursement of rare disease therapies are even longer.

⁸ The authors noted that the decision-making framework (which is distinct from the framework used by CADTH to issue its recommendations) might have contributed to greater negative recommendations and that a distinct HTA process for ultra-rare disease drugs should "appropriately account for the inherent limitations that appear to be unique to" these drugs. Richter, T., Janoudi, G., Amegatse, W., Nester-Parr, S., *Characteristics of drugs for ultra-rare diseases versus drugs for other rare diseases in HTA submissions made to the CADTH CDR, Orphanet J Rare Dis.*, 2018: [10.1186/s13023-018-0762-1](https://doi.org/10.1186/s13023-018-0762-1).

⁹ Canadian Health Policy Institute, *Coverage of new medicines in public versus private drug plans in Canada 2008-2017*, 2018: <https://www.canadianhealthpolicy.com/products/coverage-of-new-medicines-in-public-versus-private-drug-plans-in-canada-2008-2017.html>

In particular, negotiations of reimbursement terms between drug manufacturers and public drug programs under the pCPA are often protracted and unsuccessful when it comes to rare disease drugs. Out of 18 rare disease drugs approved by Health Canada between 2011-2016, only six resulted in a successful agreement with the pCPA.¹⁰

Further, even following the conclusion of an agreement with the pCPA, not all public drug plans decide to list the treatment on their formularies. When they do, the timelines for listings and the reimbursement criteria can also vary significantly from one jurisdiction to another. It is often during this period of time that patients are driven to take matters into their own hands and appeal to their political representative as well as the public and social media.

As part of the consultations led by the Advisory Council on the Implementation of National Pharmacare, we recommended that the federal government lead the design and implementation of a national pharmacare program for rare diseases. If developed with the experience of rare disease patients in Canada as its guide and with the goal of improving patient outcomes, this program can lead to better and more timely access to treatments for rare disease patients in Canada. Key features of this program would include:

- **Universal:** The program would be available to all rare disease patients in Canada.
- **Comprehensive:** The program would be structured as a comprehensive public benefit plan, and not be restricted to only offsetting catastrophic expenses. Drug coverage would need to be better and timelier than what is currently offered by public drug programs.
- **National formulary:** The program would be based on a single formulary with a single set of eligibility criteria to help address current inequities in access across the country.
- **Flexible:** The program would need to be flexible to allow different funding approaches/mechanisms for different diseases. As well, it should include exceptional adjudication measures to ensure the unique circumstances of each patient – how the symptoms manifest for that specific patient – can be addressed in consultation with his or her physician and care team.
- **Integrated with the healthcare systems:** Developing a national pharmacare program presents an opportunity to integrate pharmaceutical care with patient care at the health system level. Historically, these have been treated separately and the siloed approach imposes limits on comprehensive care, which is especially important when treating rare disease patients. There are some rare disease communities that do this very well, such as haemophilia.
- **Optional:** This program would be available to rare disease patients across Canada who want to enrol in the program.
 - Patients already covered by private plans who wish to continue with this coverage would have the option to do so. These patients should also be allowed to choose a public plan as first payer and maintain their private plan for supplemental coverage.
 - It will be important to design the national pharmacare program for rare diseases in a way that still incentivizes private insurance companies to continue to offer coverage to rare disease patients in Canada.

¹⁰ Rawson, N., Fraser Institute, *Regulatory, Reimbursement, and Pricing Barriers to Accessing Drugs for Rare Disorders in Canada*, 2018: <https://www.fraserinstitute.org/sites/default/files/barriers-to-accessing-drugs-for-rare-disorders-in-canada.pdf>.

- **Financing:** The federal and provincial/territorial governments should fund the national pharmacare program for rare diseases. Individuals should only be asked to pay nominal co-pays to promote appropriate and responsible use, except where it would restrict their ability to access their therapies.
 - By having one national pharmacare program for rare diseases, the federal and provincial governments can pool risk and share the costs of these drugs.
 - Tools such as Managed Access Programs (MAPs) can also be leveraged to manage the uncertainty and the cost of orphan drugs. MAPs can help ensure that the right patients are provided access based on the available evidence, and they continue to monitor patients for outcomes and safety. One national pharmacare program for rare diseases would facilitate the implementation of MAPs, including the appropriate mechanisms and structure needed to support these agreements.

In terms of speeding up access to new therapies, we should be exploring other mechanisms adopted globally. In France, for instance, patient access to treatments for rare diseases is provided prior to marketing authorization. This means that rare disease patients can typically access their therapies up to three times faster than patients can access standard medicines. In Germany, rare disease patients have immediate access to new medicines during reimbursement negotiations. Canada can learn from – and leverage – these best international practices to improve rare disease patients’ access to treatments.

Finally, as previously noted, we are extremely encouraged by the EDRD WG’s proposed supplemental process for reimbursing complex/specialized drugs, including those used to treat rare diseases. The proposal aims to streamline access to specialized drugs by facilitating earlier HTA evaluations and pCPA negotiations as well as implementing MAPs that incorporate real-world evidence. This could help address many barriers in the reimbursement of rare disease therapies and provide broader and more timely patient access to rare disease therapies. We recommend that the federal government work closely with the EDRD WG and contribute the necessary resources to help improve and speed up the reimbursement pathway for rare disease therapies.

3. **Reimbursement by public drug plans:** CORD recommends that the federal government work with the provinces to use the Expensive Drugs for Rare Diseases Working Group’s proposed supplemental process as a framework for implementing a separate national public pharmacare program focused on rare disease drugs. As part of this initiative, the federal government should support the efforts of the Expensive Drugs for Rare Diseases Working Group to improve the review and reimbursement of rare disease drugs and invest the necessary supplemental resources to increase the efficiency and the timeliness of the pan-Canadian Pharmaceutical Alliance.

4. Drug pricing regulations

We are very concerned that the proposed federal drug pricing reform could add additional hurdles for patient access to rare disease treatments in Canada, worsening their situation rather than improving it.

In particular, Health Canada is proposing changes to *the Patented Medicines Regulations* to substantially reduce the prices of drugs, including through the use of cost-effectiveness

assessments. While we support efforts that will lead to more affordable drug prices, we need the medicines to also be available to Canadian patients early in the development cycle and not after they have been approved in all other countries. In fact, the proposed pricing changes are not consistent with the policies and practices of other countries where cost-effectiveness assessments are used to support the negotiations of confidential lower prices rather than being applied, as proposed by the new federal regulations, through regulations to all payers in the marketplace. These changes will put Canadians at a disadvantage in trying to access the latest rare disease therapies.

If the changes go through, pharmaceutical companies have been very clear that they would not be able to convince their global offices to launch early in Canada, which means Canada will not be included in first round clinical trials for new therapies. For some patients with life-threatening or progressive rare diseases, delayed access is the same thing as no access.

4. Drug pricing regulations: CORD recommends that the federal government take immediate action to request a full analysis of the likely and potential implications of the proposed changes to the *Patented Medicines Regulations* for Canadian development, market entry, and availability of drugs for rare diseases. In particular, prior to proposing regulatory changes, consult with companies with rare disease drugs in development and rare disease patient representatives to fully understand the potential impact, especially in the context of national pharmacare and the Expensive Drugs for Rare Diseases Working Group's proposed supplemental process. By moving forward on the proposed regulatory changes, we risk imposing barriers that would go against the efforts underway to facilitate access, such as the orphan drug regulatory approach, the alignment between Health Canada and the Canadian Agency for Drugs and Technologies in Health, national pharmacare, and the Expensive Drugs for Rare Diseases Working Group's proposed supplemental process.

5. Special Access Programme

Although this program was initially intended to be used for exceptional cases, it is currently being used extensively by patients with rare diseases to get access to the medicines they need. This happens because pharmaceutical companies have decided not to seek market authorization for their therapies in Canada. This may be because of the very small patient population in Canada and/or the lack of incentives to market their therapies in this country.

As a result, many rare disease patients have to rely on the Special Access Programme (SAP) to access their therapies, and there are many challenges with this program, including:

- **Burden.** It is a burdensome process that requires clinicians to fill out a large amount of paperwork and go through many steps to secure access for their patients.
- **Unavailability.** Even if an SAP request is approved, private or public coverage of the medicine is often not available as the product is unapproved in Canada. This means that patients need to rely on compassionate access from the manufacturer or apply to another special access program offered by their provincial government (e.g., a catastrophic drug program), which are not available in every province.

- **Inconsistency.** Patients and clinicians cannot be assured that access they have obtained through the SAP will continue, as they need to reapply periodically to maintain this access and there tends to be inconsistencies in how criteria for approval are applied.
- **Lack of SAP program.** Pharmaceutical companies may not consider Canada a sufficiently profitable market to go through the hoops of setting up an SAP program to provide Canadian physicians and patients with access. This is the case for older drugs that have no patents, which are sometimes the best treatments available globally for patients.

In sum, we need to continue to improve the regulatory and reimbursement processes to better incentivize pharmaceutical companies to want to seek approval to commercialize their treatments in Canada so that patients don't have to rely as much on the SAP. In the meantime, however, the federal government needs to make common sense changes to the SAP so that Canadians can access the medicines that they and their healthcare team deem to be the best one for their condition. A national pharmacare program focused on rare diseases would provide a unique opportunity to address many of the SAP's shortcomings.

5. **Special Access Programme:** CORD recommends that the federal government ensure that the Special Access Programme is readily available for appropriate uses (e.g., emergency, bridging or other short-term use) while not having to be relied upon for routine or long-term use. We also need to incorporate the Special Access Programme into a national public pharmacare program focused on rare disease drugs and, at the same time, develop incentives and clear pathways to facilitate regular access to therapies shown to work in other jurisdictions. Also, we need to use data from the Special Access Programme to support companies making a transition to appropriate regulated use when possible.

Conclusion

CORD applauds the Health Committee for taking on this important study. The rare disease community – including patients, caregivers, researchers, medicine developers and policy-makers – is a very close community that has been working for decades to improve the lives of 3 million Canadians. All have contributed to the development of Canada's Rare Disease Strategy, and we all have a role to play in implementing it.

We are therefore counting on the members of this Committee and the federal government to step up and play its part in helping make Canada's Rare Disease Strategy a reality. We hope that that the Committee will consider, in its deliberations, the concrete actions outlined in this submission that the federal government can take to remove the barriers that preclude Canadians with rare disorders from getting the treatments they need to survive and thrive.

Annex A

Stakeholder Consultation:

Supplemental Process for Complex/Specialized Drugs Background Document

In 2014, the Provincial/Territorial (PT) Health Ministers established the Expensive Drugs for Rare Diseases Working Group (EDRD WG). The working group's mandate is to explore the management of rare disease drug therapies with evidence-based approaches. In considering the significant challenges that exist in providing access to complex/specialized drug therapies, including those used to treat rare diseases, the EDRD WG has focused its efforts on four core areas: evidence, pricing, access and communications.

Some of the current issues and challenges associated with complex/specialized drug therapies are outlined below, organized under the core areas of focus.

Evidence

- The lack of robust evidence to support efficacy, safety, and cost-effectiveness (due to small patient numbers and difficulties conducting well-designed clinical trials) makes decision-making difficult for clinicians, patients and payers.
- There are currently no best practices for generating or evaluating real-world evidence, which could help inform appropriate funding decisions in scenarios where there is high uncertainty with evidence available from studies.

Pricing

- High drug costs threaten drug program sustainability and access for patients.
- The rationale for high prices of EDRDs, even given their unique market dynamics, often does not appear to be justified.
- There are a growing number of drugs developed for the treatment of rare diseases, posing an increasing challenge for payers.

Access

- Complex/specialized drugs are often purported to address unmet needs in scenarios where no alternative therapies exist, leading to greater urgency from clinicians and patients to obtain timely access to these products.
- There is variability between jurisdictions both in terms of funding availability and criteria for treatment.

Communications

- There is a perceived lack of transparency and communication between the national drug review processes and patients and clinicians.

PROPOSED SUPPLEMENTAL PROCESS

To address some of the challenges identified above, the EDRD WG has developed a proposal for a supplemental process for complex/specialized drugs that builds upon the existing national and jurisdictional drug review processes.

The primary objective of the proposal is to implement a proactive, consistent, fair and transparent process to assess complex/specialized drugs for the purpose of making responsive funding decisions.

The proposal has been supported in principle by PT Health Ministers, and the EDRD WG is now consulting with stakeholders to gather feedback and ideas in order to inform and refine the proposal.

The proposal includes modifications to the current national review process, which are outlined in the table below. A general overview of the current review and reimbursement process is available at <https://www.raps.org/regulatory-focus™/news-articles/2017/10/canadareimbursement-profile>. A figure depicting the current and proposed supplemental processes and their similarities and differences is included in Appendix A.

For clarity, the proposed supplemental process would not be an entirely separate pathway, and is not intended to allow eligible drugs to bypass regular processes. It is also not a guarantee of public funding for drugs that are eligible to be reviewed through the proposed process.

Table 1: Comparison of Current Process and Proposed Supplemental Process

Process Stage	Current Process	Supplemental Process
Early screening and identification of potentially eligible drugs	<ul style="list-style-type: none"> No coordinated early national screening process Some national agencies (e.g., CADTH, PMPRB) have screening mechanisms in place, but little systematic sharing of information with each other or with public drug plans 	<ul style="list-style-type: none"> Systematic early screening by a cross-organizational group that includes national agencies and public drug plans Potentially eligible drugs identified based on pre-defined criteria; proposed primary criterion is Health Canada acceptance for review through an expedited pathway (e.g., Priority Review or advance consideration of conditional approval via the Notice of Compliance with Conditions [NOC/c] policy)*; screening criteria to identify additional drugs of interest to public plans could include disease severity, unmet need, cost per patient, budget impact, disease prevalence, potential for robust evidence generation Manufacturers may request supplemental process pathway review; however, final decision rests with CADTH (considering drug plan feedback) Eligible drugs targeted for parallel regulatory/HTA review
Concurrent submission	<ul style="list-style-type: none"> Drugs generally submitted and reviewed separately / sequentially through Health Canada, CADTH, then pCPA; PMPRB review occurs after Health Canada 	<ul style="list-style-type: none"> Eligible drugs may be submitted concurrently to Health Canada, CADTH, PMPRB and pCPA to help reduce overall submission review time Specific requirements for eligible submissions would be defined

Process Stage	Current Process	Supplemental Process
Health technology assessment review	<ul style="list-style-type: none"> • Drug plan input to CADTH occurs relatively late in overall HTA review process • Drug plans review HTA information to identify issues before final recommendations issued • Limited number of clinicians engaged • Very limited consideration of RWE to address uncertainties 	<ul style="list-style-type: none"> • Enhanced/earlier input to CADTH from drug plans • Enhanced clinician and patient/patient group engagement to ensure full understanding of all issues to inform HTA review/recommendation • Enhanced consideration of RWE to address uncertainties
pCPA negotiations and implementation	<ul style="list-style-type: none"> • Negotiations conducted by pCPA and participating jurisdictions • Very limited consideration of managed access[†] agreements/conditional funding 	<ul style="list-style-type: none"> • Negotiations coordinated by the pCPA Office according to set principles for eligible drugs • Enhanced consideration of managed access[†] agreements/conditional funding
Collection and assessment of real-world evidence	<ul style="list-style-type: none"> • Very limited use of RWE 	<ul style="list-style-type: none"> • Leverage RWE to address evidence gap where appropriate • Enhanced use of RWE to inform continued funding, based on defined goals of therapy • Evaluation of RWE could lead to funding criteria changes (enhanced or restricted), price changes/renegotiations, or delisting
Individual patient access	<ul style="list-style-type: none"> • Adjudication and interpretation of reimbursement criteria at discretion of drug plans 	<ul style="list-style-type: none"> • Where appropriate (specific circumstances TBD), and after a PT listing decision has been made, a national panel of experts would review individual patient cases and recommend funding eligibility, including patient goals, in order to increase equity and consistency between jurisdictions • Final funding decisions would remain the responsibility of individual jurisdictional decision makers
Communications	<ul style="list-style-type: none"> • Communications may be ad hoc and/or reactive 	<ul style="list-style-type: none"> • Enhanced proactive communications and transparency with all stakeholders

CADTH = Canadian Agency for Drugs and Technologies in Health; HTA = health technology assessment;

pCPA = pan-Canadian Pharmaceutical Alliance; PMPRB = Patented Medicine Prices Review Board;

PT = Provincial/Territorial; RWE = real-world evidence; TBD = to be determined

*See Appendix B for information about Health Canada’s Priority Review pathway and advance consideration of conditional approval via the Notice of Compliance with Conditions policy.

[†] Managed access programs have been described as programs “which are negotiated between manufacturers and payers, [to] provide access to a therapy with a requirement for additional specific data to be collected to fill an evidence gap.” (Reference: Canadian Organization for Rare Disorders. Now is the Time: A Strategy for Rare Diseases is a Strategy for all Canadians. May 2015.)

Potential Benefits

Potential benefits of the proposed supplemental process include:

- More timely and transparent funding recommendations and decisions;
- Improved use of real-world evidence to inform evidence evaluations and funding decisions;
- Ability to enter into conditional managed access schemes with pre-set, clear expectations for governments, manufacturers, clinicians and patients;
- Improved negotiation co-ordination and mechanisms to ensure ongoing value and affordability; and
- Increased consistency of funding implementation between jurisdictions through use of a centralized panel of experts, when appropriate.

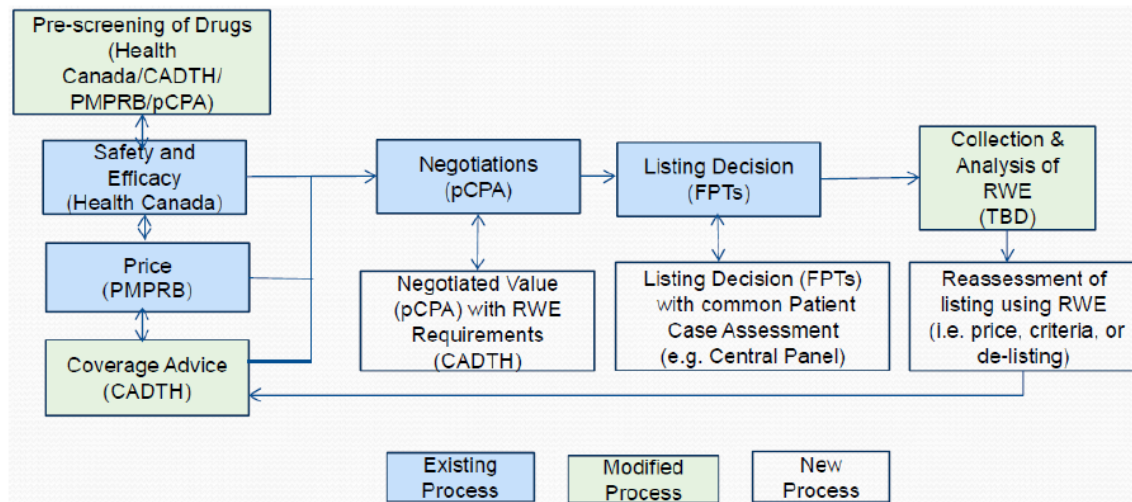
CONSULTATION QUESTIONS

Questions that will be posed to stakeholders during consultations are provided in Appendix C.

NEXT STEPS

Stakeholder consultations will occur throughout fall 2018. Consultation feedback will be consolidated and used to refine the supplemental process proposal. The proposal will be brought back to PT Health Ministers for further review and discussion, with potential implementation of a supplemental process in spring/summer 2019.

Appendix A: Current Process and Proposed Supplemental Process



Appendix B

Health Canada Priority Review of Drug Submissions

Below are excerpts from the Health Canada website regarding eligibility for a Priority Review.

This policy applies to a New Drug Submission (NDS) or Supplemental New Drug Submission (S/NDS) for a serious, life-threatening or severely debilitating disease or condition for which there is substantial evidence of clinical effectiveness that the drug provides:

- effective treatment, prevention or diagnosis of a disease or condition for which no drug is presently marketed in Canada; or
- a significant increase in efficacy and/or significant decrease in risk such that the overall benefit/risk profile is improved over existing therapies, preventatives or diagnostic agents for a disease or condition that is not adequately managed by a drug marketed in Canada.

Further details regarding the Priority Review policy are available at

<https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/applications-submissions/guidance-documents/priority-review/drug-submissions.html#a2>.

Health Canada Notice of Compliance with Conditions (NOC/c)

Below are excerpts from the Health Canada website regarding the NOC/c policy.

The objective of the Notice of Compliance with Conditions policy is to:

- provide access to promising new drugs for patients suffering from serious, lifethreatening or severely debilitating diseases or conditions for which no drug is presently marketed in Canada or for which a significant increase in efficacy or a significant decrease in risk is demonstrated in relation to an existing drug marketed in Canada;*
- create mechanisms for the appropriate completion of confirmatory trials to verify the clinical benefit of a drug authorized under this policy; and*
- ensure transparency of the conditions associated with the market authorization.*

The benefits of the NOC/c policy are twofold:

- It facilitates earlier access to the drug by physicians and patients. The acceptance of promising evidence of clinical effectiveness allows for the filing of an eligible drug submission earlier than normally possible. Should the outcome of the review be positive, the time to approval and market for the drug may be shortened. It should be noted that the time to agreement on the acceptability of the contents of the "Letter of Undertaking" will affect the overall time to market.*
- It provides the means to effectively monitor, and report on, the safety and efficacy of promising new therapies through enhanced post-market surveillance initiatives.*

A Notice of Compliance issued under the NOC/c policy may be granted for a drug product with promising clinical benefit, providing that it possesses an acceptable safety profile based on a benefit/risk assessment, and is found to be of high quality.

CORD Submission to HESA

Barriers to Access Treatment and Drugs for Canadians Affected by Rare Diseases and Disorders

In order to satisfy the intent of the policy, in providing accelerated access to life-saving therapies, submissions seeking advance NOC/c consideration are assigned a shortened review target to account for the Priority nature of the submission... NOC/c-eligible submissions, based on evidence including unvalidated surrogate markers or those lacking final outcomes data, are unlikely to meet the evidence requirements of the Priority Review Policy. Review targets for the NOC/c policy however, reflect the Priority status of the submission and following a comprehensive review of the information contained within the submission, the data may support NOC/c authorization.

Further details regarding the NOC/c policy are available at <https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/applications-submissions/guidance-documents/notice-compliance-conditions.html#a1>

Appendix C: Stakeholder Consultation Questions

1. What do you perceive to be the current challenges and barriers facing expensive drugs for rare diseases?
2. From your perspective, does the proposed supplemental process address some or all of the current challenges encountered with complex/specialized drugs, including drugs for rare diseases? Why or why not?
3. What role could you or your organization play in working with others to achieve the stated objective of the proposed supplemental process?
4. Please provide your perspective on real world evidence (RWE) and how it could be incorporated into the current processes.
5. What challenges and/or opportunities do you see in obtaining and using RWE?
6. What is your perspective on having a national review panel to review patient cases? How do you believe this will impact access to EDRDs?
7. In considering the proposed process, have we missed anything?