Notice Regarding the Mandate of the Patented Medicine Prices Review Board (PMPRB)

The Alliance des patients pour la santé is a coalition of 26 patient associations and groups in Quebec, some of them also active across Canada, and represents more than 200 associations working directly with patients in areas such as mental health, chronic diseases, cancer, rare diseases and support for caregivers.

First, the Alliance commends the Government of Canada for its plans to make drugs more affordable in Canada. However, the Alliance is concerned about both the accessibility of drugs, particularly new drugs, and their cost. As you are no doubt aware, Quebec's pharmacare plan provides public coverage to approximately 40% of the population, with private insurers covering the other 60%. In addition, Quebec has a separate drug review system.

The public interest?

In a letter dated October 24, 2017, to the federal health minister, the Honourable Ginette Petitpas Taylor, we raised the following questions: Will the new regulations ensure access to the best drugs on the market? At what cost? Will it slow down or facilitate clinical trials resulting from the introduction of new therapies? What role will patient associations play? Obviously, we are not experts in this extremely complex issue, which is not unique to Canada. What we care about most is the best interest of patients. Will they benefit from all these changes? The proposed guidelines for the review of the Patented Medicine Prices Review Board (PMPRB) mandate do not provide real answers to these questions.

Moreover, since the federal government wishes to give the PMPRB the dual mandate of controlling drug prices in Canada and assessing the therapeutic value of certain drugs, we wonder about the appropriateness of this dual mandate.

Let us consider the first part of this dual mandate: controlling drug prices. Canadian provinces already have a common mechanism for negotiating the price of innovative and generic drugs—the Pan-Canadian Pharmaceutical Alliance—in which the federal government participates through federal health plans.

A year ago, in announcing federal membership in the Pan-Canadian Pharmaceutical Alliance, then-health minister Jane Philpott said, "To date, the pan-Canadian Pharmaceutical Alliance has completed more than 89 negotiations on brand name drugs and achieved price reductions on 14 generic drugs, resulting in combined savings of more than $490 million annually."[1] There was even a new agreement (including the federal government) announced on January 29 [2018] that will reduce the cost of nearly 70 of the most commonly prescribed generic drugs in Canada, including those used to treat hypertension, high cholesterol and depression.[2]

Quebec's Minister of Health and Social Services, Dr. Gaétan Barrette, has already noted that Quebec's membership in the Alliance has yielded good results, delivering substantial savings for the government and patients, or so he says, in the reimbursement of drug costs. This means it is legitimate to ask how the PMPRB's new role in this regard would provide an increased benefit to Canadians and Quebeckers.

In reality, we are much more concerned about the consequences of bringing in a new player, which will inevitably result in new delays before new drugs reach the market and delay the roll out of clinical trials which, as you know, provide patients with new therapeutic opportunities. For patients, the most important question is whether this new mechanism would make drugs more accessible, in other words more available, and whether the price reductions would go directly to "consumers." This is what should be of concern to the Patented Medicine Prices Review Board.

As for the second proposed component, assessing the therapeutic value of drugs, the Canadian Agency for Drugs and Technologies in Health (CADTH) and the Quebec National Institute of Excellence in Health and Social Services [INESSS—Institut national d'excellence en santé et en service sociaux, formerly the Drug Council / Conseil du médicament] have already been playing this role for some 30 years. These bodies have developed expertise in reviewing the economic and therapeutic value of drugs. Bringing in the PMPRB as a new reviewer raises eyebrows, especially since the duplication of resources (CADTH and INESSS) for analyzing the value of drugs is already questionable.[3] Faced with this situation, not being experts, how do you want patients to make sense of this? As the situation is already complicated the way it is now, how would adding the PMPRB to the mix make it any simpler? We have serious doubts and are calling on the federal government and the Minister of Health to review this proposal. Above all, the last thing we want is a situation where patients bear the brunt of a new federal-provincial jurisdictional dispute.

A priority: Meeting the needs of patients

In the *PMPRB Guidelines Scoping Paper*, stakeholders are encouraged to reflect on a number of questions, the first of which being "What considerations should PMPRB use in screening drugs for high priority?" For us, the answer is very clear: the needs of patients.

Evolving professional practices and technological developments, particularly when it comes to drug therapies, provide a growing number of alternatives for treating patients, curing diseases and improving quality of life. Regardless of where they live, patients want to be able to access them. They pay taxes, fees and insurance premiums so they can benefit from them equitably. Unfortunately, this is not always the case.

We do not want patients in Quebec, like those in Canada, to face disparities in drug access depending on where they live or run into problems accessing them simply because their government has adopted new bureaucratic measures that complicate the process of evaluating and marketing new drugs. These processes are already too lengthy and thus deny access to needed treatment.

Conclusion

The Alliance believes that discipline and vigilance must remain key concerns for the institutions responsible for approving new drugs on the market and ensuring equitable access to everyone who needs them. With this in mind, we suggest that the PMPRB take a more serious look at the role and contribution of patient associations in addressing these priorities. We also believe that this debate on the PMPRB's new mandate should be discussed by the provincial ministers of health. After all, health is a provincial jurisdiction.

Moreover, in 2017, Quebec developed a *Quebec Research and Innovation Strategy*. This broadly consensual strategy is designed to promote reasonable and equitable access to drugs and foster innovation. We hope that it will benefit patients and that its implementation will not be hindered by the emergence of new bureaucratic obstacles.

The Alliance assures you its fullest cooperation in the hope that greater involvement of patient organizations can provide new opportunities to bring the needs of patients to all levels of the health care system.

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[1] https://www.canada.ca/en/health-canada/news/2016/01/government-of-canada-partners-with-provinces-and-territories-to-lower-cost-of-pharmaceuticals.html

[2] https://www.lapresse.ca/actualites/sante/201801/29/01-5151894-pres-de-70-medicaments-generiques-seront-vendus-moins-cher.php

[3] Mélanie Bourassa Forcier, LL.L., LL.M., M.Sc, D.C.L. Associate Professor, Director of the Law and Life Sciences and Health Law and Policy Programs, University of Sherbrooke, Fellow, CIRANO, quoted in *La Presse*, February 5, 2017.