best medicines coalition

coalition pour de meilleurs médicaments

October 14, 2008

Dr. Brian Benoit, Chair
Patented Medicine Prices Review Board
Box L40, Standard Life Centre
333 Laurier Avenue West, Suite 1400
Ottawa, ON, K1P 1C1

Dear Dr. Benoit:

On behalf of the Best Medicines Coalition (BMC), thank you for the opportunity to comment on the PMPRB's Notice and Comment package on the Draft Revised Excessive Price Guidelines.

As you may be aware, the BMC is a national alliance of organizations and individuals, representing those living with or affected by chronic disease or illness. With a core mandate of ensuring access to the best evidence-based medicines for Canadians, BMC's patient representatives are actively involved in discussions about drug review reform, patient safety, and general health policy development. As members of the BMC's Operations Committee, the undersigned have both been members of three of the PMPRB working groups (Therapeutic Improvements, International Therapeutic Class Comparisons and Price Tests).

Issues around price guideline regulations are a key concern for the BMC, particularly how such regulations may impact treatment accessibility for patients. As we have previously stated the BMC believes that any regulatory change must be assessed by policy decision makers in terms of whether it will broaden or limit access to new treatments. Therefore, the goal of reforms must be to find a balance between fair and equitable prices and a regulatory framework that does not dissuade existing manufacturers or new manufacturers from bringing new treatments to Canada.

Efforts by the PMPRB to put in place a broad consultative process and to include a variety of stakeholders are worthwhile. However, like many of the other groups who have provided feedback on the guidelines, we have serious concerns regarding incorporating this feedback to inform future directions. Significant input was provided over several months and yet much of this was disregarded as the revised guidelines were drafted.

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It must be understood that significant resources were allocated to this process, and in the case of the BMC, this involved volunteer hours. The rationale for disregarding such input must be reviewed and communicated and we await your response on this.

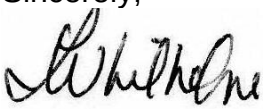
The BMC encourages the inclusion of patients and other stakeholders in all consultations. It is understood that this can sometimes be challenging as the content can be complicated, involved and specialized. Competent direction from working group chairs or facilitators can make for a more productive process and the efforts provided by Jean Gray with the therapeutic improvement working group, for example, were effective in this regard.

It is also worth suggesting that in order to create an environment of inclusiveness for consumers and patients certain considerations must be incorporated. As volunteers, patients must be educated on the issues and language to enable them to be meaningfully engaged. Communicating in straightforward, non-technical language that can be understood by all Canadians will enable patients to provide input on these important policy discussions. In addition, meetings and teleconferences must be planned in advance while taking into consideration various time zones and personal schedules.

It is important that these process issues be resolved so that the PMPRB may begin to address some critical issues effectively. Specifically, we believe that the issue of generic drug prices demands a rigorous review.

Thank you for the opportunity to provide our input and for your careful consideration moving forward. You are encouraged to continue to seek input from patient groups and to explore ways to broaden that input. We look forward to further updates on the important work of the PMPRB.

Sincerely,



Linda Wilhelm,
Vice Chair, BMC

Lynn Macdonald
Member, Operations Committee, BMC

cc: Louise Binder, Chair, BMC
Sylvie Dupont, Secretary of the Board, PMPRB
Paulette Eddy, Executive Director, BMC