

Canada's Research-Based
Pharmaceutical Companies



Les compagnies de recherche
pharmaceutique du Canada

Notes for Remarks by

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Good afternoon.

I am pleased to be here on behalf of *Canada's Research-Based Pharmaceutical Companies* (Rx&D), the association that represents the innovative pharmaceutical community in Canada.

The Standing Committee on Health plays a vital role in ensuring that wherever the federal government invests money to improve the health of Canadians, it is done in an effective, transparent and accountable manner. We are pleased to assist you in your efforts to evaluate the effectiveness of the Common Drug Review or CDR as it is commonly known.

We all have to be concerned when less than two business days before these hearings were to begin, the Canadian Agency for Drugs and Technology in Health or CADTH issued a communiqué announcing a significant expansion of CDR. We have to ask ourselves if this usurps the work of this committee and your efforts to establish the true value of CDR.

Today, I will make it clear to the members of this committee that the CDR process is at best a duplication and at worst a barrier for patients' access to innovative medicines. I also believe that is unaccountable and lacks transparency. In short, CDR is fundamentally flawed. I sincerely hope that we can help in this committee's effort to find a better way to serve the interests of Canadian patients.

Thirty per cent of the funding of CDR, and eighty per cent of the funding of its umbrella agency, CADTH, comes from the federal tax dollars of hard-working Canadians. I would be more specific as to what these figures are but we have found it to be an almost impossible task to do so. We have no idea of how the federal money is allocated. And this should be of great concern to all of us.

Innovative medicines and vaccines improve and save lives. They can prevent disease, reduce hospitalisation and make our health-care system more effective. However, to truly benefit from biopharmaceutical innovation, Canadians must have access to new medicines and vaccines as soon as they are approved by Health Canada.

One of the first steps of making a medicine available to Canadians is the Health Canada review. And, I would like to commend Health Canada for their efforts to reduce approval times and eliminate their backlogs. But these important gains are offset by CDR. This is counterproductive to patient health.

About 10 million Canadians are affected by CDR decisions through public drug plans, with the exception of Quebec which, as you know, has chosen not to be part of the CDR process. Every time CDR says "no" to an innovative medicine, it removes a treatment option for seniors, low income families, and others who rely on these public drug plans. It is simply not right that so many Canadians are being left behind.

Before a new medicine reaches a patient, it must be approved by Health Canada. Then CDR conducts its review. Every provincial and territorial plan has retained its product review system that existed before CDR and they conduct another review. All this unnecessary duplication of effort means that patients are forced to wait longer for the medicines they need, if they get them at all.

What we find incredibly troublesome is when CDR makes a negative listing recommendation after Health Canada has recognized the value of an innovative medicine. Let me repeat, these medicines have already been approved by Health Canada.

Equally troublesome is the amount of time it takes the provinces to list a drug that has received a positive recommendation by CDR.

Over the last three years, provinces have and are still taking hundreds of days to list these positive recommended drugs.

Let me give just one of many examples where CDR doesn't work in the best interest of patients. When Health Canada recognizes the value of an innovative medicine, it moves quickly and efficiently to ensure the medicine is available to Canadians on a priority basis.

This happened with the medicine known as "Sutent" (sunitinib malate) which is a new treatment found to be effective in battling against both gastro-intestinal and kidney cancer. Health Canada recognized the importance of this innovation to patients and fast tracked it through a priority review. Within four months of approval by Health Canada, Quebec agreed to reimburse this new medicine for the treatment of gastro-intestinal cancer through its exceptional access program. Ontario has also provided access to its patients suffering from gastro-intestinal cancer.

And what has CDR done? While the indication for gastro-intestinal cancer was finally given a "list with criteria" recommendation at the end of March 2007 (six months after Quebec made a decision to provide access to it), CDR has yet to make a final recommendation for the kidney cancer indication. It means that patients are still waiting for access to a drug that was approved some 11 months ago by Health Canada.

Given that CDR is an added barrier to access, I would ask the members of this Committee if they think Canada needs three separate review processes for a single innovative medicine. That is Health Canada, then CDR, then the provinces?

Canadians should be the first to benefit from new medicines. Right now, they are among the last.

An international comparison study done recently for Rx&D demonstrates this quite clearly. The study, as shown in this slide, evaluated 50 listing recommendations by CDR with recommendations from other international peer agencies. It found that European countries, notably Switzerland, Sweden, and the UK, recommend significantly more new drugs for listing than CDR recommends. Madame Chair, it is the same molecule, it is the same science, but with different results. How can we explain it? How does it benefit Canadians?

We believe CDR places too much emphasis on cost-containment and not enough on patient outcomes.

But we do not have to look outside our border to find patients who have better access to innovative medicines. As mentioned earlier, Quebec is the only province that does not participate in CDR. Therefore, they don't have that extra layer of duplication. They list more drugs and patients are better off because of it. For a more detailed analysis, I invite committee members to review the Rx&D slide presentation, "Quebec Patients Benefit Without the CDR."

In addition, CDR has added to the inequity in the access to medicines for Canadians. Simply put, the many Canadians who have private plans have far more choice and better access than those who are on public drug plans. This is not the image that most Canadian patients have of our health-care system.

We, as a community, understand the challenges governments face to sustain funding for the health-care system. We strongly believe that investing in new medicines is an investment in the health of Canadians and a stronger and more effective health-care system.

Rx&D member companies also believe that all Canadian patients deserve access to the best therapies when they need them. With your help, Canada can become a world leader in providing access to new medicines and vaccines.

Madame Chair, this committee decided to hold these public hearings (and I quote) "on the process used under the CDR to evaluate drugs and obtain your comments on the effectiveness of the CDR."

However, the Agency overseeing CDR has already decided to expand stating that it has met its objectives.

In our view, this is not the case. Furthermore, it is not in the public interest to expand a process that is clearly not working.

CDR has had a regressive impact on patients' access to Health Canada approved medicines. This is particularly true of medicines approved by Health Canada to treat "serious, life threatening and severely debilitating illnesses and conditions" under its Notice of Compliance with Conditions (NOC/c) policy; to date, CDR has made negative recommendations for all but two of the these NOC/c drugs.

Therefore, Rx&D urges the honourable members of this committee to recommend to the federal government that funding for CDR be frozen immediately.

In the meantime, we urge the Government of Canada to conduct an independent, comprehensive review of the objectives, the accountability, the value for money, and the health outcomes as they relate to the CDR.

We must build a system that avoids duplication and delay.

We believe that by taking this action, the Standing Committee will be providing a voice to the millions of Canadian patients who are waiting too long for access to medicines because of CDR and because provinces are taking too long to make decisions.

I would like to leave you with a concern regarding the recently created Joint Oncology Drug Review (JODR). I encourage the JODR not to make the same delays as CDR.

Canadians expect and demand the best health care in the world. Our health-care system is part of our social fabric and our identity. At Rx&D we believe that we have been a part of the solution in improving the health of all Canadians.

A process that limits the choice, delays or denies access to the world's most innovative medicines is not the answer.

Thank you. I wish you well in your deliberations. I will be pleased to answer your questions later.

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