Cancer Care Ontario
Action Cancer Ontario

CANCER DRUG FUNDING AND ADMINISTRATION IN ONTARIO
BACKGROUNDER

Public Drug Funding and Administration in Canada

There are effectively three steps required before a cancer drug becomes a publicly-funded benefit in Canada:

- Health Canada provides federal market authorization to sell a drug.
- The clinical- and cost-effectiveness of a drug is evaluated through the new pan-Canadian Oncology Drug Review (pCODR). This process considers information and perspectives from manufacturers, oncologists, economists, and patients.
- Each province or territory then makes its own funding decisions, where the issue of affordability must be considered.

Prescription drug costs are a significant challenge to the sustainability of Canadian health insurance programs. Each Canadian province has its own programs to guide decision-making on new – and often very costly – therapies.

In a public system, we have a dual responsibility – delivering high-quality care to patients and spending healthcare dollars wisely to produce the greatest value for patients and society.

Cancer Drug Funding and Decision-Making Processes in Ontario

Ontario has a rigorous process for evaluating drugs. It includes an explicit consideration of a drug's safety, as well as its clinical- and cost-effectiveness. This process also incorporates patient submissions for drugs to be reviewed and considered for funding.

The Committee to Evaluate Drugs – Cancer Care Ontario (CED-CCO) subcommittee was formed in September 2004 when the MOHLTC and CCO implemented a shared process to ensure consistent and coordinated cancer drug funding recommendations. The subcommittee considered the clinical- and cost-effectiveness of cancer drugs and made recommendations to the CED, where recommendations were considered from the perspective of the broader health system.

The CED-CCO served as the interim Joint Oncology Drug Review (iJODR) starting in 2007, sharing recommendations with other participating ministries of health and provincial cancer agencies in Canada.

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The pan-Canadian Oncology Drug Review (pCODR) was established in 2011, which is the permanent successor to the iJODR. Both the MOHLTC and CCO are partners in the pCODR process, along with other ministries of health and cancer agencies.

Pharmaceutical manufacturers and provincial Disease Site Groups now initiate new drug funding requests via the pCODR process.

In Ontario, pCODR recommendations are reviewed by the CED. The CED then makes a funding recommendation to the Executive Officer (EO) of the Ontario Public Drug Programs who makes all final funding decisions.

With the full implementation of pCODR, the CED-CCO subcommittee has now been dissolved.

Cancer Drug Funding and Administration - The New Drug Funding Program

The NDFP directly covers the cost of many newer and often very expensive injectable cancer drugs that are provided within hospitals and cancer-care facilities. The NDFP is administered for the MOHLTC by CCO.

The program was created in 1995. Historically, each hospital paid for its own injectable cancer drugs and made its own decisions about access. This led to unequal access at different hospitals across the province.

The NDFP ensures that new treatments are introduced in a standard manner on a provincial basis. The program does not reimburse patients for the cost of cancer drugs. Instead, reimbursements are made directly to Ontario's Regional Cancer Centers (RCCs), and more than 70 community hospitals across the province.

The NDFP covers about 75% of the overall cost of all hospital-based injectable cancer drugs in Ontario. Hospitals cover the remaining 25% through their operating budgets. Drugs are reimbursed for those patients who meet specific, approved, drug-eligibility criteria.

Ontario's Evidence Building Program for Cancer Drugs

In March 2011, the MOHLTC announced a new Evidence Building Program (EBP) for cancer drugs.

The EBP complements and strengthens Ontario's NDFP and the process by which drug-funding decisions are made in the province. The EBP covers the costs of cancer drugs in situations where data is collected to answer an evidence gap, to evaluate clinical benefit, and to confirm overall value. The objective of the EBP is to develop and collect real-world data on cancer drugs where there is emerging or evolving evidence and a strong suggestion of clinical benefit, but the evidence is insufficient to support a permanent public funding decision. Data collected through the EBP will be evaluated and will inform a final funding decision by the EO of OPDP.

The EBP maintains the rigour and consistency of Ontario's drug funding decision-making process, while meeting the dual responsibilities of delivering high-quality care and spending Ontario's health-care dollars wisely to produce the greatest value for patients and society.

On May 12, 2011, Herceptin, used in conjunction with chemotherapy, to treat breast tumors of less than or equal to one centimeter in women who are node negative and HER2 positive, was approved as the first drug in the EBP.

In June and July 2011, CCO and the MOHLTC embarked on a consultation process to support the development of the EBP by seeking input from clinicians, researchers, pharmacists, the pharmaceutical industry, cancer disease site groups, patient advocacy groups, members of the public and academics. Eight live consultation sessions were held and comments were invited in writing and via a web survey. More than 140 organizations and individuals contributed feedback. On September 12, recommendations on the draft EBP policy were submitted to the Executive Officer.

In January 2013, Eloxatin was approved to be covered under the EBP for the treatment of metastatic colorectal cancer for specific conditions.

Ontario's Case-by-Case Review Program

Some cancer patients have urgent and rare clinical circumstances, and require treatment with a drug that is not already publicly funded.

CCO administers Ontario's Case-by-Case Review Program (CBCRP) for cancer drugs on behalf of the Ministry of Health and Long-Term Care.

The CBCRP considers requests for cancer drugs otherwise not funded, for patients with rare clinical circumstances that are immediately life-threatening.

The CBCRP is not intended to provide provisional funding of a regimen in advance of a formal evaluation through the regular review mechanism.

Only physicians can make requests for funding. The treating physician must complete a request form and submit supporting documentation to CCO via a secure web portal.

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