

# **Written Submission for Pre-Budget Consultations in Advance of the Upcoming Federal Budget**

**By: Canadian Association of  
Pharmacy in Oncology  
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## **Recommendations:**

1. The federal government ensure a stable supply of essential cancer drugs such as dexamethasone which has seen COVID-19 related use and is used in high doses to treat many cancers. Further, develop a national strategy to prevent ongoing drug shortages for cancer treatments such as has occurred for patients needing L-Asparaginase.
2. The federal government streamline the approval of potentially life-saving cancer pharmaceuticals that have been authorized for use in other relevant jurisdictions but which may not have received approval in Canada due to a smaller potential scope of patients.
3. The federal government ensure that any national pharmacare strategy includes a strategy on pharmaceutical supply and not only patient access. Further, biosimilars to treat cancer should be included with a mechanism for use within Canada on a national level.

The Canadian Association of Pharmacy in Oncology (CAPhO) is the professional association in Canada for pharmacists and pharmacy technicians whose primary focus is the care of patients with cancer. For over 20 years, CAPhO has advocated for its members across Canada as well as the many patients we serve.

As anticancer and supportive care therapies continue to evolve, CAPhO and its members continue to meet the growing needs of patients while also keeping pace with medical advancements to ensure Canadians are getting the best care possible.

We work to ensure that drug therapy is provided safely and appropriately, while maintaining quality of life for patients and their families. As we move outside the walls of the pharmacy to engage in meaningful dialogue with our patients and our healthcare colleagues, the Canadian Association of Pharmacy in Oncology is in the background helping our members provide patient care that is consistent with best practices.

COVID-19 has presented a unique set of challenges to our healthcare system. As we examine a roadmap to restart the economy and get Canadians working, ensuring we have adequate healthcare supports in place will be of vital importance.

Unfortunately, drug shortages for vital cancer treatments are not a new occurrence in Canada. Due to a number of external factors, Canadians have faced a lack of sufficient drug access in the past. COVID-19 has further disrupted drug supply. For example, recent research has indicated a potential reduction in death in severe COVID-19 cases who are treated with dexamethasone.

This medication is a key treatment for several types of cancer, including multiple myeloma, brain tumours, and acute leukemia. Generally, treatment includes high repeat doses of dexamethasone, and it is considered a primary treatment for these cancers.

The current worldwide rush to purchase and administer dexamethasone to certain patients with COVID-19 was unexpected and is diverting supply away from ongoing needs in cancer treatment. Further, there have been ongoing dexamethasone shortages before COVID-19 and its use as a treatment came into account. Other essential cancer drugs such as L-Asparaginase, which is used in the treatment of acute leukemia, are also facing shortages in Canada. These are but two of many.

Therefore, the federal government should work to ensure there is a stable supply of dexamethasone and other critical medications used in the treatment of cancer in order for Canadians to receive the best, timely care possible as they embark on a difficult journey following a cancer diagnosis. Oncology Pharmacists must have the best tools available to treat Canadians and ensure patient outcomes are the best possible.

Canada has seen occasions where some pharmaceuticals to treat cancer are not approved for use in the country as the manufacturer did not deem the market reach to be significant enough, and therefore did not embark on the approvals process. Despite

this, these drugs have been approved in several major other jurisdictions such as the United States and Europe.

These treatments may be deemed the best course of care for some patients in Canada. In these cases, Oncology Pharmacists have to ask Health Canada for approval to treat a patient with these drugs each time for the individual patient. The corresponding approval process is cumbersome and can delay the start of treatment. This is not in the best interests of patients.

CAPhO recommends that the federal government develop a streamlined process for the approval of cancer therapies already approved in other relevant jurisdictions like the United States and Europe. Further, the application to administer these treatments should be simplified and the approvals period expedited, in order to ensure Canadians are able to receive the best care in a timely manner.

Last, CAPhO recognized the commitment of the federal government to develop a national pharmacare strategy. It is important to note that this strategy would focus on patient access to drugs, not drug supply. Both patient access and ensuring there is an adequate supply to offer patients are critical. Any national pharmacare strategy should include a framework on monitoring drug supply across the country and from global manufacturers, and a mechanism to ensure Canada has sufficient stockpiles.

Cancer care has seen a rise in the use biosimilars for treatments around the world. Some jurisdictions like Europe and the United States have worked to approve a host of biosimilars for use as treatment. Biosimilars can reduce the cost of drugs and drive savings, allowing governments to redirect those savings in other essential cancer treatments.

The federal government should include a biosimilar approval and coverage stream in any national pharmacare strategy, to drive cost reductions and redirect savings into other needed cancer treatments. Currently adopting the cost saving potential of biosimilars in cancer care is done on a provincial level. A national approach ensures consistent cancer care access and cost savings across the provinces.

## **Conclusion**

As Canadians and the economy adapt to the new COVID-19 normal and plan for a society post COVID-19, it is important that the federal government recognize the new and ongoing shortcomings that our healthcare system is having in the country. The lack of adequate cancer medications could impact patient outcomes, lower overall quality of life, and impact the Canadian workforce in many ways. This was a problem before COVID-19, but it has become even more so concerning now.

Health Canada should work to streamline the approval process to offer already-approved cancer treatments in other major jurisdictions to Canadian patients, who due

to market size factors, may not ordinarily have been offered access to certain medications. The process for Oncology Pharmacists to seek approval from Health Canada to use such treatments should be expedited and streamlined.

Finally, any new national pharmacare strategy should account for drug availability in addition to patient access. Cost-effective treatments such as Biosimilars for cancer care should be included under a separate approval and coverage stream in the strategy. A national implementation strategy instead of provincial decision-making process for using biosimilars for cost-effective cancer care would ensure Canadians are not inhibited according to which province they reside.

CAPhO looks forward to working with the federal government to address the above concerns and will always continue to advocate for the best interests of our patients, and indeed all Canadians.