



**Op Ed – May 30, 2008**

**Pharmaceutical Task Force Recommendations will provide British Columbians timely access to life saving new medicines**

Delivery of health care is one of the most important, if not the most important, service governments provide to their citizens. Premier Campbell and the BC Minister of Health George Abbott showed tremendous vision and courage in striking the Pharmaceutical Task Force last December and in standing up in the Legislature last week and fully accepting the 12 recommendations contained in their report on the future of PharmaCare. In doing so, Minister Abbott stood up for the millions of British Columbians who need help paying for medically necessary prescription medications – medications that keep them breathing, walking, living.

Anyone who has had to wait or has had a family member have to wait for access to new life improving or life saving medicines knows how frustrating and devastating that wait can be. Review times for evaluating new medicines in BC are arguably the longest in Canada, often taking upwards of two to three years to complete, while reviews in other provinces take approximately 6 months. The Task Force found the Therapeutics Initiative's (TI) involvement in the review process to be a major part of the bottleneck. Lacking any accountability, the TI is free to take as long as it wants to provide their recommendation. This led the Task Force to recommend that the TI be eliminated from the review process and be replaced with a transparent advisory board that would include at least three consumer representatives. From my day-to-day experience on the healthcare frontlines, I feel strongly that the fate of the BC drug review and listing process is not just an academic debate but a quality of life issue for every British Columbian.

The drug review process in Canada is a long, winding road. Before a medication arrives at the TI, it has already been deemed safe and effective by Health Canada after exhaustive scientific, clinical and manufacturing standards review. In other words, medications reviewed by the TI are already approved for sale in Canada. Individuals with private insurance or sufficient financial resources can purchase them. However, people who depend on BC government Pharmacare are the ones who are left to wait. That has a harmful and discriminatory effect on those who most need help: seniors and low income citizens.

The TI is not, as its defenders suggest, working to protect the health and well-being of British Columbians. It is a small, insulated group of academics claiming to “*assess new and existing drug therapies by the standards of the best evidence of clinical effectiveness in the scientific literature*”. This is surprising, since effectiveness is assessed by Health Canada and the cost-effectiveness by the Common Drug Review—a Federal/Provincial/Territorial body created to provide recommendations to provincial and territorial governments regarding inclusion on individual drug plans. In addition to the issue of unnecessary duplication of reviews, the TI lacks individuals with the skills in the formal assessment of cost-effectiveness, and usually has limited or no input from those most skilled in assessing a drug for a specific condition: specialist doctors.

For example, it is well known in the clinical community that the TI will generally canvass a specialist at the last moment, giving them little time to review a document that reports on results and conclusions but not the complete data to achieve these. The TI rarely makes any change based on the comments received from specialists. Finally, the TI only evaluates published trials, which means it can delay for a year, often more, while a completed trial waits in the publication cue. The data it is waiting to see published in health research journals is the very data Health Canada and other leading regulatory bodies used to approve the drug in the first place.

Since the Task Force recommendations were released last week, the TI has orchestrated a media campaign designed to save the funding that the MOH provides to TI members. This cry to save the TI takes the focus away from the real story – that low income British Columbians will finally have the same opportunity as other Canadians for timely access to new medicines through its public formulary.

Signed,

Dr. Ron Woznow  
Executive Director  
The Arthritis Society, BC & Yukon Division

Rennie Hoffman,  
Executive Director  
Mood Disorders Association of BC

Cheryl L. Koehn  
President  
Arthritis Consumer Experts

