LET'S ACCELERATE THE DELIVERY OF NEW MEDICINES TO CANADIANS

As Canadians, we aspire to have a leading health care system that includes access to the best medicines, enhancing quality of life for everyone. But the wait time to access new innovative medicines to treat mental health, cancers, autoimmune diseases like arthritis, and other chronic conditions has become unacceptably long.

In my past experience as a front-line pharmacist, I have seen first-hand the impact that delays in medication access have on Canadians. I remember one woman asking how her husband could access a cancer therapy that had recently been approved for sale in Canada but was not yet accessible to people who relied on a public drug plan. This situation stayed with me; I felt powerless to help her. Unfortunately, I know this scenario continues to happen today in pharmacies across Canada. I empathize with the health care professionals who are facing these anguishing situations and discussions daily.

The unfortunate reality is people who rely on public drug plans wait, on average, almost two years longer for approved medicines to be covered than people with private drug coverage. These delays are concerning for patients and should be for governments because new medicines often can contribute to the sustainability of the healthcare system by allowing people to return to work sooner, and avoiding costly hospital stays, surgical procedures, and other treatments. This is particularly important in the current context of health care staffing shortages across the country.

In some cases, access to innovative therapies is a time-sensitive issue, particularly for cancers and progressive chronic diseases. By working together, government and industry can – and should – do better for Canadians.

In theory, the objective is simple: ensure that new medicines that Health Canada have approved for use become available and accessible to patients in a timely manner. So, why is timely access to medication an issue?

Drug funding assessment and negotiation processes lead to long wait times and unpredictability

On average, Canadians with public drug plan coverage **wait two years** to access approved, new medications.[1] That's nearly **two times longer** than in most other peer countries.

On average, Canadians with public drug plan coverage wait two years to access approved, new medications. That's nearly two times longer than in most other peer countries within the Organization for Economic Co-operation and Development (OECD). For context, Canada ranks 19th out of 20 OECD countries in the time it takes to secure public reimbursement for new medicines. Fewer than half of new medicines launched globally are launched in Canada.

Innovative Medicines Canada notes that we experience lengthy and unpredictable price negotiations with the pan-Canadian Pharmaceutical Alliance (pCPA), a coalition of provincial and territorial drug plans. The pCPA process accounts for almost half the time from marketing approval to patient access. And a significant portion of this time is largely administrative – such as picking up a file for negotiation and listing a drug on formulary after the negotiation is complete.

A great place to start is to address the long delays in public reimbursement of approved innovative medicines. Here are three specific examples of how patients and the health care system suffer the consequences of delay.

Mental illness

According to the Mental Health Commission of Canada, one in five Canadians experience a mental illness in their lifetime. Poor mental health is among the top contributing factors leading to in-patient care for people living with schizophrenia and mood disorders, and is the lead cause of emergency room and acute hospitalizations. Treating mental health disorders can effectively decrease the impact on healthcare resource utilization and lead to better patient outcomes.

Medications to treat mental illness have a **76% rejection rate** for initial and subsequent medication submissions,[2] and a **100% rejection rate** for anti-depressant therapies.[3]

And yet the Canadian Agency for Drugs and Technologies in Health (CADTH), one of Canada's health technology assessment agencies, has a 76 per cent rejection rate for initial and subsequent medication submissions, and a 100 per cent rejection rate for anti-depressant therapies. Compare this to a 48.5 per cent rejection rate for non-mental health treatments. Rejected medications and delayed coverage of new medicines restrict the range of treatment options for patients. We applaud the federal government's focus on improving mental health care by supporting evidence-based solutions. We would encourage the federal government to extend this approach to the assessment of new mental health medicines by federal drug plans, which cover Indigenous people, refugees, and other vulnerable populations.

Cancer

Canada is amongst the slowest of the developed countries to reimburse medicines through public coverage plans.[5] This leads to **delays for breakthrough therapies**, which at times, can be up to **three years**.[6,7]

Cancer is the leading cause of death in Canada; one in four Canadians will die from cancer. Yet, Canada is amongst the slowest of the developed countries to reimburse medicines through public coverage plans. This leads to delays for breakthrough therapies, which can be up to three years in some instances.

Access to cancer care varies dramatically depending on the province or territory in which Canadians live, and the pandemic has only accelerated cancer care challenges when it comes to screening delays, surgical backlogs, resource challenges and increased public demand for support.

Inflammatory arthritis

Up to **25%** of approved arthritis therapies are **not accessible** to Canadians on public plans.[8]

Inflammatory arthritis includes a group of chronic autoimmune conditions including rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis. These are progressive diseases that can cause irreversible damage, therefore early diagnosis and treatment is paramount to delay or stop the progression of the disease and prevent long-term disability.

In 2020, the average time to list new inflammatory arthritis medications on public formularies following Health Canada approval was 665 days. Furthermore, up to 25 per cent of approved arthritis therapies are not accessible to Canadians on public plans.

The way forward

Optimizing the pathway for Canadians to access innovative medicines in a timely way would be a step in the right direction.

At AbbVie, we believe the federal government can play an important role in advancing policies that will improve patient access to new medicines by directing federal funds to the provinces to help them improve their drug plans, and by partnering with the provinces and territories to modernize the Health Technology Assessment process. We applaud the recently announced Drugs for Rare Disease strategy, which will allocate funding to the provinces to enhance screening, diagnosis and treatment of patients with rare conditions.

In addition, the federal government and many provincial governments have taken a step in the right direction by re-committing to life sciences in Canada. The pandemic made clear the importance of the sector to health system resilience and health security.

We are ready and open to work with government on solutions.

Sustainable solutions require us all to get involved. There is an opportunity and an urgent need for government, assessment and negotiation bodies, and industry to collaborate to evolve and enhance our medication access systems. We have a collective duty to work together to elevate the current standards of care for Canadians and ensure people have more timely access to innovative medicines. This allows our front-line health care workers to do what they were trained to do: offer the best care and treatment for each individual patient.

So let's change the paradigm and ensure that each patient gets the right treatment when they need it most. We owe it to Canadians.

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References available upon request

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