

Managing Pharmaceuticals in the Health Care Environment

The BC Cancer Agency Experience



**Provincial Health
Services Authority**

Province-wide solutions.
Better health.

The Landscape

- Incidence and prevalence of cancer is increasing by approximately 3% annually
- The combination of increased clinical demand, coupled with the introduction of new drugs creates “double trouble”
- The drug spend for BCCA for 14/15 is forecast to be close to \$230M
- Developing prediction models for drug utilization has proven challenging

Decision Making

- Adoption of a rigorous process is critical
- Goal is ensuring the drugs approved are actually effective, and balancing that with cost control
- In 15/16, we will be reviewing our current processes and considering changes if warranted

Priorities Evaluation Committee (PEC)

- Primarily a clinical committee with input from health economist
- Proposals flow from Tumor Group (TG) > PEC > ranking given > final feedback from TG
- The priority setting process has 3 phases:
 - Clinical Evaluation Phase
 - Administrative Evaluation Phase
 - Policy Setting Phase

PEC Process - continued

- Final step is review and decision making by BCCA executive Team
- Final decision guided by:
 - Clinical review (Phase 1,2)
 - Costs and opportunity cost
 - Overall MOH strategic direction
 - Population factors
 - Political factors

Current Challenges

- New anticancer drugs arrive on the market at a steady rate
- Increased incidence and prevalence drive higher utilization
- Public expectation is that they should have access to any available treatment that could “help”
- Consistency in applying criteria for decisions is critical when faced with a coverage concern