Consistencies in Cancer Therapy Reimbursement Recommendations Made in Canada, Australia, Sweden, and United Kingdom

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ABSTRACT

Background: Our aim was to compare recommendations made by the pan-Canadian Oncology Drug Review (pCODR) since its launch to other health technology assessment (HTA) agencies.

Methods: Publicly accessible recommendations were reviewed: Canada (pCODR, www.pcodr.ca), Australia (Pharmaceutical Benefits Advisory Committee (PBAC), www.pbs.gov.au), Sweden (Dental and Pharmaceutical Benefits Agency (TLV), www.tlv.se) and UK (National Institute for Health and Care Excellence (NICE), www.nice.org.uk).

Results: pCODR had six product reviews in common with PBAC, three with TLV, and nine with NICE. Overall, pCODR unlike the other agencies, was most likely to provide a positive recommendation, albeit, conditional on improvement of cost-effectiveness ratios. In general, negative recommendations made by pCODR based on clinical concerns were often mirrored by the other HTA agencies. Similarly, findings by pCODR of positive clinical benefit but with concerns over cost-effectiveness were often reciprocated by the other agencies in conditional positive recommendations or by negative recommendations due to cost-effectiveness.

Conclusions: The recommendations by pCODR, PBAC, TLV and NICE reflected significant agreement regarding overall clinical and economic benefit. Although discordance in recommendations between agencies was noted, these likely reflected process and funding differences rather than a difference in the perceived product value. pCODR differs from other agencies in its clear distinction between evidence review and funding negotiations. As such, pCODR can positively recommend a product with acceptable clinical value conditional on improved cost-effectiveness without specifying the degree of price reduction needed or negotiating such discounts. This creates an environment that favours early global launch in Canada without delays for price negotiation.