

Adjudication in the real world: Developing a transparent and equitable process to support appropriate use of publicly funded cancer drugs in unique clinical circumstances

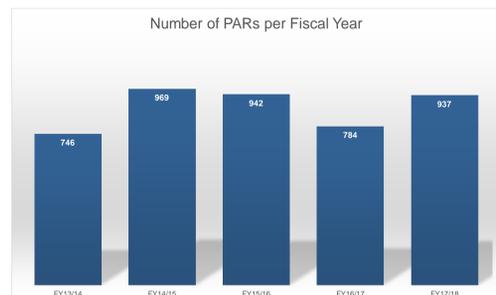
ANDREA ADAMIC¹, LISA MILGRAM¹, ALAYNA BROWN¹, TRIPAT GILL¹, SCOTT GAVURA¹

¹Provincial Drug Reimbursement Programs, Cancer Care Ontario

Background

- The New Drug Funding Program (NDFP) and Evidence Building Program (EBP) reimburse hospitals and regional cancer centres for appropriate use of injectable cancer drugs according to specific public funding criteria approved by the Ministry of Health and Long-Term Care.
- CCO uses a web-based cancer drug adjudication system, eClaims, to confirm eligibility throughout the treatment period. eClaims facilitates communication between hospital pharmacy staff and CCO Reimbursement Analysts.
- Prior authorization is not required for NDFP/EBP funded treatments. Despite detailed eligibility criteria and interpretation guidance provided with each funded drug, CCO noted growing usage of its eClaims "Prior Approval Request" (PAR) mechanism, where CCO is requested to confirm individual patient funding eligibility.
- CCO sought to enhance the PAR process by engaging a working group of eClaims users to assess potential eClaims and process improvements.

Historical Prior Approval Volumes



- On average, 876 PARs at enrolment are submitted each year
- ~4000-5000 correspondence/year that include PARs

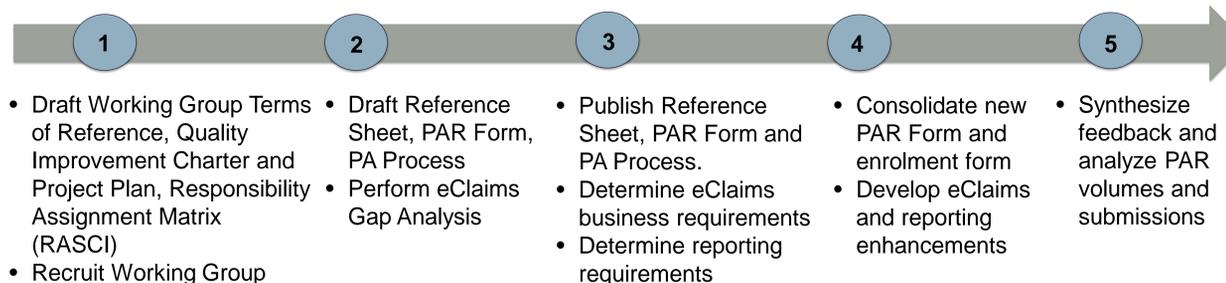
Challenges identified with existing PAR process



Expected Benefits of Initiative



Project Milestones



Objectives

- Outline the PAR submission process and clarify the evaluation and decision-making process
- Improve clarity of PARs by asking targeted questions on the enrolment forms
- Gain a better understanding of real world practice leading to more comprehensive drug funding policy reviews

Outcomes

Updated Prior Approval Request Form

Before	After
Request prior approval for enrolment	Prior Approval Request
<p>Justification for Funding</p>	<p>Select the appropriate prior approval scenario:</p> <ul style="list-style-type: none"> Unknown primary (please submit pathology report and clinic note) Clinical document review (please outline what part of the patient history needs to be reviewed against the criteria in Additional Comments section) Regimen modification - schedule (complete questions a and b) Regimen modification - drug substitutions (complete questions a and c) Withholding a drug in combination therapy from start of treatment (complete questions d, e and f) Maintenance therapy delay (please upload clinic note) Prior systemic therapy clinical trials (complete question g) Other (specify)

How it helps:

- Applicants can complete the form easily
- Reimbursement Analysts can quickly identify the type of request
- CCO can analyze and report on the individual data elements

Reference Sheet

Prior Approval scenario	Clarification or examples	Prior Approval enrolment form required (Yes/No)	Prior Approval eClaims communication required (Yes/No)	Supporting documentation
Delay initiation of maintenance therapy	Rationale for a medically necessary delay (e.g., prolonged neutropenia, recovery from procedures) must be provided at the point of enrolment.	YES	NO	<ul style="list-style-type: none"> Most recent clinic note Recent imaging report to show stable disease (if applicable)

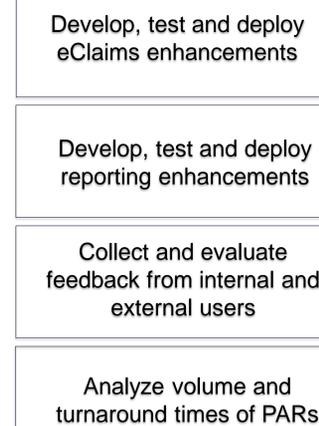
The reference sheet provides guidance to applicants on how to submit a PAR for common clinical and administrative scenarios, and lists the required supporting clinical documentation.



How it helps:

- Encourages applicants to confirm requirements before submitting
- Enables all hospitals and RCCs to follow the same practice

Next Steps



Conclusion

Drug funding of cancer drugs is complex and is expected to continue to be so. Despite detailed enrolment forms there continues to be questions about individual patient eligibility. Through a collaborative effort with end-users, CCO sought to enhance the PAR process. Outputs of this new process will improve how CCO designs funding rules and policies while ensuring timely access to treatment.