

From: [Daria O'Reilly](#)
To: [PMPRB Consultations / Consultations CEPMB](#)
Cc: [Vishal Ravikanti](#)
Subject: TELUS Health feedback
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Good morning,

I would like to take this opportunity to thank the PMPRB for allowing stakeholders to participate in your consultation process. I am the Lead Health Economist with the TELUS Health Pharmacy Consulting Team. The TELUS Health Pharmacy Consulting Team reviews clinical and economic information of drugs submitted for consideration for reimbursement by the private payer. The goal is to ensure that private payers are making evidence-informed drug reimbursement decisions and getting value for money for the products they cover. Upon reviewing the PMPRB's proposed draft guidelines, we have identified some operational questions from a health economic and health technology assessment private payer perspective. The questions are outlined below.

1. In assessing "value" from the pharmacoeconomic (PE) analysis, the incremental cost-effectiveness ratios (ICERs) estimated from CADTH and INESSS are based on the healthcare payer perspective and a societal perspective, respectively. The private payer perspective is not considered in these evaluations and the "value" may be different. This raises the question as to whether either of these PE results are relevant to the private payer as all public payer costs would be removed from these PE analyses and thus create different ICERs. How will the PMPRB incorporate the private payer perspective in setting the ceiling price for medications?
2. How will ceiling prices be set for the private payer if a manufacturer does not submit an application for reimbursement to CADTH/INESSS?
3. How will the private payers recoup revenue on Category 1 drugs as they will be reimbursed at the PMPRB11 price (interim Maximum List Price (iMLP)) if the PMPRB investigation shows it exceeds the Maximum List Price (MLP)?
4. Another uncertainty, is whether the PE analysis is to include list prices or net prices for comparators. Currently, PE analyses submitted to CADTH and INESSS are based on list prices for comparators, however, net prices would presumably be more relevant for PMPRB. It is uncertain how to acquire net prices for analysis given the confidential nature of product listing agreements.
5. How will the PMPRB set ceiling prices for drugs that have multiple indications and therefore multiple ICERs. Will the price continue to change over time?
6. How is Maximum Rebated Price (MRP) used in a practical sense? If MLP is public, is MRP used for the subsequent molecules in a category? And is it used as the ceiling that the public pays?
7. How would a drug get a Maximum Average Potential Price (MAPP)?

Thank you again for allowing TELUS Health to provide our feedback. We look forward to hearing any responses that you may have with respect to our queries.

Best regards,
Daria

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