

National Pharmaceuticals Strategy

Best Medicines Coalition (BMC) – Executive Summary

This Summary of the issues omits background and supporting information found in the Best Medicines Coalition Issue Paper on the National Pharmaceutical Strategy available from www.bestmedicines.ca, or by calling 1-888-807-7904.

As part of the 10-year plan to strengthen healthcare, Canadian First Ministers¹ agreed to develop a National Pharmaceuticals Strategy (NPS). They agreed that no Canadian should suffer undue financial hardship in accessing needed drug therapies, and that affordable access to drugs is fundamental to equitable health outcomes for all our citizens. What they have neglected to do, however, as this Strategy has unfolded, is gather information directly from viable, knowledgeable sources. It is the BMC view that, unequivocally, Canadian patients, as healthcare consumers, must be part of the decision process that fundamentally affects every aspect of their lives, stemming from their health state.

How can government decision-makers reach effective conclusions without valuable input from all affected? The short answer is they can't. The most important perspective in administering medications is involving those for whom the medications exist. The healthcare system must be designed for the person who does not have optimal health. Intuitively, these people, and those who care for them, need to be a central part of the process from the beginning. *It is outrageous that the federal and provincial governments have closed the door on patients and will not even reveal to the Canadian public what is going on behind those closed doors.*

What we do know about the proposed NPS is that it is to focus on five areas, prioritized from nine action points, and that a progress report from the Ministerial Task Force will be provided to Canadian First Ministers on June 30, 2006. With this deadline looming, the Task Force has yet to engage the patient or healthcare consumer in any meaningful consultation. The BMC has developed recommendations around the five focus areas and continues to ask the government to invite us to join their discussions so these recommendations may be fully explored.

BMC Recommendations based on these five areas of focus:

1. "Real world" drug safety and effectiveness

- A *transparent* post-marketing surveillance strategy must be forged, which sets standards that provide the means of thorough and ongoing evaluation of drug safety and effectiveness, following through on the findings of reputable sources.
- Patients must be involved in developing this process, and be active in the ongoing plan.
- A collaborative process should also include many other stakeholders and encompass international information resources, without losing the uniquely Canadian perspective.
- Surveillance must not be used to delay access of medications to patients.

2. Expensive drugs for rare diseases

- To safeguard the rights of people with rare disorders to access the best medicines and treatment, a policy for rare disorders should be developed as a priority. A recent study indicates that every dollar invested in new treatments and medicines relieves the healthcare system of expenses seven times greater in other medical or emergent areas such as hospitals, physicians/specialists, and home care.

¹ First Ministers include the Prime Minister and all provincial and territorial Premiers

- A strategy must be developed for a coherent, justifiable rule to determine how much to pay for orphan drugs.
- Canada must join the global fight to protect those individuals with rare disorders, and support global research and development for new effective treatments.

3. Drug pricing and purchasing

- A national drug pricing and purchasing plan should make every effort to control the cost of drugs to patients and consumers, without denying drugs to people who need them, simply because they are not bulk-purchased.
- No plan should put patient access at risk by making drug supplies dependent on a few manufacturers, or by limiting/restricting access of more expensive drugs to physicians and their patients.
- NPS must have the means to identify the factors contributing to escalating drug expenditures, and the means to control these expenditures with consideration of the cost-benefit trade-offs for patients, physicians, pharmacists, governments, and drug manufacturers.
- Patient access to medications that improve long-term health or quality of life cannot be restricted, costs cut cannot be deferred to the patient, and physicians' options to prescribe the medications they believe are right for their patients must be unrestricted.

4. Catastrophic drug coverage

- NPS must be created with the solid foundation that no Canadian will face financial hardship in order to receive the best medical care available, and not lose sight of the special needs of patients dealing with persistent chronic disease requiring expensive treatment and/or medicines.
- Deliberations must take place around equity for all Canadians, giving special consideration for those households where even 3% of income is too much burden to bear out-of-pocket for their prescription needs.

5. Common drug formulary

- Governments must eliminate the duplication of efforts created by the Common Drug Review (CDR), and other levels of administrative redundancy. If this is not done or possible, CDR should be eliminated altogether.
- Provincial drug plans must revise their approvals of drugs to the formulary listing, not by the CDR recommendations but by the scientific evidence that supports the benefits for their population and their healthcare delivery.
- There needs to be universal and equitable access to drugs across Canada regardless of a NPS or provincial plans. A national plan makes sense for many reasons including joint efforts around cost savings for administration of the NPS as well as consistency in drug coverage and availability across Canada.

It is paramount to remember the overall benefit that medications bring to healthcare. The BMC recommends that access to medicines for patients be based on physicians' choice for their patients, while at the same time recognizing the impact on increased business investment by the pharmaceutical industry in this country to finance any potential increases in government spending.

The overarching message of the issue paper this summary speaks from is clear: involve patients in NPS and let the process be transparent.