Drug Benefit Council (DBC) Recommendation and Reasons for Recommendation

FINAL

Reference Drug Program Review

Description:

The Reference Drug Program (RDP), introduced in October 1995, is a PharmaCare policy to encourage cost-effective first-line prescribing for common medical conditions. The RDP groups drugs into categories with similar therapeutic application but different active ingredients. Within a RDP category, there are designated reference drugs and non-reference drugs. Among the reference drugs, one drug is selected as the reference drug comparator, which sets the reference price for the non-reference drugs. Full coverage, subject to the usual PharmaCare plan rules, is provided for all the drugs established as reference drugs, including the reference drug comparator. Partial coverage up to the reference price is provided for the non-reference drugs in the category.

For those patients with a specific medical condition that requires the use of an alternative to the reference product, Special Authorization (SA) may be granted through the Special Authority process on receipt of a request from the prescribing physician identifying exceptional need. Once approved, Special Authority status is available through PharmaNet.

The Medical Beneficiary and Pharmaceutical Services Division requested the Drug Benefit Council (DBC) to review the RDP as it exists and provide comments and recommendations regarding the general policy approach of RDP and a potential exploratory approach to modernize the RDP; that is, to review the existing RDP categories and create new RDP categories as applicable.

Previous Recommendations:

1. The Ministry of Health should leverage programs and policies to achieve the best therapeutic value and price for publicly-funded pharmaceuticals. This includes modernization of the RDP.
2. The Ministry of Health should review the existing RDP categories [e.g., Angiotensin converting enzyme inhibitors (ACE-I); Calcium channel blocker (CCB) and Histamine-2 receptor blockers (H2 Blocker)], as new drugs have been listed on the PharmaCare formulary and lower prices have been introduced since the RDP categories were first created in 1995.
3. The Ministry of Health should review a number of therapeutic classes and potentially create new RDP categories [e.g., Angiotensin Receptor Blocker (ARB); Proton Pump Inhibitor (PPI) and HMG-CoA reductase inhibitor (STATIN)].

Material

- In their review, the DBC considered the following: clinical evidence reviews, clinical practice reviews from general practitioners and medical specialists, utilization and expenditure data reviews and budget impact analysis of ACE-I, CCB, ARB, STATIN, H2 Blocker and PPI drugs and clinical evidence reviews of RDP Policy.

Recommendation:

- Based on the comparative effectiveness and safety evidence, current utilization and economic data, and clinical practice reports provided, the DBC recommends the following introductions/modifications to the Reference Drug Program for ACE-I, CCB, ARB, STATIN, H2 Blocker and PPI classes of drugs:

RDP Category	Reference Drug	Reference Drug Comparator	Non Reference Drugs	Delisting
ACE-I	ramipril	ramipril 10 mg daily $0.2011/day	captopril enalapril lisinopril perindopril quinapril trandolapril	benazepril fosinopril cilazapril
CCB	amlodipine	amlodipine 10 mg daily $0.3874/day	felodipine nifedipine	
ARB	candesartan telmisartan valsartan	telmisartan 40 mg daily $0.3047	irbesartan losartan	olmesartan eprosartan
STATIN	atorvastatin rosuvastatin simvastatin	rosuvastatin 10 mg daily $0.2632/day	pravastatin	fluvastatin lovastatin
H2 BLOCKER	ranitidine	ranitidine 300 mg daily $0.3888/day	cimetidine famotidine nizatidine	
PPI	rabeprazole	rabeprazole 20 mg daily $0.2601	omeprazole lansoprazole pantoprazole Mg pantoprazole Na esomeprazole	

Of Note

- Drugs in the ARB RDP category to continue to be reimbursed as Limited Coverage drugs requiring Special Authority approval for the following indications:
  Person identified as experiencing intractable cough or angioedema on an Angiotensin Converting Enzyme Inhibitor (ACE-I)
- Drugs in the PPI RDP category to continue to be reimbursed as Limited Coverage drugs requiring Special Authority approval for the following indications:
  For gastroesophageal reflux disease (GERD), reflux esophagitis, duodenal ulcer or gastric ulcer after documented failure or intolerance to adequate doses of ranitidine or other H2 Blocker;
  OR
  For Barrett's esophagus, Zollinger-Ellison syndrome, connective tissue disease (e.g. lupus, scleroderma, CREST);
  OR
  For eradication of Helicobacter pylori as part of triple therapy.
- The DBC identified patients with heart failure on an ACE-I or ARB drug as a particular population group who are should receive special consideration to minimize disruptions in their ongoing therapy. Clinical monitoring of patients switching within an RDP category be monitored in a manner deemed appropriate by their treating physician(s).
- The DBC noted that relevant external specialist groups be consulted prior to implementation or modification of the RDP Program.

Reasons for Recommendation:

ACE-I class

- There are limited data from high quality direct comparative trials comparing the effectiveness and harms of the available agents in the ACE-I class of medications.
- The available clinical evidence does not suggest a consistent and clinically important advantage in effectiveness or safety amongst the available agents in the ACE-I class of medications.
- Due to significant differences in drug acquisition costs between agents in the ACE-I class of medications, there is potential for significant cost savings and improved cost-effectiveness with the modification of the ACE-I RDP Category.
- Given the broad indications covered by the reference drugs selected, the current utilization patterns, and number of potential patients impacted by the changes to coverage, the DBC feels the recommendations for the ACE-I RDP Category are appropriate.
- Due to the nature of the illness, patients with heart failure taking an ACE-I drug should receive special consideration to minimize disruptions in their ongoing therapy.

CCB class

- There are limited data from high quality direct comparative trials comparing the effectiveness and harms of the available agents in the CCB class of medications.
- The available clinical evidence does not suggest a consistent and clinically important advantage in effectiveness or safety amongst the available agents in the CCB class of medications.
- Due to significant differences in drug acquisition costs between agents in the CCB class of medications, there is potential for significant cost savings and improved cost-effectiveness with the modification of the CCB RDP Category.
- Given the broad indications covered by the reference drugs selected, the current utilization patterns, and number of potential patients impacted by the changes to coverage, the DBC feels the recommendations for the CCB RDP Category are appropriate.

ARB class

- There are limited data from high quality direct comparative trials comparing the effectiveness and harms of the available agents in the ARB class of medications.
- The available clinical evidence does not suggest a consistent and clinically important advantage in effectiveness or safety amongst the available agents in the ARB class of medications.
- Due to significant differences in drug acquisition costs between agents in the ARB class of medications, there is potential for significant cost savings and improved cost-effectiveness with the introduction of the ARB RDP Category.
- Given the broad indications covered by the reference drugs selected, the current utilization patterns, and number of potential patients impacted by the changes to coverage, the DBC feels the recommendations for the ARB RDP Category are appropriate.
- Due to the nature of the illness, patients with heart failure taking an ARB drug should receive special consideration to minimize disruptions in their ongoing therapy.

STATIN class

- There are limited data from high quality direct comparative trials comparing the effectiveness and harms of the available agents in the STATIN class of medications.
- The available clinical evidence does not suggest a consistent and clinically important advantage in effectiveness or safety amongst the available agents in the STATIN class of medications when used at equipotent doses.
- Due to significant differences in drug acquisition costs between agents in the STATIN class of medications, there is potential for significant cost savings and improved cost-effectiveness with the introduction of the STATIN RDP Category.
- Given the broad indications covered by the reference drugs selected, the current utilization patterns, and number of potential patients impacted by the changes to coverage, the DBC feels the recommendations for the STATIN RDP Category are appropriate.

H2 Blocker class

- There are limited data from high quality direct comparative trials comparing the effectiveness and harms of the available agents in the H2 Blocker class of medications.
- The available clinical evidence does not suggest a consistent and clinically important advantage in effectiveness or safety amongst the available agents in the H2 Blocker class of medications.
- Due to significant differences in drug acquisition costs between agents in the H2 Blocker class of medications, there is potential for significant cost savings and improved cost-effectiveness with the modification of the H2 Blocker RDP Category.
- Given the broad indications covered by the reference drugs selected, the current utilization patterns, and number of potential patients impacted by the changes to coverage, the DBC feels the recommendation for the H2 Blocker RDP Category are appropriate.

PPI class

- There are limited data from high quality direct comparative trials comparing the effectiveness and harms of the available agents in the PPI class of medications.
- The available clinical evidence does not suggest a consistent and clinically important advantage in effectiveness or safety amongst the available agents in the PPI class of medications.
- Due to significant differences in drug acquisition costs between agents in the PPI class of medications, there is potential for significant cost savings and improved cost-effectiveness with the introduction of the PPI RDP Category.
- Given the broad indications covered by the reference drugs selected, the current utilization patterns, and number of potential patients impacted by the changes to coverage, the DBC feels the recommendations for the PPI Category are appropriate.