Background

- Development and use of oral chemotherapy and other take-home cancer drugs (THCD) have significantly increased over the past decade.
- The Ministry of Health and Long-Term Care provides outpatient drug funding via Ontario Public Drug Programs (OPDP). OPDP covers the cost of THCD or intravenous (IV) cancer drugs as follows:
  - Hospital-administered injectable cancer drugs, most of which are given intravenously, are primarily reimbursed by Cancer Care Ontario (CCO) under the New Drug Funding Program (NDFP).
  - Drugs must be administered in outpatient clinics of hospitals. Hospitals are reimbursed for the drug costs for doses administered when given according to specific criteria.
- THCD are usually dispensed from retail pharmacies and are reimbursed by the Ontario Drug Benefit Program (ODB).
- The Ministry covers the drug costs for doses dispensed and a pharmacy fee (i.e., mark-up and dispensing fee) for eligible beneficiaries. Drug-specific criteria may apply. Patients may have out-of-pocket costs in the form of deductibles or co-payments.

Approach

- Objective
  - The Ministry of Health and Long-Term Care provides outpatient drug funding via Ontario Public Drug Programs (OPDP). OPDP covers the cost of THCD or intravenous (IV) cancer drugs as follows:
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Objective

To inform system planning and support sustainable reimbursement policies, we examined trends in costs and utilization of THCD and IV cancer drugs, funded by Ontario Public Drug Programs, over the past six fiscal years (10/11-15/16).

Approach

Selection Criteria

- Drugs used for active or supportive treatment of cancer.
- IV or injectable cancer drugs funded by CCO's New Drug Funding Program or Evidence Building Program. All 39 drugs in these cancer-specific programs were included.
- THCD funded by Ontario Drug Benefit Program, Exceptional Access Program (EAP), Case-by-Case Review Program. 74 THCD were selected for inclusion.
- For selected drugs, data were collected for both the brand and equivalent generic products (if applicable).

THCD Identification

- The ODB database contains claims for cancer and non-cancer drugs with limited information on reason for use.
- EAP criteria. Limited Use criteria and other information sources (e.g., literature, drug databases, manufacturer information) were reviewed to identify drugs with cancer-specific use.

Data Evaluation

- Data on costs and use from the 10/11 to 15/16 fiscal year were obtained from administrative databases held by CCO.
- THCD claims data were sourced from the Institute of Clinical Evaluative Sciences' ODB dataset on June 9, 2016. THCD claims were extracted by drug identification number.
- Data for IV cancer drugs were extracted from the NDFP database, reflecting approved claims as of June 11, 2016.
- Annual government costs and number of utilizing recipients were collected to verify the drug’s place in cancer therapy.

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- NDFP database, reflecting approved claims as of June 11, 2016.
- Administrative databases held by CCO.

Interpretation

- While utilization and costs of all cancer drugs under Ontario Public Drug Programs (OPDP) continue to grow rapidly, THCD expenditure and utilization growth have outpaced IV cancer drugs.
- Overall, the growth in cancer drug expenditures under OPDP were significantly higher than the growth of utilizing recipients, illustrating a growing cost per recipient. For all cancer drugs, annual government costs grew by 71% compared to 23% growth in utilizing recipients over a six-year period.
- Given the growing costs and use of THCD and IV cancer drugs, existing reimbursement policies may need sustainable strategies to ensure patients have timely access to the most effective therapies.

Results

In 4 of the past 6 years, public spending on THCD exceeded spending on IV cancer drugs.

Over the same 6-year period, the number of utilizing recipients grew by 25.4% for THCD vs. 15.3% for IV cancer drugs.

Limitations

- This analysis only assessed costs funded by OPDP. Some publicly covered outpatient drug costs are funded through CCO's Systemic Treatment-Quality Based Procedures and are not reflected in these data. Inpatient cancer drug costs are also not reflected in this data.
- Owing to data limitations, cancer-specific use for THCD in ODB are estimates.
- While IV cancer drugs are funded primarily through public coverage, private insurance is common for THCD owing to public benefit program eligibility criteria limits. Consequently, the overall growth rates for THCD expenditures and recipients could be higher than reported in this analysis if the private share was also considered.
- The impact of generic drugs and price increases were not independently assessed.
- Many factors can drive cancer drug utilization and expenditures. Drivers of growth were not explored in this analysis.
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Should you have any questions or require any additional information, please contact:
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