

Impact of Canada's Common Drug Review on drug listing

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The number of drugs covered by public drug plans decreased substantially after Canada's Common Drug Review was introduced in 2003, and new drugs were listed more quickly in several of the smaller provinces, found a study published in CMAJ (*Canadian Medical Association Journal*).

Canada has 19 public [drug](#) plans, which accounted for about 39% of the forecasted \$31 billion in drug-related costs in 2010. These plans cover the cost of a range of drugs prescribed to patients. Before 2003, each plan independently reviewed evidence for clinical and cost-effectiveness for new drugs under consideration for listing under drug plans. The [Canada](#) Common Drug Review, administered by the Canadian Agency for Drugs and Technologies in Health, was introduced to standardize the process, improve efficiencies by pooling resources and expertise and eliminate duplication. Quebec does not participate in the Common Drug Review.

Researchers from the University of Alberta found that the number of drugs listed for coverage decreased substantially. Participating drug plans listed between 47% and 66% of new drugs in the five years before the Common Drug Review and between 12% and 40% in the five years following. As well, the time from recommendation to be listed and actual date listed ranged from 99 to 358 days, compared with an average time-to-listing of 778 days — more than two years — before the Common Drug Review.

There was also significant variation between listing decisions of public drug plans and recommendations of the Common Drug Review.

"The proportion of drugs listed decreased significantly after the introduction of the Common Drug Review for all participating drug plans included in our analysis," states Dr. Dean Eurich, School of Public Health, University of Alberta, with coauthors. "Time-to-listing decreased for a number of the smaller provinces."

The authors write that several factors, including uncertainty over the clinical effectiveness of drugs submitted by pharmaceutical companies for review, may explain the decrease in the number of drugs listed for reimbursement.

"Our findings suggest that the Common Drug Review may have contributed to a streamlining of the process for reviewing drugs for certain jurisdictions," write the authors "Specifically, patients in the provinces of New Brunswick, Prince Edward Island, and Newfoundland and Labrador may have benefited with earlier access to [new drugs](#). Any substantial gains in savings or in the efficiency of publicly funded drug plans to make listing decisions are important factors in maintaining the [health](#) and safety of Canadian patients."

Provided by Canadian Medical Association Journal

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