

## A decade of the Common Drug Review

A decade after the Canadian Agency for Drugs and Technologies in Health (CADTH) took action to standardize drug coverage across the provinces, the arms-length government-funded organization is now working to improve the system by enhancing transparency, reviewing drug classes and doing reviews in parallel with Health Canada.

Beginning next year, the Common Drug Review (CDR) will post full reports online for submissions received after Apr. 1, says CDR Director Dr. Chander Sehgal, who adds that they have “ramped up” the process of reviewing classes of drugs.

Now, instead of having two committees — one for class reviews and another for individual drugs — there is one committee: the Canadian Drug Expert Committee, responsible for all drug reviews, according to Sehgal.

Brian O’Rourke, president and CEO of CADTH, says class review “is something drug plans have been thinking about for a number of years.” The most recent, says O’Rourke, reviewed oral anticoagulants. For now, the CDR is still limited to new drugs, but O’Rourke says they would consider old medications “if there was a question that came to us through the drug programs on the effectiveness or the safety.”

“At market launch, there’s still a lot of uncertainty on how that drug will work in the real world,” says O’Rourke. The CDR examines the practicality of drugs based on efficacy and cost-effectiveness.

The CDR is also aiming for a more timely process by completing its reviews at the same time as Health Canada conducts its reviews, says O’Rourke.

According to O’Rourke and Sehgal, the benefit is faster output of recommendations. There is a risk of wasting resources if it’s a “no” from Health Canada, they say, but that’s only happened once.

Since its inception, the CDR has been particularly effective in Atlantic Canada, where there are minimal resources for drug formularies. Leanne Jardine, director of pharmaceutical services at the New Brunswick Department of Health praised the national review for

increasing the efficiency and transparency of the drug review process.

“When you pool the resources and the smart people across the country, it’s amazing — and we get to benefit from that,” she says.

Despite its success, some experts say there is still room for improvement.

Amir Attaran, Canada Research Chair in Population and Public Health, at the University of Ottawa, Ontario, is particularly skeptical of the review. “You don’t need a [review] to give you recommendations if those recommendations will be followed 50% of the time. You could just flip a coin. It would cost a lot less and would give you equal fidelity,” he says.

McPhee, however, disagreed. “It’s a bit misleading to say that provinces aren’t following recommendations,” she says. The smaller provinces are following recommendations, but larger provinces, like Ontario, that have their own resources, don’t necessarily rely on the review for expertise and recommendations.

But even if provinces abide by national recommendations, budget constraints and different population needs



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**Whether a province decides to fund medications on pharmacy shelves is influenced by recommendations made by the Common Drug Review.**

make it virtually impossible for complete cross-province consistency, says Steve Morgan, associate director of the University of British Columbia Centre for Health Services and Policy Research in Vancouver. “Our public drug plans are a loose patchwork that has no consistency across the country. — Sarah Spitz, *CMAJ*

A longer version of this article is available at [cmaj.ca](http://cmaj.ca)

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