



For Immediate Release

## **Canada Ranks Near the Bottom of Developed Countries In Providing Public Access to New Drug Treatments, Says New International Study**

**Toronto, September 15<sup>th</sup>, 2008** – A first of its kind comprehensive study by Wyatt Health Management shows that Canada ranks near the bottom of developed countries when it comes to providing access to new drug therapies for its most vulnerable citizens including seniors and low income families.

“It is surprising that Canada ranks so low in comparison to these OECD countries,” said George Wyatt, author of the **Wyatt Health International Comparison**. “This study raises several questions about limited access to and choice of medicines and the overall effect this has on the quality of coverage Canadians are receiving from their publicly funded drug plans.”

Public drug plans were developed so that patients, especially seniors and lower income families can get access to medicine and drug treatments. Approximately 10 million Canadians rely on public drug plans to treat cancer, heart disease, diabetes, osteoporosis, mental illness, HIV/AIDS and many other conditions.

The **2007 Wyatt Health International Comparison Study** findings include:

- Canada ranks 17 out of 18 countries on public spending on pharmaceuticals
- In a comparison of 36 new drugs evaluated for public drug plan reimbursement by all countries, Canada’s public drug plans ranked 16 out of 18, providing less coverage than all countries except Australia and New Zealand
- In an analysis of 36 new drugs common to all jurisdictions studied, Canada’s Common Drug Review (CDR) recommended only 61% of drugs for public drug plan reimbursement, far less than the averages of the European Union (EU) (91%) and USA (88%). Provincial formulary decisions further reduce the Canadian drug listing average
  - Of 78 recommendations issued from the inception of the CDR (in 2003) to the end of 2007, Canada’s Common Drug Review has given positive recommendations only 46% of the time, even lower than the percentage quoted in the study
- Wait times for approval of priority review and orphan drugs to treat rare disorders are longer in Canada than the USA and the EU

- The United States Medicare plan extends catastrophic drug coverage for seniors far beyond what is available to Canadian patients

“As Canadians go to the polls, the question we need to ask our politicians is whether those who rely on public drug plans in Canada are getting access to the innovative drugs they need,” added Mr Wyatt. “Right now, I would have to say the answer is no.”

### **The 2007 Wyatt Health International Comparison Study**

The first of its kind study conducted research on the public drug plans and pharmaceutical spending of 18 OECD countries. The study compares Canada’s public drug plan coverage for a mutual list of drugs that have been reviewed by the Canadian Expert Drug Advisory Committee (CEDAC) of the Common Drug Review (CDR) and the other 17 OECD countries. Since its inception in 2003, the CDR has made recommendations on 78 new drugs. Information gathered for the purposes of this study represents best publicly available information as of April 2008.

The authors trust that this study will help generate ideas from around the world about ways to improve patient access to new therapies under Canada’s public drug plans. This study demonstrates that Canada is not keeping pace with other countries, and poses the question whether other systems provide useful models to reform and modernize Canada’s public drug plans.

### **About Wyatt Health Management**

The study was conducted by Wyatt Health Management, one of Canada’s leading pharmaceutical health policy firms. The firm provides analysis for governments, NGOs and industrial sectors about latest trends in pharmaceuticals and health care.

A copy of the study can be found at: [www.wyattthealth.com](http://www.wyattthealth.com)

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