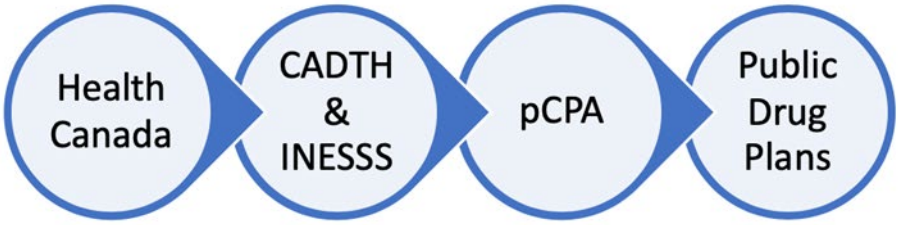
Yukon Health Care Insurance Plan (YHCIP)

Drug Formulary Decision Making Process

Section 5 of the YHCIP Act provides the director of insured health with the power to manage the Plan at his or her discretion. The Yukon drug formulary working group that previously made drug formulary listing decisions was dissolved in 2022 to allow for a more efficient and streamlined process that included a physician consultant as well as internal clinical staff involved in the decision-making process. Making this change allowed insured health to improve turnaround times and provide timely adjudication of claims. In addition to this internal clinical group, the Yukon drug formulary decision making matrix is also informed by national clinical expert and patient stakeholder groups. Yukon, as well as all the other provincial and territorial jurisdictions contribute to these discussions. Yukon actively participates in the decision-making process as well as provide our unique local perspective. Below is a summary of the approval and public drug plan reimbursement decision making process.



Health Canada

Health Canada reviews drugs for safety, efficacy, and quality before authorizing them for sale in Canada.

CADTH

CADTH's reimbursement review processes are meant to reduce duplication across jurisdictions, maximize the use of limited resources, and enhance the consistency of drug reviews. CADTH undertakes reviews of drugs and issues reimbursement recommendations and/or review reports to federal, provincial, and territorial drug programs; cancer agencies; and Canadian Blood Services. It is important to note that CADTH's recommendations are non-binding, and each drug program makes its own reimbursement decisions based on CADTH's recommendation and other factors, including the plan's mandate, jurisdictional priorities, and financial resources.

pCPA – pan Canadian Pharmaceutical Alliance

The pCPA negotiation process begins for the majority of new drugs, once a recommendation is published by CADTH. pCPA uses the recommendations from CADTH and other factors to determine whether or not it will enter into a negotiation for a drug. Following a successful negotiation, pCPA will issue a letter of intent which sets the terms of the agreement between the pCPA and the drug manufacturer.

Public Drug Plans

Public Drug Plans make a final decision to fund a drug once a negotiation has been successfully completed and enter into a product listing agreement with the drug manufacturer. Yukon uses this decision-making matrix to decide which drugs are listed on the drug formulary as open benefits, exception drugs or non benefits. A specific drug molecule can be tracked transparently throughout this process via each of the organization's web sites. Expert drug review as well as patient lived experience is captured within the CADTH process as follows:

Stakeholder Input

Patient Group Input

Patient input provides patients' experiences and perspectives of living with a medical condition for which a drug under review is indicated, their experiences with currently available treatments, and their expectations for the drug under review. The call for patient input is posted 29 business days in advance of a sponsor's anticipated date of application filing, as provided in the mandatory notification. A total of 35 business days is provided for preparing and submitting patient input. All patient input received by CADTH for the drug under review is collated and summarized by CADTH. This summary and the patient input received are used by CADTH in the development of the review protocol and to assist the expert committee in its deliberations.

Clinician Group Input

Clinician group input is used by CADTH in all phases of the review, including the development of the review protocol, appraisal of evidence, and interpretation of the results. The clinician group input summary and individual submissions are included in the committee briefing materials. The call for clinician input regarding a submission, resubmission, or standard reassessment is posted 29 business days in advance of the anticipated filing date. Groups or associations of health care professionals will have a total of 35 business days to prepare and submit their input.

Drug Program Input

The drug programs provide input on each drug being reviewed through CADTH's reimbursement review processes by identifying issues that may impact their ability to implement a recommendation. This input increases the relevance of the recommendations and can potentially avoid the need for an implementation advice panel or targeted reassessment later in the process by ensuring that potential implementation issues were considered during the review.

Recommendation Phase

Expert Committees

The following CADTH drug expert committees currently provide drug-related recommendations and advice to the drug programs:

- The Canadian Drug Expert Committee (CDEC) is used for drugs that are reviewed through CADTH's Common Drug Review process.
- The Canadian Plasma Protein Product Expert Committee (CPEC) is a subcommittee of CDEC that is used for products that are reviewed through the Interim Plasma Protein Product Review Process.

- The pan-Canadian Oncology Drug Review (pCODR) Expert Review committee (pERC) is used for drugs that are reviewed through CADTH's pCODR process.

The expert committees may recommend that a drug be reimbursed; that a drug be reimbursed with conditions; or that a drug not be reimbursed. The expert committee meeting schedule is available on the CADTH website.

Draft Recommendation

Draft recommendations are distributed to the sponsor and drug programs 8 to 10 business days after the expert committee meeting. All draft recommendations are posted on the CADTH website for stakeholder feedback. Sponsors are responsible for identifying and requesting the redaction of any sponsor-supplied confidential information that has been included in the draft recommendation before this document is posted for stakeholder feedback. The feedback period begins when the draft recommendation is posted on the CADTH website. The intent of the feedback period is to allow time for the sponsor, drug programs, and other stakeholders to comment on the draft recommendation and provide feedback before it is finalized and posted. Stakeholders will have 10 business days to review the draft recommendation and provide feedback using the CADTH template. During the feedback period, the sponsor and/or the drug programs may make a request for reconsideration.

Final Recommendation

When a final recommendation is issued, CADTH posts a copy to its website. Before this document is posted, sponsors are responsible for identifying and requesting the redaction of any confidential information that has been included in the recommendation.

Implementation Phase

CADTH recommendations are non-binding to the drug plans. Each drug plan makes its own drug-listing decisions based on the final recommendation and other factors, such as the plan's mandate, priorities, and resources.

After a final recommendation has been issued, CADTH provides the drug programs with implementation support. This can include, but is not limited to, refining reimbursement conditions, developing advice on implementation issues for drugs, and establishing a provisional funding algorithm for selected oncology indications.

Drug Product Listing

Once a drug molecule has received a positive reimbursement recommendation and undergone successful negotiations via pCPA, the senior pharmacist advisor at insured health will negotiate a product listing agreement with the drug manufacturer. Upon successful implementation of a product listing agreement, the senior pharmacist advisor will list the product on the Yukon drug formulary based on CADTH’s reimbursement criteria.

Appeals

Should a prescriber or patient wish to appeal the product listing decision or listing criteria, they may do so in writing to the director of insured health services. A written decision outlining the adjudication of the appeal will be provided to the appellant within 14 to 28 days depending on department resources.

Appeals are investigated by the insured health team comprising of a pharmacist, nurse, physician, and program officers. Investigations include jurisdictional scans, emerging evidence, expert opinion, and budget impact analyses.