



Canada's  
Drug and Health  
Technology Agency

# Pharmaceutical Reviews

**Brent Fraser**

Vice President – Pharmaceutical Reviews



# Information Session

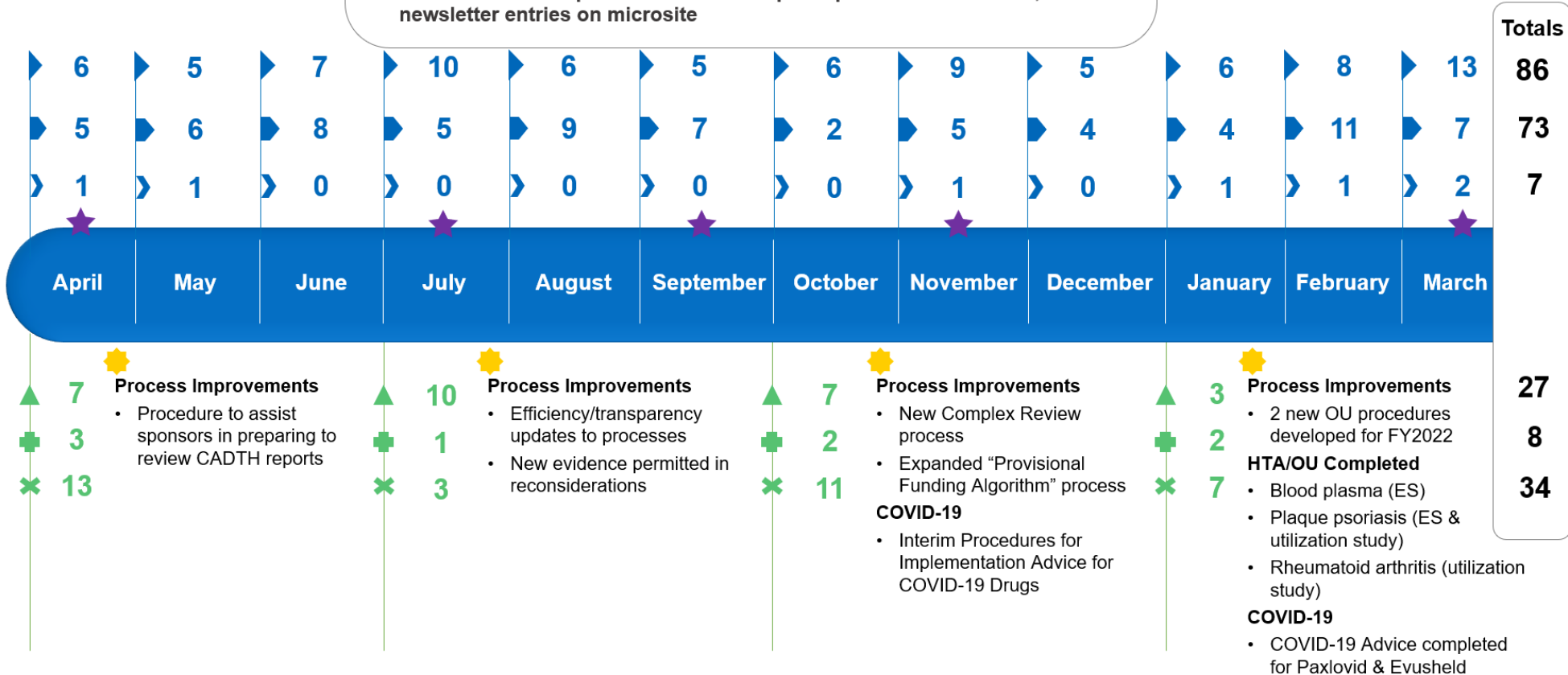
## FY2021-22: Pharmaceuticals

### Highlights:

- 86 drug reviews initiated (+15), 73 drug reviews completed (+15), and 8 panels/algorithms conducted (+7) [brackets display change vs. FY2020-21]
- 27 Rapid Responses, 8 Health Technology Reviews, and 34 Reference Lists/Horizon Scans published
- Procedures adapted to increase efficiency & fit for purpose
- COVID-19: New implementation advice panel process and reviews; 31 newsletter entries on microsite

### Legend:

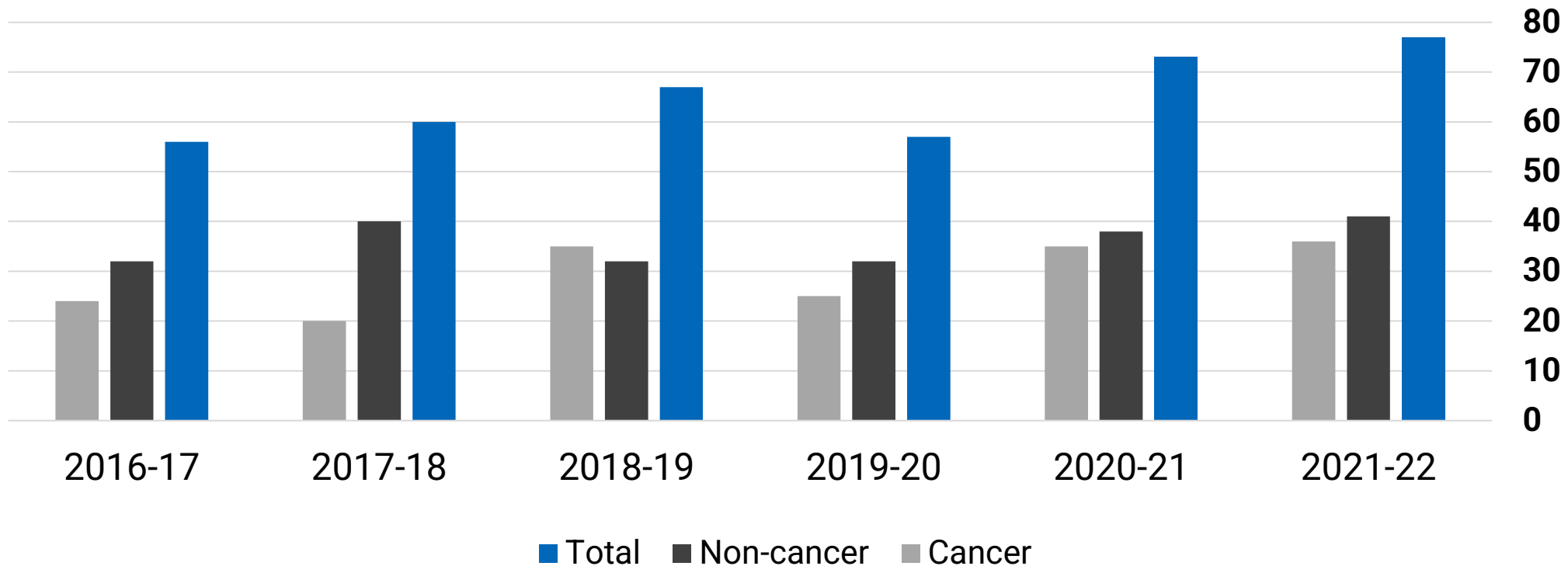
- ▶ Reviews Initiated
- ▶ Reviews Completed
- ▶ Panels/Algorithms
- ★ Procedural Update
- ▲ Rapid Response
- ⊕ Health Technology Reviews
- ⊗ Reference Lists & Horizon Scans
- ★ Highlights



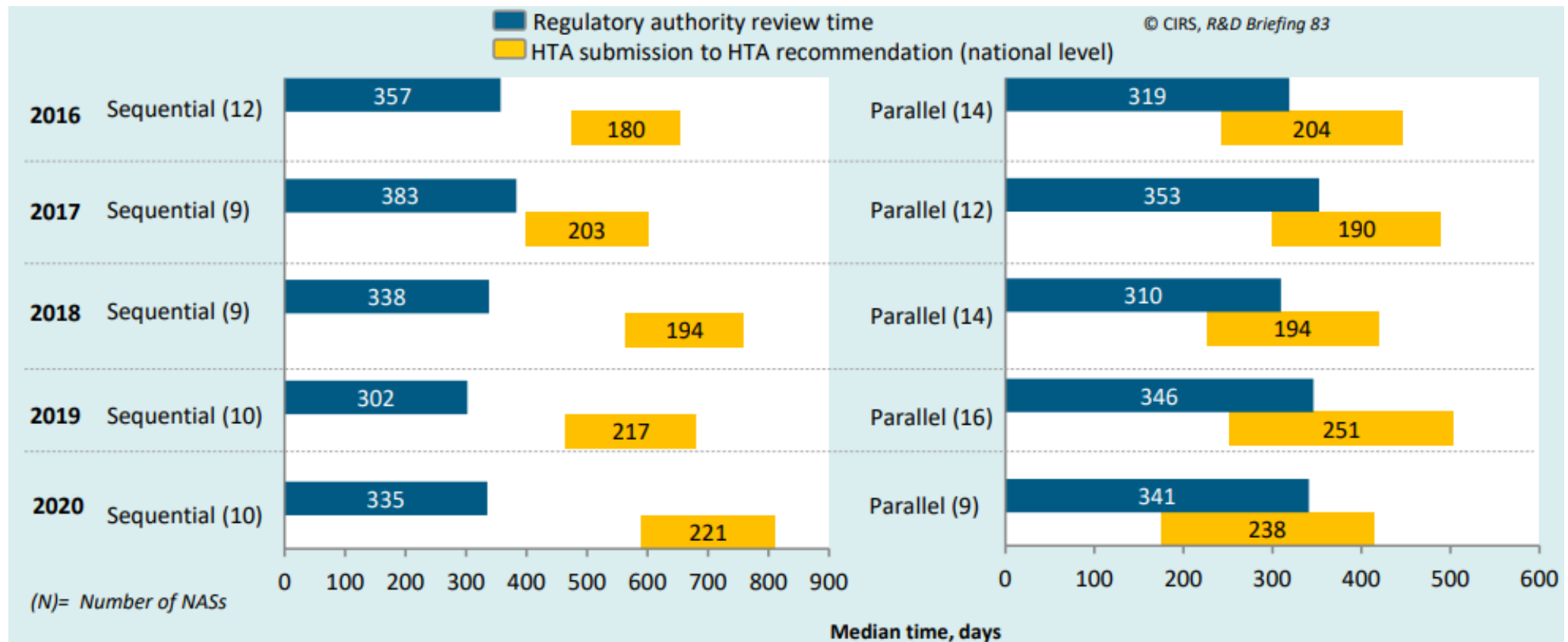


# Reimbursement Reviews (5 Years)

Exceeded projections  
in past 2FY



# Advantage of Pre-NOC Submission





# Moving Forward

- Incorporating information related to DEI in reimbursement recommendations and drug related projects
  - identifying gaps in evidence for patient populations
- Extrapolating learnings from regulators – potential work sharing with HTA organizations, opportunities for future collaboration



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# Pharmaceutical Review Reimbursement Updates

**Amanda Allard**

Director – Pharmaceutical Reviews



# Enhancing Pre-submission Meetings

## Current Issue

Meetings not always used optimally

## CADTH Vision

Maximize value of pre-submission meetings

- Meaningful, two-way dialogue
- Sponsors understand process and requirements
- CADTH understands drug complexity
- All stakeholders avoid delays (e.g., screening issues)



# Renewed Focus on CADTH Value-Add

## Sustainability

- Increasing volume and complexity of reimbursement submissions necessitates change
- Focus effort on where CADTH adds value:
  - Appraisal and interpretation of key evidence
  - Consolidation and integration of stakeholder perspectives
  - Effectively communicating key information to stakeholders
    - Reports primarily used by the expert committees
    - Recommendations used by the drug programs





# Sponsor Summary of Clinical Evidence

- New requirement effective for drugs targeting **April 2023** expert committee meetings:
  - received on or after Oct. 17, 2022 for oncology drugs
  - received on or after Oct. 31, 2022 for non-oncology drugs
- Applies to all standard and complex reviews
- Benefits:
  - CADTH - more efficient review process
  - Sponsor - standardized process to highlight key clinical evidence
    - Including addressing gaps in pivotal trial evidence



# Revised Clinical Reports

- Clinical review reports will be revised to:
  - Reduce overall complexity and focus on key information
  - Make it easier for stakeholders to understand the appraisal and interpretation of evidence
  - Ease burden on industry when reviewing draft reports
- Considering adopting new format for evidence appraisal (further details to be communicated at later date)



# Continuous Program Evaluation

- Committed to continuous improvement and ensuring that any changes are having the desired impact
- Evaluation of new process to ensure:
  - Submission filing times are not affected (e.g., pre-NOC filing)
  - Information needs of CADTH and the expert committees are met
  - The template has clear instructions for industry (e.g., no training)
- Will consider further harmonization with other HTAs
  - Efficiencies for all stakeholders through broad alignment



# Enhanced Reconsideration Phase

- New process allowing new information in reconsideration phase
- Decision to allow new information will be made by CADTH, based on:
  1. Addresses an important evidence gap identified by committee
  2. Was not available during the review phase
  3. Committee concluded drug has potential to address a medical need
  4. Drug was reviewed via expedited HC pathway (e.g., priority review)
  5. Provided in a format that allows complete a review and appraisal
- **New information must be identified within the reconsideration request template when submitting the request**



# Future-Ready Reimbursement

- Guidance for submitting RWE
- New methods for evidence appraisal in CADTH clinical reports
- Incorporating ethical considerations into complex reviews
- Time-limited recommendations
- Increased transparency initiatives
  - Providing clarity about evidence gaps
  - Guidance for redactions



## Ahead of the Curve...

"CADTH will work closely with partners across Canada"

"We will anticipate the needs of decision-makers, help them understand the available evidence, identify key gaps in the existing evidence, and predict challenges with system readiness to implement the best solutions."

— CADTH 2022–2025 Strategic Plan



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# Pharmaceutical Review Appropriate Use Updates

**Peter Dyrda, Manager**

Policy & Program Development



# Vision for Appropriate Use

## Anticipate



Fit for purpose evidence products

- New streamlined review processes

## Innovate



HTA: adoption to appropriate use

- Lifecycle reviews

## Transform



Advice on system sustainability

- Formulary management initiatives





## Initiatives from 2021-2022

- Implementation Advice Panels for COVID-19 Therapeutics
- Expanded Algorithms Process for Oncology Reviews

**Anticipate**



**Innovate**



**Agility**



**Transparency**



**Impact**



# Initiatives for 2022-23

- Non-Sponsored Single Drug Review
- Streamlined Drug Class Review
- Implementation Advice Panels for Temporary Drug Shortages
- Utilization Analyses

**Anticipate**



**Innovate**



**Transform**





# Non-Sponsored Single Drug Reviews

## Why?

Requests from beneficiaries/clinicians within public plans for access to drugs at or beyond exclusivity where evidence exists but where no previous HTA was conducted

## What?

- Standard clinical review
- Economic analysis limited to cost comparison and BIA
- Expert Review via CDEC or pERC and recommendation issued
- 6-month review timeline



Agility



Transparency



# Streamlined Drug Class Reviews

## Why?

Standard therapeutic reviews deemed overly complex and time consuming for assessing certain therapeutic areas where robust evidence exists

## What?

- Streamlined clinical review of therapeutic area
- Economic analysis limited to cost comparison and BIA
- Expert Review via CDEC or pERC and recommendation issued
- 6-month review timeline



Agility



Impact



# Implementation Advice for Shortages

## Why?

Jurisdiction initiated review of therapeutic alternatives for anticipated drug shortages

## What?

- Streamlined clinical review of therapeutic alternatives
- Cost comparison
- Advice provided by CADTH is time-limited to the drug shortage
- Expected timeline of ~3 months



Agility



Impact



Utilization Analyses

**Therapeutic Review in Multiple Myeloma**

**Appropriate Use of Conventional Drugs in Arthritis**

**Old vs New Generation Biologics in Psoriasis**



# Initiatives for Beyond

- Fit for purpose reviews for pediatric drugs
- Addressing gaps within reassessment procedures
- Build capacity and collaborate on utilization analyses to advise decision makers on system sustainability

**Anticipate**



**Innovate**



**Transform**



