Drug costs in Canada

IN RESPONSE TO THE CPJ EDITORIAL “THE MISREPRESENTATION of High Drug Costs: Who Is Looking out for the Patient?” (March/April 2017), the Canadian Agency for Drugs and Technologies in Health (CADTH) would like to bring to your attention the CADTH Common Drug Review (CDR) and pan-Canadian Oncology Drug Review (pCODR) programs, which were not mentioned or considered in this editorial. These CADTH programs play an important role in Canada’s public drug plan considerations as to whether a drug will be eligible for public reimbursement. Through the processes of the CDR and the pCODR, CADTH conducts thorough and objective evaluations of the clinical, economic and patient evidence on drugs and uses this evaluation to provide reimbursement recommendations and advice to Canada’s federal, provincial and territorial public drug plans, with the exception of Québec. As part of this process, we engage experts who have experience in treating patients with a particular condition for which the drug is intended. The clinical experts augment the discussion with the representatives of our expert advisory committee, which includes physicians, pharmacists, economists, patients and public members.

All CADTH CDR and pCODR recommendations and reasons for recommendations are publicly posted to the CADTH website. Participating drug plans make their final reimbursement and coverage decisions based on the CADTH recommendations and other factors, such as drug plan mandates, jurisdictional priorities and budget impact.

We appreciate the opportunity to provide Canadian pharmacists with this information as to how evidence is reviewed for drug formulary considerations in Canada. For more information, visit www.cadth.ca. ■

—Brent Fraser

*Vice-President, Pharmaceutical Reviews
Canadian Agency for Drugs and Technologies in Health*

© The Author(s) 2017

DOI: 10.1177/1715163517711144

Drug costs in Canada

WE ARE WRITING THIS LETTER IN RESPONSE TO A RECENT EDITORIAL written by Bachynsky and Tsuyuki,¹ titled “The Misrepresentation of High Drug Costs: Who Is Looking out for the Patient?” While we appreciate alternative points of views and any suggestion that tries to bring awareness to the different things that pharmacists can do to help their patients, we believe there are many points that were raised in your editorial that are not entirely correct. In fact, we feel that some portions of your editorial are contradictory to what many in the pharmacy profession feel our roles as pharmacists are and the messages we should be sending as part of the health care team.

We agree with your introductory message that pharmacy is often an easy target for cost reductions, as drug expenditures may be seen as that “easy fix.” There are many drivers to rising health care costs, and drug costs are but one piece of the puzzle. What concerns us is that the editorial makes no distinction between drug costs and cost-effectiveness of drug therapies.

We respectfully disagree with your second statement under the heading “What Can We Do about This?” that decisions for drugs not to be included on a formulary are sometimes made without evidence. Before drug plans decide to list or not list a drug on a formulary, these medications are reviewed by the CADTH Common Drug Review (CDR) or the CADTH pan-Canadian Oncology Drug Review (pCODR). For drugs

submitted to the CADTH CDR program, the Canadian Drug Expert Committee, which consists of pharmacists, physicians, health economists and members of the public, reviews the evidence for which the medication received Health Canada approval and makes recommendations to the participating drug plans as to whether or not to list medications as a benefit and under what conditions. Similarly for cancer drugs, the CADTH pCODR Expert Review Committee, consisting of pharmacists, oncologists, family physicians, health economists and patient representatives, reviews the evidence and makes recommendations to drug plans and cancer agencies. In all cases, the evidence evaluated is fully available for everyone to read (<https://www.cadth.ca/>).

In your third statement under “What Can We Do about This?” you state that as pharmacists, we should be telling our patients that “their drug benefit program is not acting in their best interest.” This is a dangerous and extremely adversarial position that you are suggesting pharmacists to take. It risks ruining lines of communication between drug plans and pharmacists and puts the patient in a precarious situation. Yes, having patients research the situation and taking action themselves is one option, as they are their own best advocate. However, this can be difficult for most patients, as the vast majority are not health care professionals, and this can be a daunting