Axia Research Inc.

Five Years of CEDAC Recommendations:

An Evidence Base for Expectations?

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AXIA Research

Background

CDR has dominated the reimbursement landscape since its formal inception in September 2003:

- recommendations have been largely adopted by the public plans in Canada
- recommendations are in the global public domain
- reasons are provided for recommendations.

Research Need

Axia has examined the role of economic evidence in CDR recommendations.

Others have looked at the role of many additional factors in decision-making in multiple jurisdictions.

No one has examined the role of these factors in CDR recommendations exclusively using data in the public domain.

Objective

Using publicly-available information, to explore trends and predictors for negative (DNL) recommendations over the first five years of CEDAC.

Methods

Review of all final recommendations since inception: Sept 03 to Sept 08 (n = 112).

Included only the final recommendation if the same indication was re-submitted (n = 104).

Split three submissions based on differences in subgroup/indication (final n = 108).

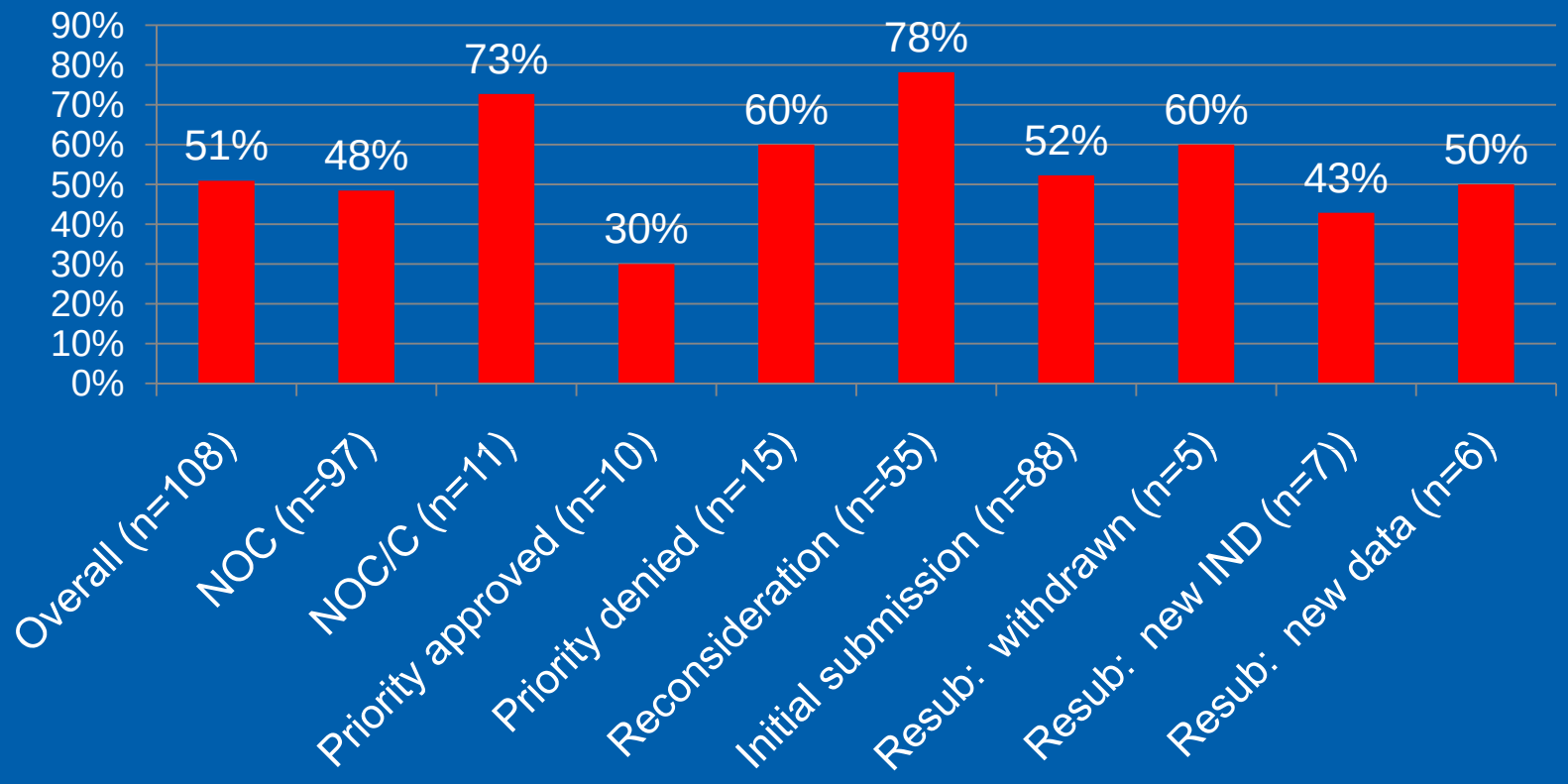
Methods

Attributes examined:

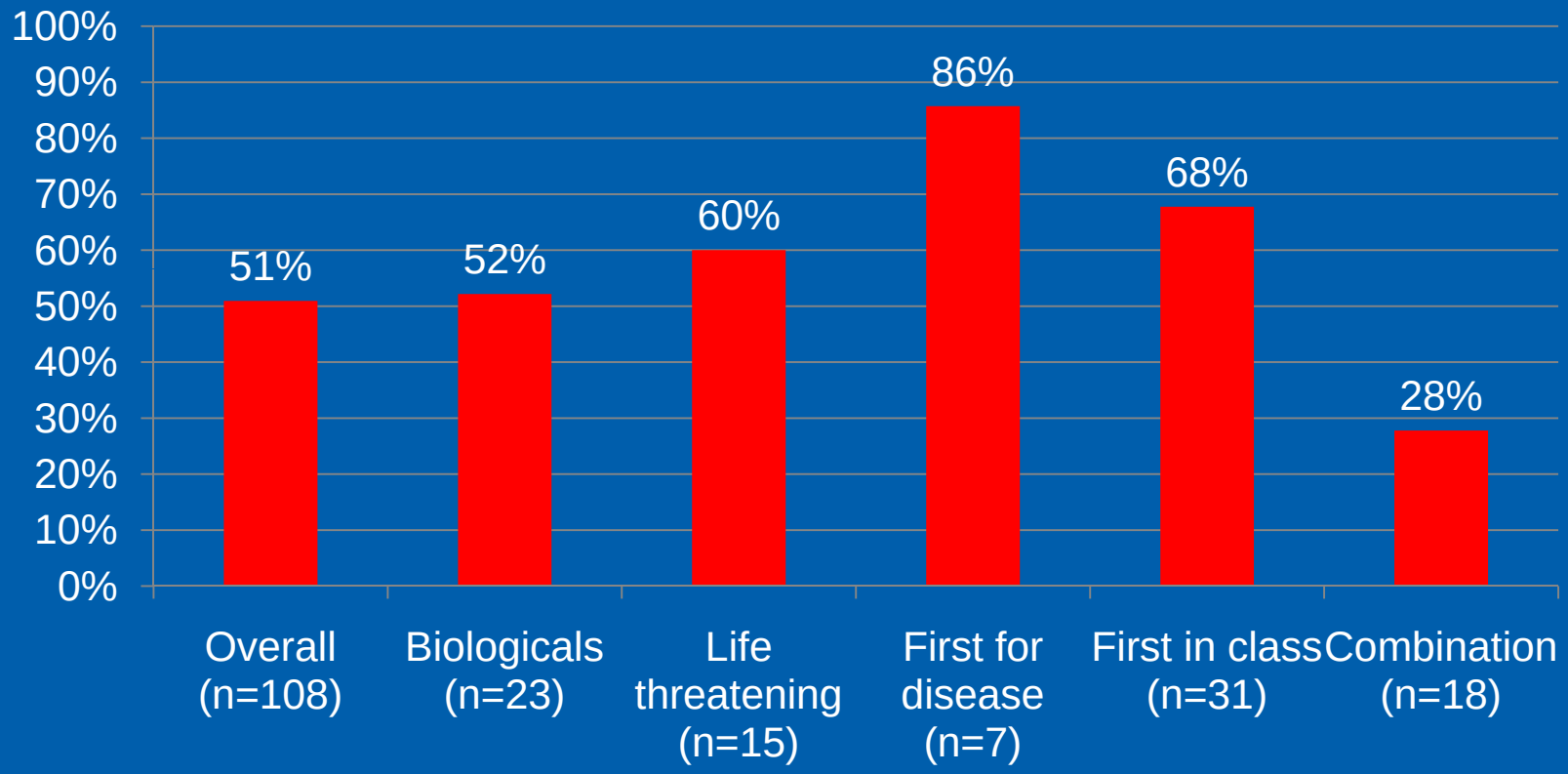
- Timing of the submission
- Type of submission
- Drug Characteristics
- Clinical factors
- Economic factors
- Price

Using Reasons and Worksheets only.

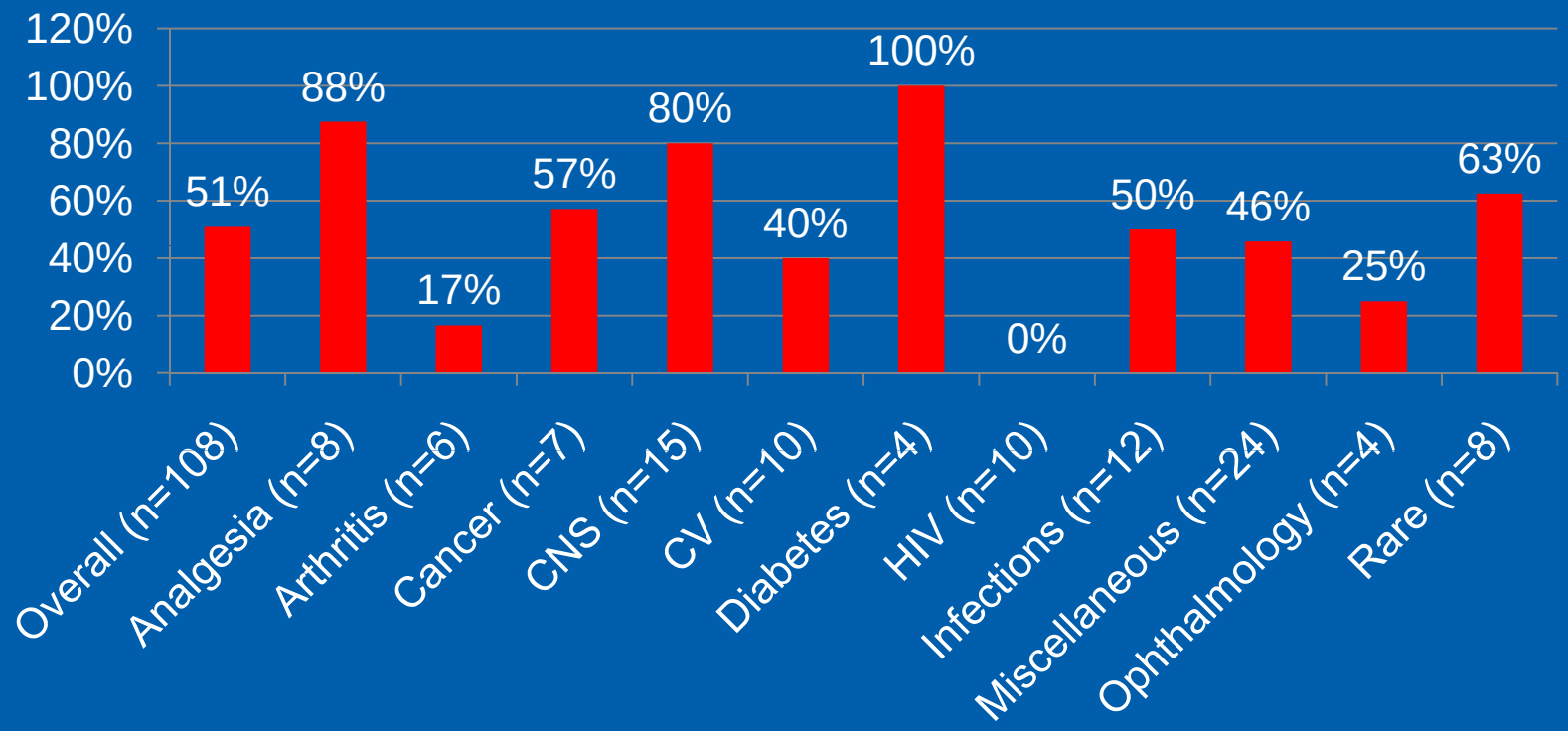
Submission Type



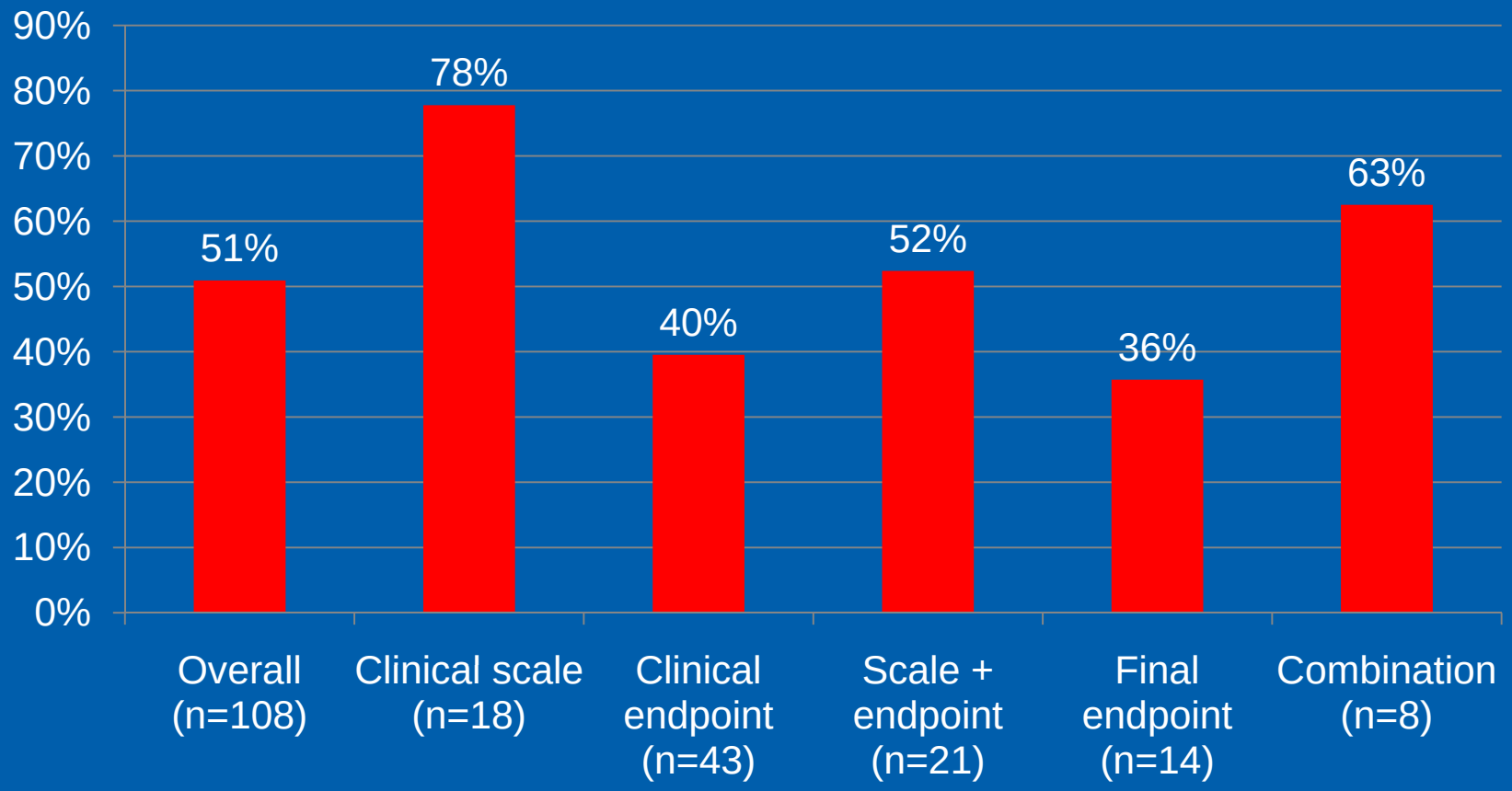
Drug Attributes



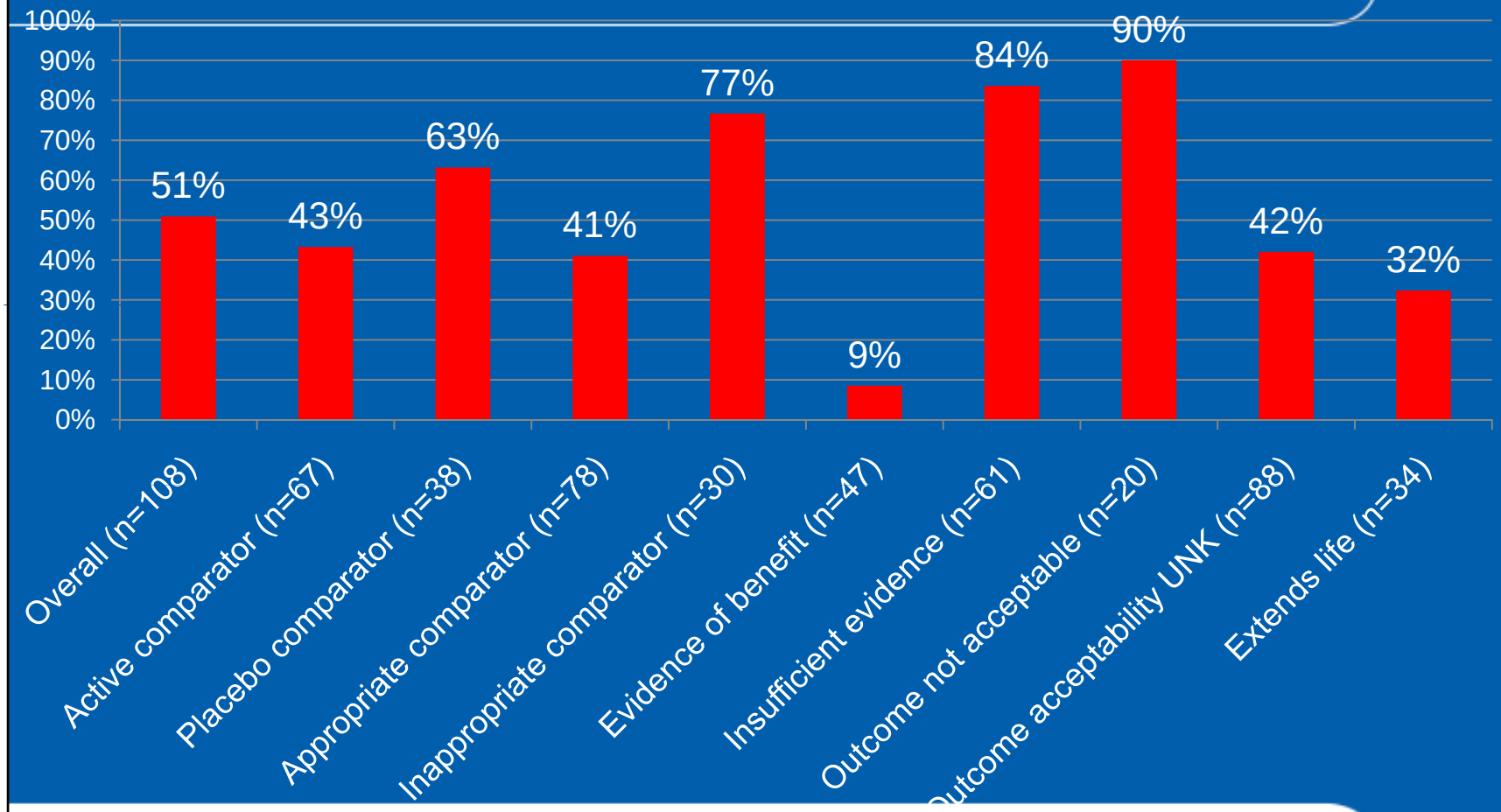
Therapeutic Area



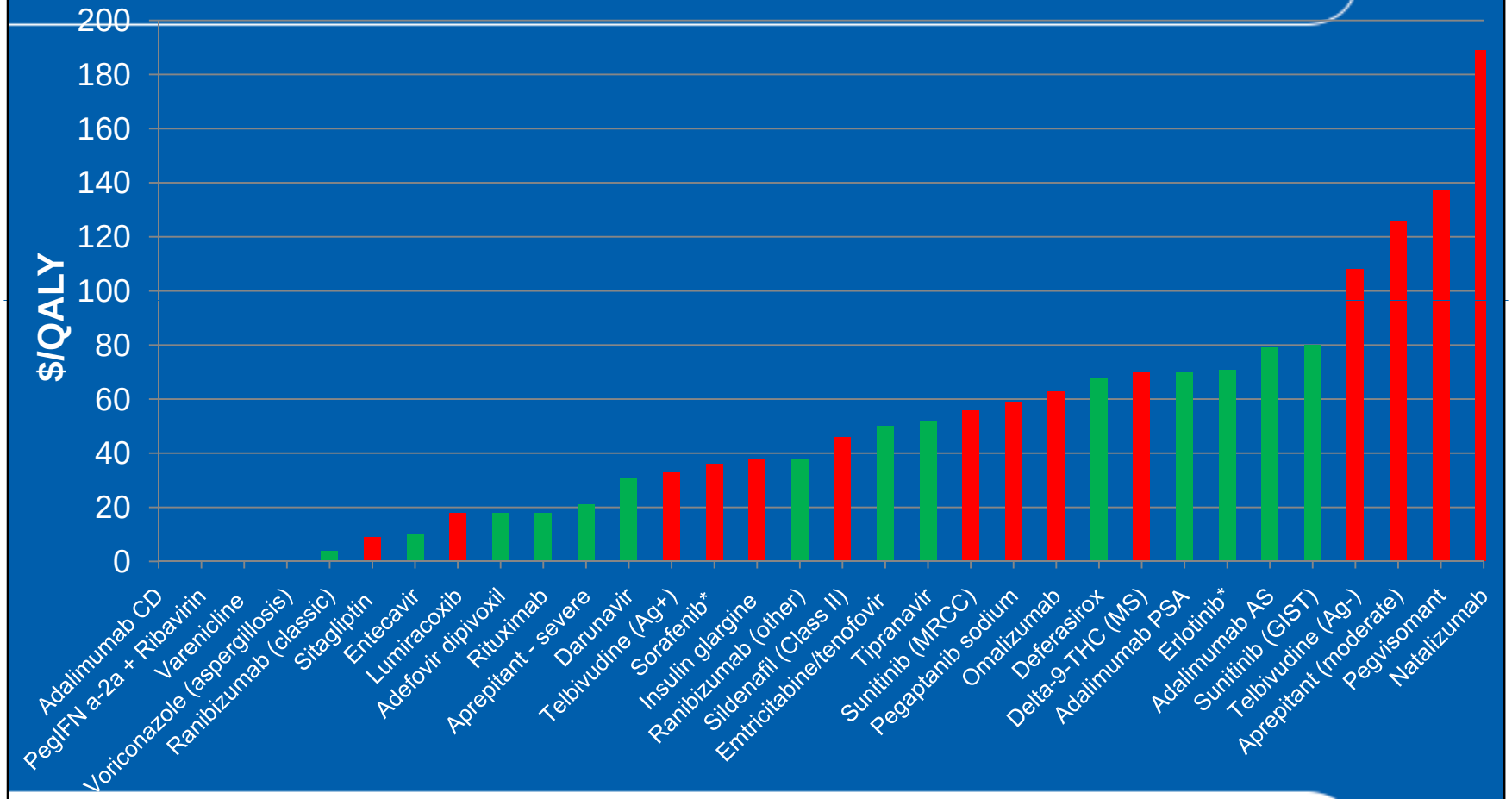
Type of Outcome



Clinical Factors



ICER Impact



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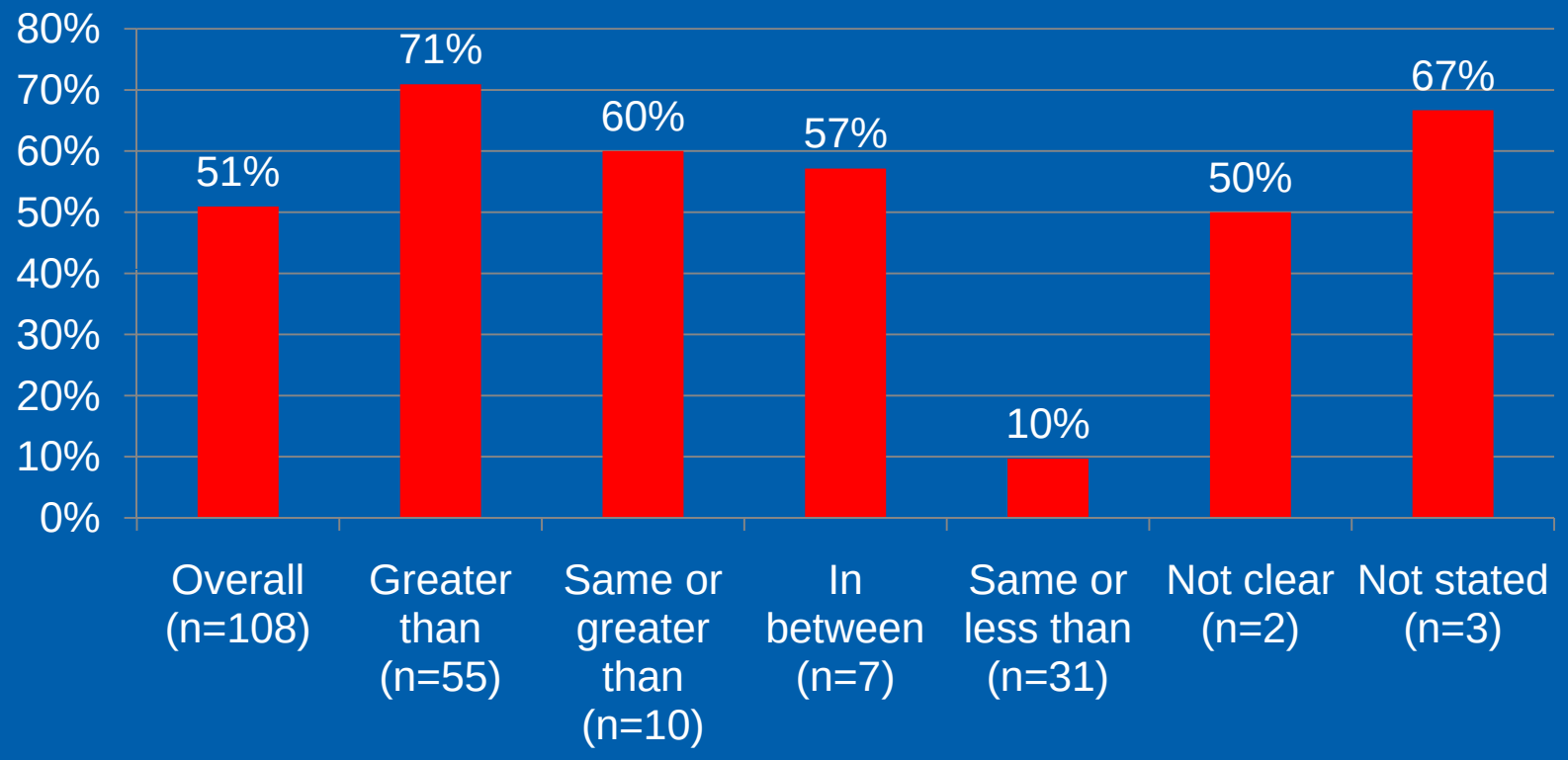
Price


80%
70%
60%
50%
40%
30%
20%
10%
0%
51%
71%
60%
57%
10%
50%
67%
Overall (n=108)
Greater than (n=55)
Same or greater than (n=10)
In between (n=7)
Same or less than (n=31)
Not clear (n=2)
Not stated (n=3)

Interpretations

Publicly available reasons lack qualitative statements regarding:

- appropriateness of outcome
- appropriateness of comparator
- strength of clinical evidence
- attractiveness of ICERs
- non-evidentiary factors (values and preferences)

Interpretations

Information gap between regulatory and reimbursement evidence expectations:

- outcome
- comparator
- ‘premature’ data

Alternative solution:

- progressive licensing + conditional listing/ coverage with evidence?

Interpretations

Supportive of Standing Committee Recommendations:

- There is a need for a formal appeals process.
- A separate process could be considered for rare and first-for-disease drugs.
- Conduct a 5-year review: investigate reasons behind DNL rates for different therapeutic areas.

Questions?