Cancer Care Ontario
Action Cancer Ontario

CANCER DRUG FUNDING AND ADMINISTRATION IN ONTARIO

BACKGROUNDER

Drug Funding and Administration in Canada

Access to public drug benefits varies across Canada with each province or territory having its own public drug benefit policies and making its own eligibility, funding, and drug-administration decisions.

Drug Funding and Administration in Ontario

In Ontario, public funding decisions for all drug benefits under Ontario Public Drug Program (OPDP), including cancer drugs, are made by the Executive Officer (EO) of the Ministry of Health and Long-Term Care's (MOHLTC) OPDP. The EO's decision is informed by recommendations from the Committee to Evaluate Drugs (CED), an independent, expert, advisory committee to the MOHLTC.

Once a decision has been made to fund a drug, it may be provided under one of several different public drug programs including the Ontario Drug Benefit (ODB) Program, the Trillium Drug Program and the New Drug Funding Program (NDFP), for injectable cancer drugs.

Cancer Drug Funding and Administration - The New Drug Funding Program

The NDFP provides drug benefits for new and expensive injectable cancer drugs that are provided within hospitals and cancer-care facilities. The NDFP is administered for the MOHLTC by Cancer Care Ontario (CCO).

The program was created in 1995. Historically, each hospital paid for its own injectable cancer drugs and made its own decisions about access. This led to unequal access at different hospitals across the province.

The NDFP ensures that new treatments are introduced in a standard manner on a provincial basis. The program does not reimburse patients for the cost of cancer drugs. Instead, reimbursements are made directly to Ontario's Regional Cancer Centers (RCCs), Princess Margaret Hospital (PMH), and more than 70 community hospitals across the province.

The NDFP covers about 75% of the overall cost of all hospital-based injectable cancer drugs in Ontario. Hospitals cover the remaining 25% through their operating budgets. Drugs are reimbursed for those patients who meet specific, approved, drug-eligibility criteria.

How are Cancer Drug Funding Decisions Made?

Both provincial Disease Site Groups (DSG), and pharmaceutical manufacturers, can initiate drug-funding requests.

The initial recommendation on whether to fund both oral and injectable cancer drugs currently is made through a subcommittee composed of members of the CED and experts from CCO, including cancer specialists, physicians, health economists, pharmacists and ethicists. The CED/CCO subcommittee was established in 2005 to enhance the review of all cancer drugs (injectable and oral), incorporating a review of clinical and pharmacoeconomic evidence, as well as practice guidelines developed by CCO's Program in Evidence-Based Care (PEBC).

The CED-CCO subcommittee makes a funding recommendation to the CED. There, the funding of cancer drugs is considered from the perspective of the broader health care system. In turn, the CED makes a recommendation to the Executive Officer (EO) on funding. The EO makes the final funding decision.

As the pan-Canadian Oncology Drug Review is launched and begins to make funding recommendations to participating provinces in the fall of 2011, Ontario's decision-making process will incorporate this new source of guidance.

Ontario's Evidence Building Program for Cancer Drugs

In March 2011, the MOHLTC announced a new Evidence Building Program (EBP) for cancer drugs.

The EBP complements and strengthens Ontario's NDFP and the process for drug funding decisions in Ontario. The EBP seeks to resolve uncertainty around clinical- and cost-effective data related to the expansion of cancer-drug coverage within Ontario.

For a drug to be included in the EBP, there must be mounting evidence of its benefits, such that funding for in a fixed period will allow CCO to gather real-world data about its efficacy and cost-effectiveness. Data collected through the EBP will be evaluated and will inform a final funding decision by the EO of OPDP.

The EBP maintains the rigour and consistency of Ontario's drug funding decision-making process, while meeting the dual responsibilities of delivering high-quality care and spending Ontario's health-care dollars wisely to produce the greatest value for patients and society.

On May 12, 2011, Herceptin, used in conjunction with chemotherapy, to treat breast tumors of less than or equal to one centimeter in women who are node negative and HER2 positive, was approved as the first drug in the EBP.

In June and July 2011, CCO and the MOHLTC embarked on a consultation process to support the development of the EBP by seeking input from clinicians, researchers, pharmacists, the pharmaceutical industry, cancer disease site groups, patient advocacy groups, members of the public and academics. Eight live consultation sessions were held and comments were invited in writing and via a web survey. More than 140 organizations and individuals contributed feedback. On September 12, recommendations on the draft EBP policy were submitted to the Executive Officer.

Ontario's Case-by-Case Review Program

Some cancer patients have urgent and rare clinical circumstances, and require treatment with a drug that is not already publicly funded.

To accommodate this, the Compassionate Review Policy, administered by Ontario Public Drug Programs, provides an opportunity to consider public funding in truly exceptional circumstances for drugs not funded through the Ontario Drug Benefit (ODB) Program.

As of November 15, 2011, CCO administers Ontario's Case-by-Case Review Program (CBCRP) for cancer drugs on behalf of the Ministry of Health and Long-Term Care. The new CPCRP extends and adapts the Compassionate Review Policy to therapies that will be administered in cancer centres and hospitals.

The CBCRP considers funding requests for cancer drugs (both oral therapies and injectable drugs) for cancer patients who have a rare clinical circumstance that is immediately life threatening (i.e., death is likely within a matter of months) and who require treatment with an unfunded drug, because there is no other satisfactory and funded treatment .

The CBCRP is not intended to provide provisional funding of a regimen in advance of a formal evaluation through the regular review mechanism.

Only physicians can make requests for funding. The treating physician must complete a request form and submit supporting documentation to CCO via a secure web portal.

November 2011