OPTIMAL USE PROGRAM — DRUG

Therapeutic Review Framework and Process

June 2015

Version 2.0

CADTH

REVISION HISTORY

CADTH may amend, from time to time, the Therapeutic Review process in consultation with the participating drug plans. Amendments to, and clarifications of, the process and all related documents may be effected by means of directives (updates) issued by CADTH. The following version control table, as well the version number and date on the cover page, are to be updated when any updates or revisions are made.

Section	Revision Number	Date	Description/Changes Made
All	2.0	June 12, 2015	New version of the Therapeutic Review Framework updated to include: • changes to the definition • changes to the scope • addition of detailed processes • clarification of the type of evidence included in a Therapeutic Review.

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ABBREVIATIONS

CDEC	Canadian Drug Expert Committee
CDR	Common Drug Review
DPAC	Drug Policy Advisory Committee
FWG	Formulary Working Group
OUWG	Optimal Use Working Group

1. INTRODUCTION

The purpose of this document is to outline a framework and standardized process for Therapeutic Reviews that meets the needs of CADTH customers. If possible, CADTH may adapt or supplement an existing Therapeutic Review to shorten timelines.

1.1 About Therapeutic Reviews

A Therapeutic Review is an evidence-based review of publicly available sources regarding a therapeutic category of drugs (e.g., antihypertensive agents) or a class of drugs (e.g., angiotensin-converting enzyme inhibitors [ACEIs]) in order to support drug listing and policy decisions and encourage the optimization of drug therapy.

The optimization of drug therapy involves ensuring that the right drugs are prescribed and used appropriately to improve or maintain optimal health. This requires balancing maximized benefits with minimized risks for people's health based upon best quality evidence, taking into account the options, costs, available resources, and societal context.

An important characteristic of a Therapeutic Review is that it may inform CADTH Common Drug Review (CDR) submission reviews and associated Canadian Drug Expert Committee (CDEC) listing recommendations, which in turn advise drug plan decisions. However, CADTH Therapeutic Reviews may not always coincide with a CDR submission.

- Publicly funded drug plans evaluate and consider the addition of new drugs to their formularies. They do this based on favourable efficacy, safety, and cost-effectiveness analyses as reviewed by CADTH's CDR program. However, decisions are also made in the context of existing coverage policies of therapeutically related drugs; for this reason, Therapeutic Reviews may be conducted. The final output of a Therapeutic Review project includes:
  - Science Report (clinical and economic review)
    - patient input received is incorporated into the clinical review
  - CDEC Recommendation(s) or Advice (based upon evidence contained within the Science Report).

1.2 About the Canadian Drug Expert Committee

CDEC is an appointed, national, independent advisory committee to CADTH that makes drug-related recommendations and provides drug-related advice through the CDR and Therapeutic Review processes. CDEC is composed of individuals with expertise in drug therapy, drug evaluation, and drug utilization, as well as public members to bring a lay perspective. The mandate of CDEC is advisory in nature and is to provide recommendations or advice to CADTH to inform:

- decisions regarding listing of drugs within the publicly funded health care system in Canada
- decisions and strategies regarding optimal use of drugs in Canada.

CDEC is apprised of each Therapeutic Review at its earliest stages and is updated on its status throughout the Therapeutic Review's life cycle.

The finalized Therapeutic Review Science Report, as well as other related supporting documents, is provided to CDEC. CDEC may use this information as background and evidence for:

- making a listing recommendation regarding a submission to CDR for a drug that is in the drug class included in the Therapeutic Review
- making recommendations or providing advice regarding the optimal use of the drugs included in the Therapeutic Review.

1.3 Scope

The scope and depth of a Therapeutic Review are determined by customer needs. Content and considerations need to be practical and sufficient to support jurisdictional decision-making or, in some cases, to provide information and/or education.

Eligible technologies include:

- a therapeutic category of drugs (e.g., antihypertensive agents)
- a class of drugs (e.g., angiotensin-converting enzyme inhibitors [ACEIs]).

Technologies typically chosen for a Therapeutic Review are related to emerging drugs, or a drug with a new indication, or Pre-Notice of Compliance that is (or is expected to be) submitted to CDR for review.

In exceptional circumstances, the project scope may include drugs with evidence-based expanded use (i.e., for a clinical indication for which a pharmaceutical manufacturer has not applied to Health Canada and that is not included in an approved Health Canada product monograph). Key considerations used when determining whether to include a comparator that does not have a Notice of Compliance (NOC) for that indication from Health Canada are noted below:

- Evidence of use of the drug for the condition of interest in clinical practice in Canada (e.g., integration of drug in clinical practice guidelines, consultations with clinical specialists)
- Availability of data; preferably randomized controlled trial (RCT) data but may also consider prospective interventional studies or other high-quality observational studies that study the drug in an indication for which the manufacturer has not applied or received Health Canada NOC
- Evidence of health technology assessment (HTA) organizations and/or payers having made recommendations or decisions to fund the drug, despite lack of regulatory approval

1.4 Audience

Therapeutic Review reports are produced for federal, provincial, and territorial government drug plan administrators and health policy-makers working at regional health authorities and hospitals in Canada who make decisions about the optimal use of, access to, or reimbursement of pharmaceuticals. Topics selected must be of interest to a majority of Canadian jurisdictions.

CADTH makes Therapeutic Review reports freely available online at cadth.ca.

1.5 Purpose and Application for Decision-Making

Therapeutic Reviews are undertaken to inform drug listing and drug policy decisions and to encourage optimization of drug therapy.

Generally, a Therapeutic Review is undertaken to address, but is not limited to, the following:

- issues regarding effectiveness, either of the class as a whole or of the relative effectiveness of drugs within the class

- issues regarding safety, either of the class as a whole or of the relative safety of drugs within the class
- issues that affect resource use concerns regarding inappropriate utilization of drugs within a class.

CADTH's Therapeutic Review processes reflect nationally and internationally recognized standards and methodologies. New methodologies for assessing drugs are continuously monitored and evaluated, and those that are found to enhance current CADTH processes are incorporated. Therapeutic Reviews are evidence-based, using publicly available evidence and recognizing the levels of evidence:

- highest level of available clinical and economic evidence to be used
- lower levels of evidence to be considered when appropriate, but the level (e.g., case studies versus randomized controlled trial) must be explicitly indicated.

Although Therapeutic Review projects may inform CDEC Recommendations (see 1.2), they are not meant to replace professional medical advice. Readers are also cautioned that a lack of good quality evidence does not necessarily mean a lack of effectiveness, particularly in the case of new health technologies for which little evidence is available, but that may in future prove to be effective.

1.6 Transparency

Every attempt is made by CADTH to be as transparent as reasonably possible in the production of Therapeutic Reviews.

The three principles of transparency as defined by CADTH are:

- soliciting feedback from those impacted by CADTH reports (i.e., specialists, patient groups, manufacturers, etc.) whenever possible, given time constraints
- facilitating the ability to reproduce or update CADTH reports by reporting:
  - methods used to create reports
  - sources searched and/or provided
- publishing CADTH reports in the public domain.

At the start of each Therapeutic Review project, a Project Protocol documenting the Science Report's methods is produced, posted, and registered. In each Therapeutic Review Science Report, the policy questions, research questions, selection criteria, selection of included studies, evaluation tools used, methods, and search strategy are reported.

Therapeutic Reviews are conducted in an open and transparent fashion with input from all interested stakeholders (i.e., public, patient, clinical experts, and industry) solicited in order to facilitate a rigorous review (see Appendix 2 for details).

The primary evidence evaluated for possible inclusion in a Therapeutic Review is from the public domain. Sources of evidence are described as follows:

- Published literature is identified by searching major biomedical bibliographic databases using an internally peer-reviewed search strategy. Biweekly search updates are run for the duration of the review.
- Grey literature (literature that is not commercially published) is identified by searching relevant sections of the CADTH Grey Matters checklist (http://www.cadth.ca/resources/grey-matters). Internet search engines are used to identify additional web-based materials.

- Clinical expert(s) are engaged and given the opportunity to suggest evidence to be reviewed.
- Manufacturers (industry) impacted by the review are contacted to confirm available evidence (see Appendix 2).
- Authors may hand search the references of included studies.

Note: Stakeholders are given the option of identifying and providing unpublished data for consideration in the Therapeutic Review on the condition that, if used, it will be included in publicly available reports and documents related to the Therapeutic Review.

CADTH notifies interested parties of stakeholder feedback opportunities by posting a notice to the Calls for Feedback page and issuing an email to subscribers of the CADTH E-Alert service. Instructions on providing feedback are included with every notification.

Therapeutic Review reports are posted on cadth.ca for anyone to access and review, although in exceptional circumstances, embargo periods may be considered. All drafts, search strategies, and working documents used to produce Therapeutic Reviews are archived for 15 years and may be requested if required, with the exception of copyright protected documents or information provided in confidence by customers, manufacturers, or other agencies.

1.7 Therapeutic Review Outputs

Therapeutic Review projects are large in scale and include various product outputs, such as:

- Project Protocol
- Science Report (clinical and economic review)
- CDEC Recommendations and/or Advice report.

May also include:

- Report in Brief
- additional knowledge mobilization tools as requested.

1.8 Timelines

After the Project Protocol and Included Studies List are finalized, the typical timeline to CDEC Recommendations is six to nine months. Exact timelines are negotiated between a CADTH representative and the requestor at the time of topic refinement. Throughout the Therapeutic Review project, CADTH provides multiple opportunities for stakeholder engagement, allowing 10 business days for stakeholder feedback.

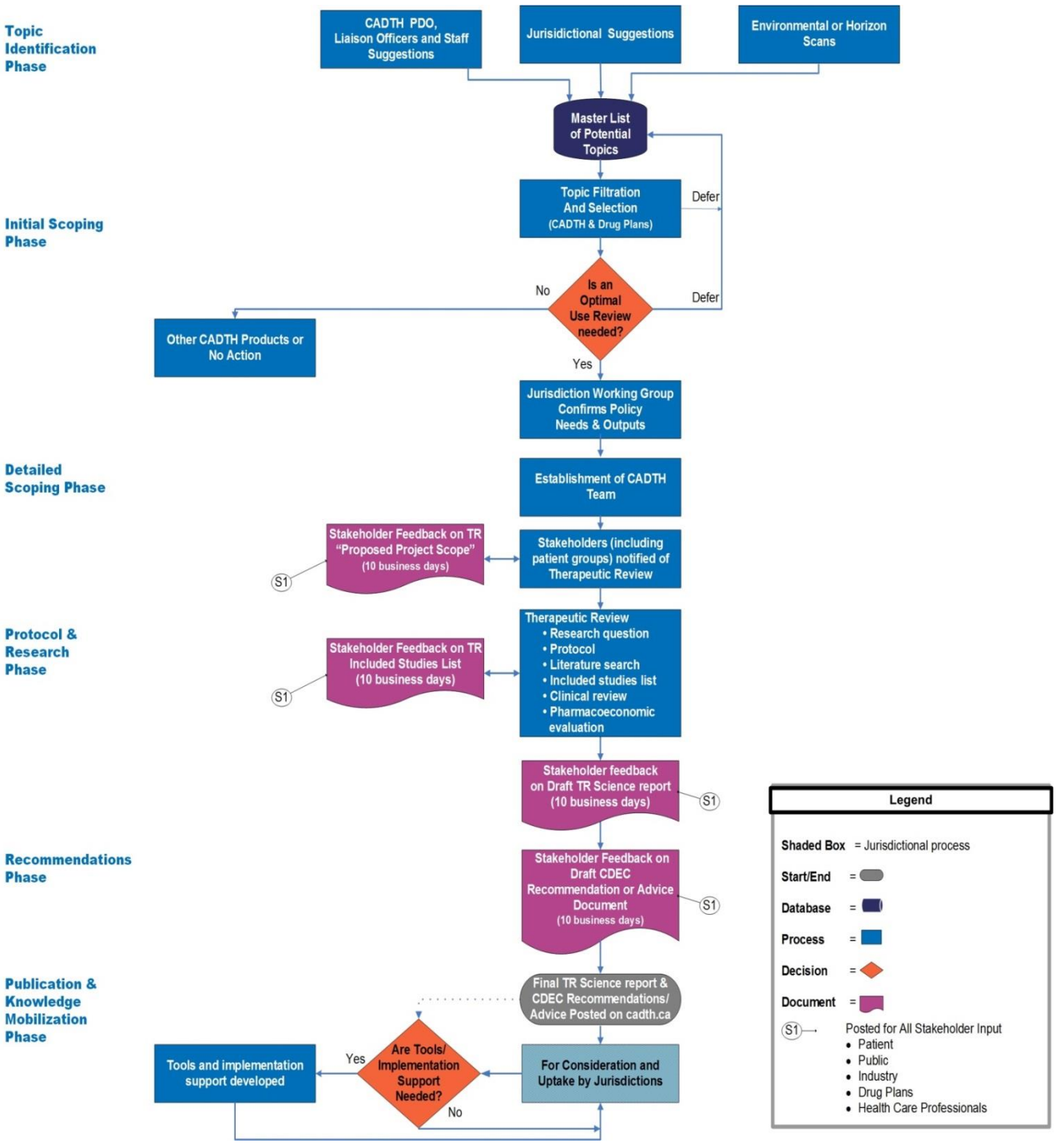
TABLE 1: CADTH THERAPEUTIC REVIEW — TIMELINES

Product Type	Deliverables	Approximate Turnaround Time
Therapeutic Review	Proposed Project Scope posted for feedback	Posted for 10 business days for stakeholder feedback
	Protocol posted and registered	Posted for information
	Proposed Included Studies List posted for feedback	Posted for 10 business days for stakeholder feedback
	Therapeutic Review Science Report finalized	Outputs of Therapeutic Reviews may be finalized to align with CDR submission time frames. Timelines are influenced by: • scope of the review (including the number of drugs being reviewed and the comparators and outcomes) • complexity of the research question • quality and availability of evidence • need for *de novo* economic reviews • methodology and rigour • whether recommendations are required
	Therapeutic Review Science Report, Recommendation(s) and/or Advice reports posted for feedback	Posted for 10 business days
	Knowledge mobilization tools *(if requested)*	Variable

2. PROCESS

2.1 Flow Chart

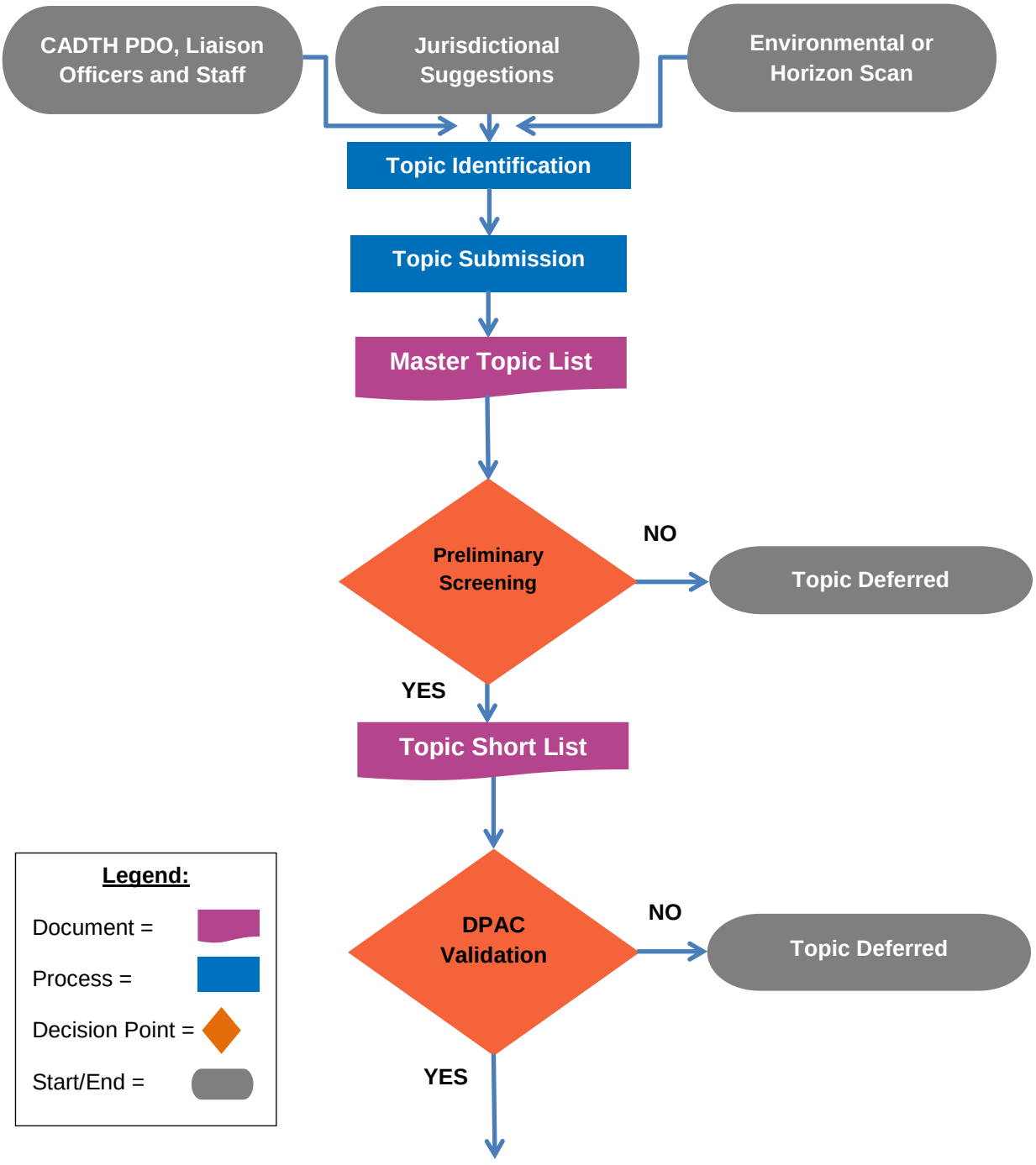
FIGURE 1: ALL PHASES FLOW CHART



CDEC = Canadian Drug Expert Committee; PDO = Program Development Officer; TR = Therapeutic Review.

2.2 Detailed Processes: Topic Identification Phase

FIGURE 2: TOPIC IDENTIFICATION FLOW CHART



DPAC = Drug Policy Advisory Committee; PDO = Program Development Officer.

2.2.1 Topic Identification

Topic identification includes both reactive projects (i.e., for which a specific request was received from a CADTH customer) and proactive projects (i.e., identified by CADTH in anticipation that targeted technologies will have significant impact on the Canadian publicly funded health system).

There are three key sources for identifying Therapeutic Review topics:

- topics may be submitted by, or solicited by canvassing, the jurisdictions via the Drug Policy Advisory Committee (DPAC) and its working groups (Formulary Working Group [FWG], Optimal Use Working Group [OUWG])
- Environmental and Horizon Scans conducted by CADTH
- CADTH Program Development Officers, Liaison Officers or staff with stakeholder input.

Factors related to policy issues used to identify potential Therapeutic Review topics include:

- when two or more drugs with the same or similar indication are expected for future submission to CDR
- when a CDEC "List" or "List with Criteria" recommendation triggers a coverage policy review of existing drugs (i.e., reimbursement policies)
- if a previous CDEC recommendation suggests a Therapeutic Review of drugs in a class.

Other factors that may be considered include social, legal, ethical and equity, environmental, political, entrepreneurial, and research (innovation) issues.

2.2.2 Topic Submission (Master Topic List)

Topics identified by DPAC or its working groups, as well as proactive topics developed by CADTH Program Development Officers and mature enough to bring to committee attention, are added to the Master Topic List (a database of potential topics). The aim of the Therapeutic Review topic submission and selection processes is to ensure that appropriate topics are identified and selected so that outputs are timely and relevant to address priority issues for public drug plans. Topic idea submissions are accepted at any time and incorporated into the Master Topic List.

2.2.3 Preliminary Screening (Topic Short List)

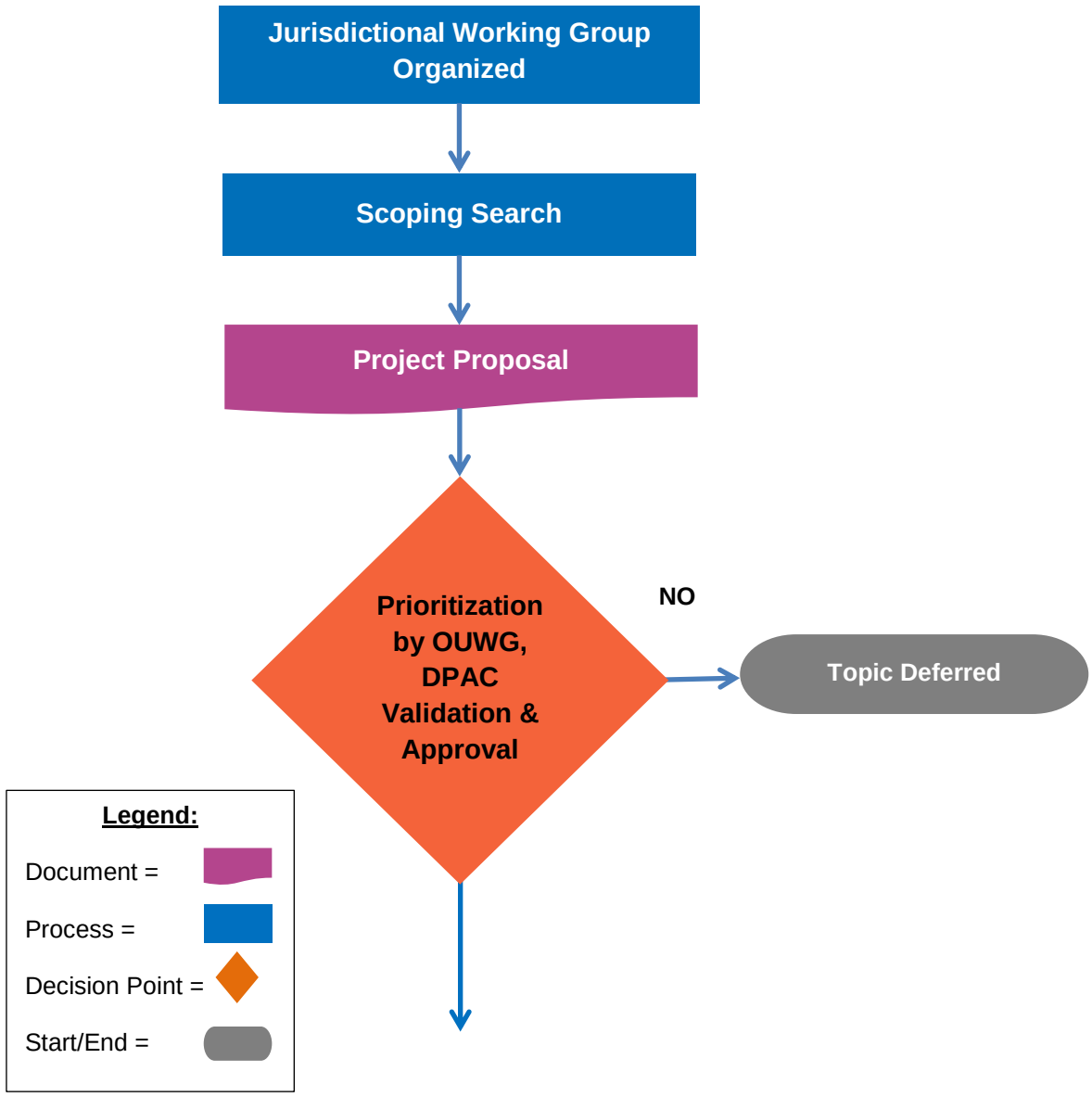
Topics submitted to the Master Topic List are reviewed and filtered by the OUWG to ensure all aspects of the submission are complete. CADTH works with the customer and/or stakeholders to ensure the topic is accurately described. Topics OUWG does not feel are of interest to jurisdictions do not progress to the next steps. Topics are then ranked by OUWG by priority into a Topic Short List; those that are not included in the Topic Short List may be considered for a different CADTH product line or be reassigned to the Master Topic List for future consideration.

2.2.4 Drug Policy Advisory Committee Validation

The Topic Short List as determined by OUWG is sent to DPAC for validation. Topics that pass DPAC validation move to the initial scoping phase. Topics not validated do not progress to the next steps. In these cases, the topic may be considered for another CADTH product line or be reassigned to the Master Topic List for future consideration. Customers/jurisdictions are notified of the status of the topic and discussions are held to determine next steps.

2.3 Detailed Processes: Initial Scoping Phase

FIGURE 3: INITIAL PROJECT SCOPING FLOW CHART



DPAC = Drug Policy Advisory Committee; OUWG = Optimal Use Working Group.

2.3.1 Jurisdictional Working Group Organized

CADTH refines the validated topics by setting up a Jurisdictional Working Group with customers and clinical experts. Communications with the Jurisdictional Working Group are used to determine the extent of jurisdictional interest in the topic and to perform an impact assessment of the possible outcomes of the research.

The working group also helps identify issues and define clear policy and research questions, and establishes timing (taking into account when the information is required to most effectively support health care and policy decisions).

2.3.2 Scoping Search

CADTH conducts a "scoping search" to gather the extent of evidence available, and to determine if there has been previous work on the topic in order to avoid duplication of effort and/or assess potential for partnerships.

2.3.3 Project Proposal

CADTH develops the Project Proposal (briefing note), which contains the results of the initial scoping search and the discussions with the Jurisdictional Working Group. The Proposal takes into account the relevance, timeliness, cost, and risk assessment of the topic. Factors considered in preparing the Proposal include:

- **Relevance**
  a) *Clear jurisdictional need:*
     - The policy/decision problem(s) and why the Therapeutic Review is needed are described. Evidence of suboptimal health policy or variation in clinical practice that supports the need is provided.
     - The current funding policy, as well as current utilization and practice related to the drug class targeted for assessment, is described.

- **Timeliness**
  a) *Meet requested timelines:*
     - A description of when each deliverable is required, with specific dates, is provided.
  b) *CADTH capacity:*
     - An indication of whether and when internal or externally contracted resources are available to undertake the proposed topic is provided.
  c) *Partnerships available:*
     - Any knowledge partners who may assist with the development and dissemination of the report are identified.

- **Impact**
  a) *Clinical practice:*
     - A description of how project findings and recommendations may change clinical practice (for example, educational program development/academic detailing initiatives aiming to change prescribing behaviour) is included.
  b) *Population:*
     - A description is provided of the population in Canada that might benefit from the technology targeted for assessment, the Canadian prevalence of the condition(s), and how Canadians will be affected by anticipated funding, policy, or behaviour changes resulting from CADTH work (e.g., impact on quality- and disability-adjusted life-years).
  c) *Cost impact (savings or other) on health care system:*
     - A description is included of the type of health care costs (e.g., direct, indirect, governmental, societal), how the impact will occur (e.g., change in purchasing decision, change in drug formulary policy, etc.), and the estimated cost impact.
  d) *Duplication of effort:*
     - Similar work recently published or undertaken by other organizations is reported. If relevant work is found, opportunities for partnerships in research activities or the dissemination of the information are identified for consideration.
  e) *Scope and extent of customer base:*
     - A description of the size and composition of who will be affected by the Therapeutic Review results (e.g., policy-makers in publicly funded health services, clinicians, or health care practitioners and patients).

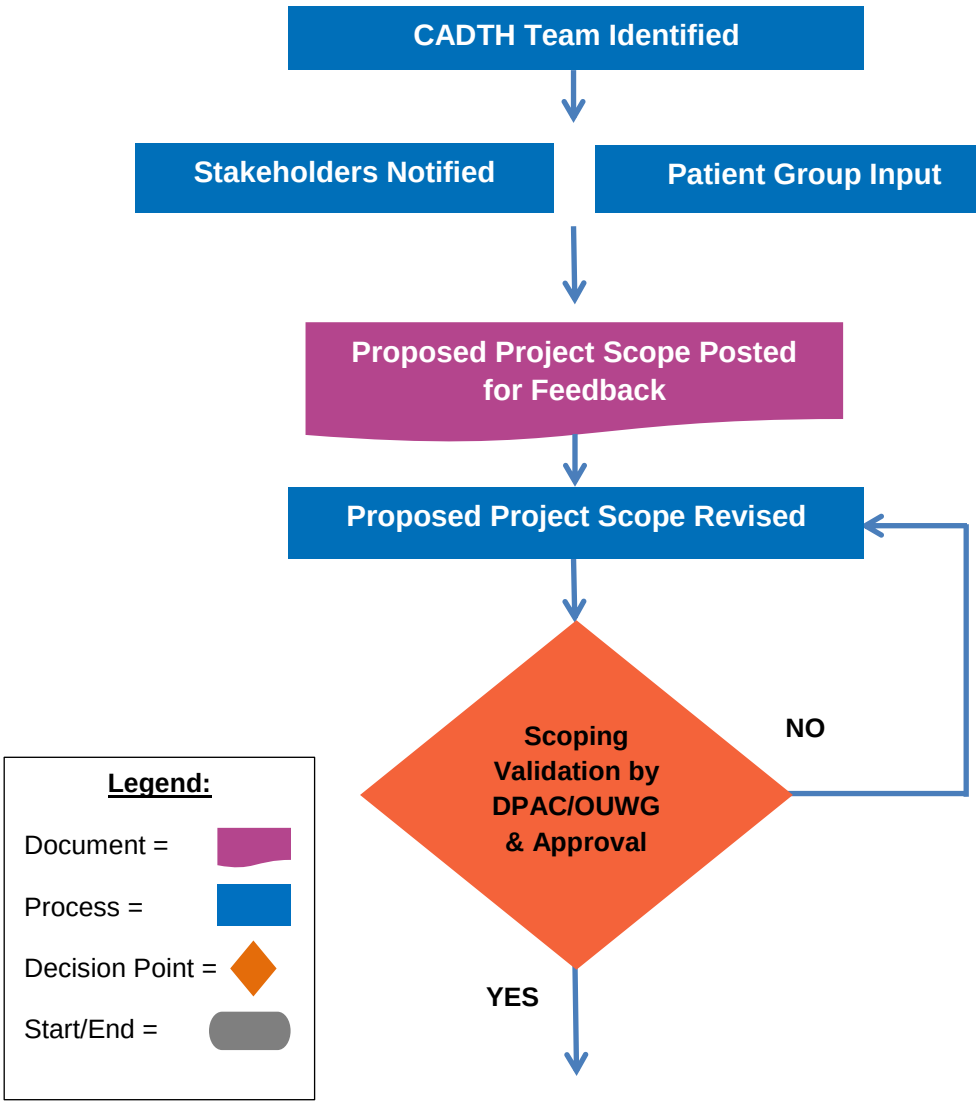
f) *Uptake:*
   - Readiness for the uptake of CADTH work (e.g., possibility of changing policy and/or practice) is estimated.

2.3.4 Prioritization of Projects by the Optimal Use Working Group, Validation by the Drug Policy Advisory Committee, and CADTH Approval

Once the Project Proposal is internally reviewed, it is then sent to OUWG to modify where necessary and used to assist in prioritizing projects. OUWG then determines the priority of the Therapeutic Review projects to be addressed. CADTH presents the prioritized Project Proposals to DPAC to review and validate. Validated topics are sent to CADTH management to approve detailed scoping. Therapeutic Review projects that do not progress may be considered for another CADTH product line. Customers are notified of the project status and discussions are held to determine next steps.

2.4 Detailed Processes: Detailed Scoping Phase

FIGURE 4: DETAILED SCOPING PHASE FLOW CHART



DPAC = Drug Policy Advisory Committee; OUWG = Optimal Use Working Group.

2.4.1 CADTH Team Identified

The project team is identified, including CADTH resources as well as specialist experts that include:

- one or more external clinical experts to provide subject matter expertise throughout the project
- two CDEC technical expert members and one CDEC public member as discussants for the project.

If the project continues to the research and development stage, the same team members typically remain.

2.4.2 Stakeholders Notified

Stakeholders are apprised of the proposed Therapeutic Review, and target dates for the different types of input are provided. While notice of the proposed Therapeutic Review is posted on the CADTH website, affected manufacturers and stakeholders are also notified directly. All stakeholders are given the option to identify and provide unpublished data on the condition that, if used, it will be included in publicly available reports and documents related to the Therapeutic Review.

2.4.3 Patient Group Input

Patient input up front is an important part of the Therapeutic Review process. Patient groups are informed through E-Alerts, website updates, and targeted emails of the upcoming teleconference and the opportunity to participate in the Therapeutic Review. During the teleconference, the project is described, expectations identified, and the possibilities for involvement in the project are discussed. Patient groups are then given a structure and time frame to provide input. Once patient input is received, it is summarized by CADTH and goes through a quality review process.

Review results are sent back to the patient groups for comments on accuracy and completeness. Based on patient feedback, changes are made to the summary, and a second quality review is conducted. The complete patient input document is posted on cadth.ca, and a summary is incorporated into the final Therapeutic Review report.

2.4.4 Proposed Project Scope Posted for Feedback

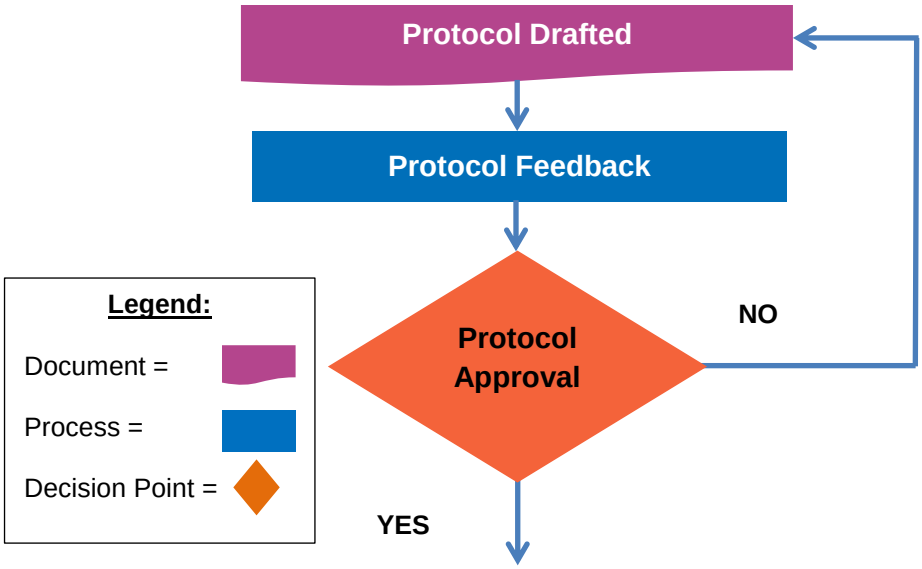
The Proposed Project Scope document is posted for stakeholder input. Any feedback is reviewed and used to finalize the Proposed Project Scope.

2.4.5 Scoping Validation by the Optimal Use Working Group/Drug Policy Advisory Committee and CADTH Approval

The second draft of the Proposed Project Scope document (based on revisions made after stakeholder feedback) is sent to OUWG for review and comment. The revised scoping documents are sent to DPAC for final review and validation, and to CADTH for approval.

2.5 Detailed Processes: Protocol Development Phase

FIGURE 5: PROTOCOL DEVELOPMENT PHASE FLOW CHART



2.5.1 Protocol Drafted

CADTH drafts the Project Protocol using the scoping documents and scoping search. The Project Protocol addresses the scope of the project and the methodologies to be used.

2.5.2 Protocol Feedback

Input on the draft Project Protocol is obtained by teleconference from CDEC discussants and specialists. Input includes, but is not limited to, assisting in developing research questions, identifying relevant outcomes, and identifying any issues. Revisions are incorporated as necessary.

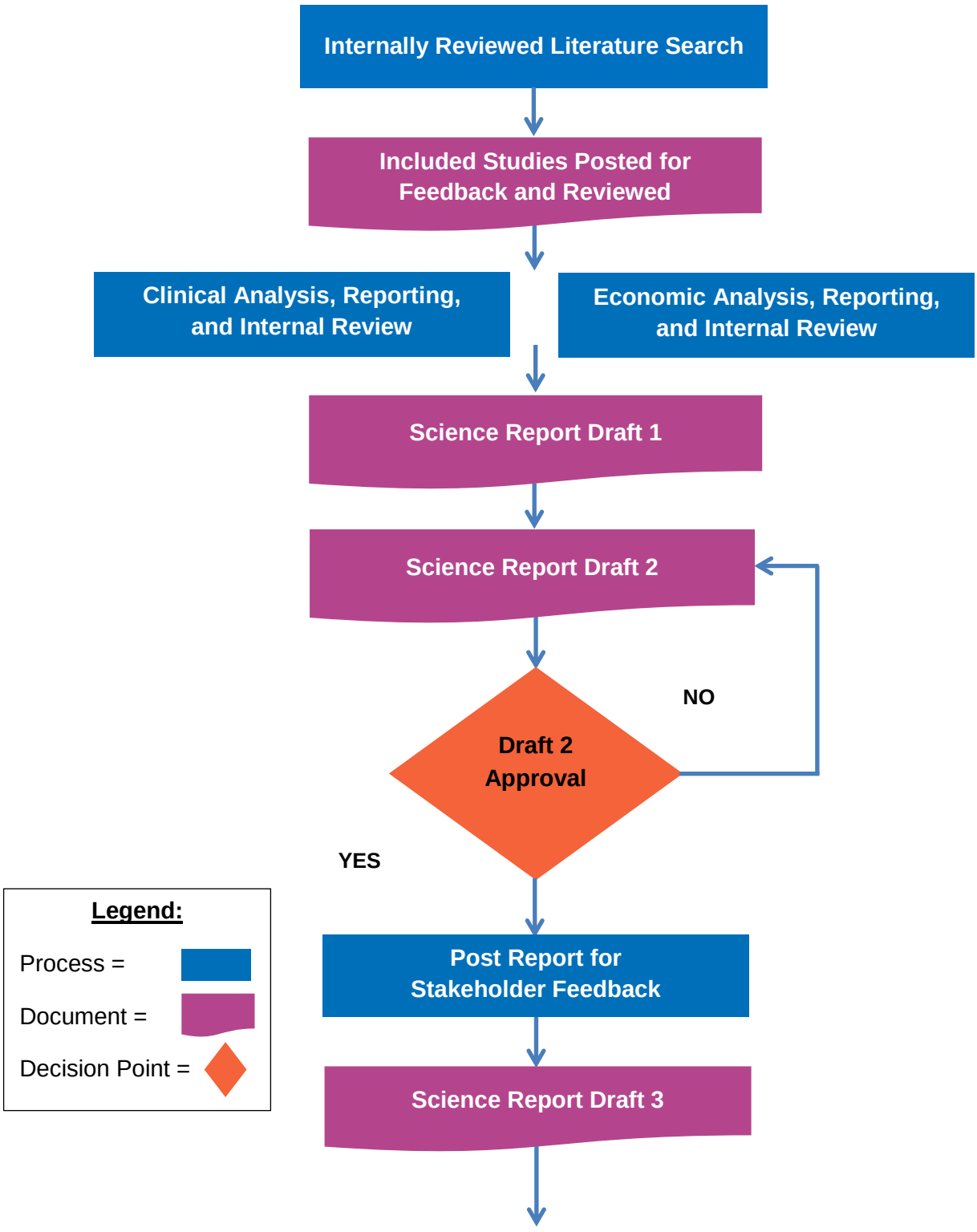
2.5.3 Protocol Approval

The Project Protocol is approved by CADTH management, posted on cadth.ca for information only, and registered in the PROSPERO international database.[1]

[1] *PROSPERO is an international database of prospectively registered systematic reviews in health and social care.*

2.6 Detailed Processes: Research Phase

FIGURE 6: RESEARCH PHASE FLOW CHART



2.6.1 Internally Reviewed Literature Search

An internally peer-reviewed literature search is conducted using key resources, including PubMed, MEDLINE, Embase, The Cochrane Library, National Institute for Health Research (NIHR) Centre for Reviews and Dissemination (CRD) databases, as well as topic-specific databases, when appropriate. Biweekly search alerts are set up until the final report is published. A focused grey literature search is also conducted by searching relevant sections of the CADTH Grey Matters checklist (http://www.cadth.ca/en/resources/finding-evidence-is/grey-matters).

A focused literature search is also conducted specifically to retrieve any relevant economic studies, as per the Project Protocol. Literature searches are limited to published English-language articles in the human population.

2.6.2 Included Studies List Posted for Feedback and Reviewed

Once approved by the project team, the agreed-upon included studies selected as relevant for the clinical report are posted on cadth.ca for stakeholder feedback. The Included Studies List may be revised depending on feedback received. A chart detailing the final study selection is documented in each Therapeutic Review report.

2.6.3 Clinical Analysis, Reporting, and Internal Review

Once the results of the clinical literature search are received, the two authors independently screen retrieved titles and abstracts and come to a consensus on what literature to order. Both authors independently review the full-text articles selected as well as any unique information received from stakeholders (see 2.4.2) and come to a consensus on which studies meet the inclusion criteria for the project (as documented in the Project Protocol). If there is disagreement on the findings, a third clinical researcher is engaged in the analysis. Unique studies identified are added to the project's Included Studies List for review.

If sufficient studies are found that meet inclusion criteria with similar populations and outcomes, data are extracted from the included studies to conduct a meta-analysis. The meta-analysis is a statistical summary of the selected studies that tests the pooled data for statistical significance. Both authors critically appraise, analyze, and interpret the clinical data to generate a reproducible, transparent, and rigorous review of the available clinical evidence. The clinical draft is internally reviewed.

2.6.4 Economic Analysis, Reporting, and Internal Review

Once the results of the focused economic literature search and (if sent) unique information from stakeholders (see 2.4.2) are received, a CADTH Health Economist determines if a *de novo* economic model is required to provide information on cost-effectiveness. If so, a model is developed following CADTH Economic Guidelines and with input from the clinical experts and project team. Data inputs for the model are sought from the published literature or based upon available data. The Health Economics team develops data input tables that are completed by the clinical team. The model is tested and validated. Upon receipt of the clinical data, the model is populated and run (base case analyses and sensitivity analyses). The economic analysis write-up is completed, reviewed internally, and any feedback is incorporated as required.

2.6.5 Science Report Draft 1

Science Report Draft 1, which combines both the clinical and economic drafts, is created and internally reviewed.

2.6.6 Science Report Draft 2

Once internally reviewed and revised, the first draft of the Science Report becomes Draft 2.

2.6.7 Post Report for Stakeholder Feedback

(Note: The involvement of stakeholders in the Therapeutic Review process is summarized in Appendix 2.)

Stakeholders are invited to provide comments on Draft 2 of the Science Report.

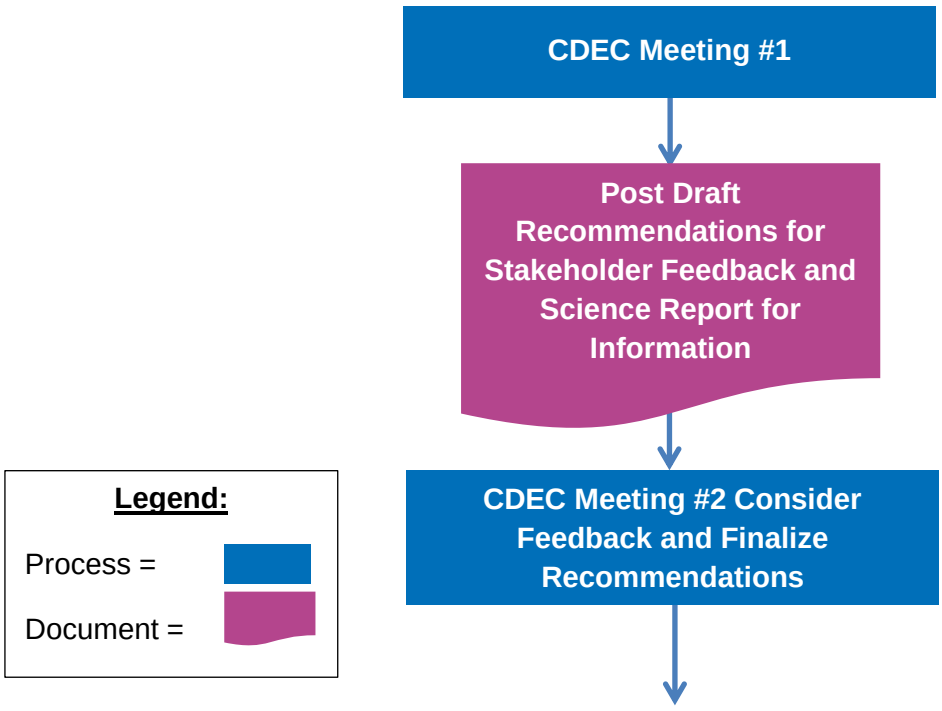
- The draft report is posted on the CADTH website and also forwarded to targeted stakeholders (e.g., impacted manufacturers and patient groups) for feedback and comments.
- Time allowed for comments is 10 business days.

2.6.8 Science Report Draft 3

Stakeholder feedback is reviewed and Draft 2 of the Science Report is modified to reflect any necessary changes. Draft 3 of the Science Report is then produced. An internal review of the report is conducted, as well as a reference check.

2.7 Detailed Processes: Recommendations Phase

FIGURE 7: CADTH THERAPEUTIC REVIEW — RECOMMENDATIONS PHASE.



CDEC = Canadian Drug Expert Committee.

2.7.1 Canadian Drug Expert Committee Meeting #1, Draft Recommendations or Advice

At this first meeting, CDEC discusses the Therapeutic Review Science Report and whether any changes are necessary. The focus is on developing the draft Recommendations or Advice statement. It is important to note that recommendations focus on the policy and research questions that were raised by the jurisdictions at the outset of the Therapeutic Review process.

2.7.2 Post Draft Recommendations for Stakeholder Feedback and Science Report for Information

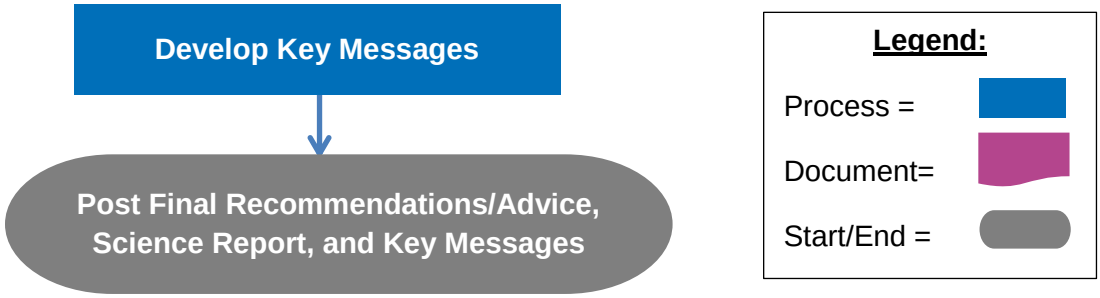
The draft Recommendations or Advice statement is posted on the CADTH website for feedback with the final Science Report for informational purposes. Stakeholders are notified by email in advance of the posting date. Stakeholders typically have 10 business days to provide their comments once the draft Recommendations or Advice statement is posted.

2.7.3 Canadian Drug Expert Committee Meeting #2, Consider Feedback and Finalize Recommendations

CADTH and the discussants meet to discuss stakeholder feedback. A Discussants' Report is prepared that includes responses to stakeholder feedback on the Recommendations or Advice statement, and the proposed final statement. The Discussants' Report is presented to CDEC along with a revised statement, and a discussion is held on feedback and revisions. CDEC then finalizes the Recommendations or Advice statement.

2.8 Detailed Processes: Publication Phase

FIGURE 8: PUBLICATION PHASE FLOW CHART



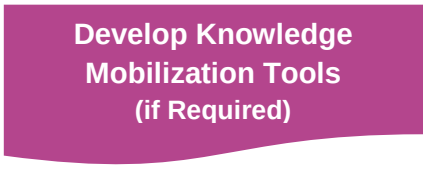
2.8.1 Develop Key Messages

CADTH develops key messages to be posted on cadth.ca with the final Science Report and the Recommendations or Advice statement.

2.8.2 Post Final Recommendations or Advice, Science Report, and Key Messages

CADTH prepares the website and posts the final Recommendations or Advice (if applicable) and key messages. The final Recommendations or Advice statement is sent to the jurisdictions and affected manufacturers. CADTH sends notification in advance to stakeholders to ensure they know when these items will be posted.

2.9 Detailed Processes: Knowledge Mobilization Phase



2.9.1 Develop Key Mobilization Tools (If Required)

At the request of the customer, CADTH determines whether knowledge mobilization tools (i.e., implementation support, outreach work) are necessary and, if so, develops those tools. Factors that may be considered in determining whether knowledge mobilization tools are required include:

- large deviations from optimal utilization (overuse or underuse) when data are available from the Canadian Institute for Health Information (CIHI) or other independent data providers
- a new intervention becomes available
- size of patient populations
- impact on health outcomes and/or cost-effectiveness or budgets
- benefits to multiple jurisdictions
- measurable outcomes
- potential to effect change in prescribing and use (to the extent that evidence is available).

Discussions are then held with the jurisdictions and OUWG to obtain feedback on tools developed. If time allows, this may be done through a teleconference.

APPENDIX 1: DEFINITIONS

Advice: Advice consists of a statement(s) provided by the Canadian Drug Expert Committee (for drugs) that provides direction regarding a policy decision or course of action related to the optimal use of a drug, but does not make a recommendation. Advice is issued based on an assessment of supporting evidence.

Business day: Any day (other than a Saturday, Sunday, statutory holiday, or company holiday) on which the CADTH office is open for business during normal business hours.

CADTH: The Canadian Agency for Drugs and Technologies in Health (CADTH) is an independent, not-for-profit agency funded by Canada's federal, provincial, and territorial governments. CADTH's role is to deliver reliable, timely, and credible evidence-based information and impartial advice to Canada's health care leaders and decision-makers through a variety of customized products and services.

CADTH Common Drug Review (CDR): a single technology drug review process by which CADTH conducts an objective, rigorous, evidence-based health technology assessment of the relative therapeutic merits and cost-effectiveness of drugs, incorporating patient group–submitted input.

Canadian Drug Expert Committee (CDEC): A CADTH advisory body composed of individuals with expertise in drug therapy and drug evaluation, and public members. For drugs reviewed through the CADTH Common Drug Review process, CDEC makes formulary listing recommendations for use by the participating federal, provincial, and territorial publicly funded drug plans. CDEC also provides other drug-related recommendations or advice based on CADTH reviews, to inform decisions and strategies including optimal drug use in Canada.

Customer: A CADTH customer is an entity or organization that requests CADTH's products or engages CADTH's services. (The customer is most often the first point of contact and requests knowledge from CADTH. Customer needs may vary with specific topics, and they may request or choose between different products, services, and suppliers. By expressing their needs, customers drive the knowledge CADTH produces.)

Discussants: The Director of the Common Drug Review and Optimal Use of Drugs, in consultation with the Canadian Drug Expert Committee (CDEC) Chair, identifies two CDEC technical expert members and one CDEC public member as discussants for CADTH drug projects that contain recommendations or advice statements.

Drug Policy Advisory Committee (DPAC): CADTH's standing committee of Canadian jurisdictional representatives who provide advice to CADTH drug projects. DPAC members are primary customers for the products and services of Therapeutic Review projects. DPAC has nominated members to sit on two working groups — the Formulary Working Group and the Optimal Use Working Group — that provide advice and direction to CADTH on drug and formulary projects.

- **Formulary Working Group (FWG)**: A working group of the Drug Policy Advisory Committee. FWG comprises representatives from the federal, provincial, and territorial publicly funded drug plans and other related health organizations. FWG provides advice to CADTH on pharmaceutical issues. Committee members also facilitate effective jurisdictional sharing of pharmaceutical information.

- **Optimal Use Working Group (OUWG):** A working group of the Drug Policy Advisory Committee provides advice, input, and feedback to Therapeutic Reviews.

Health Technology Assessment (HTA): The systematic evaluation of the properties and effects of a health technology that addresses a technology's direct and intended effects as well as its indirect and unintended consequences. HTAs are primarily aimed at informing decision-making regarding health technologies.

Jurisdictions: These include the federal, provincial, and territorial health ministries from across Canada.

Meta-Analysis: A quantitative statistical analysis that is applied to separate but similar experiments of different and usually independent researchers, and that involves pooling the data and using this pooled data to test the effectiveness of the results.

Optimal Use: Use of a drug or health technology that balances maximized benefits with minimized risks for people's health based on quality evidence, taking into account the options, costs, available resources, and societal context.

Product: A deliverable that is provided to a client. An artifact that is produced, is quantifiable, and can be either an end item in itself or a component item.

Recommendations: One or more statements issued by the Canadian Drug Expert Committee (for drug projects) or Health Technology Expert Review Panel (for non-drug health technology projects) that provide specific counsel to support the optimal use of a drug or health technology on the basis of the assessment of the supporting evidence.

Stakeholders: Stakeholders for the Therapeutic Review process are organizations, institutions, or individuals who have a strong and vested interest in specific optimal use projects and their outcomes. Stakeholders may include:

- federal/provincial/territorial ministries of health
- hospitals and health institutions
- health regions
- patients, consumers, and caregivers
- health professionals
- industry.

Tools: These are knowledge mobilization tools used to enable health care decision-makers to use the guidance and/or recommendations that are developed. Tools may include summaries, presentations, conference or workshop materials, continuing education content, and interactive tools (i.e., electronic tools) that allow decision-makers to customize the guidance provided with their own information.

APPENDIX 2: STAKEHOLDER INPUT INTO THERAPEUTIC REVIEWS

Stakeholder	What	How	When
Jurisdictions	• Policy and listing issues, and practice issues	Via meeting, email, or teleconference	Throughout the process
CDEC	• Input into research question development and guidance for evidence threshold; populations identification; outcomes • What information is needed to make a recommendation? • Identify any practice issues	Via email or teleconference	When topic has been selected for CDEC review
Clinical input (specialists, general practitioners)	• Provide context for developing RQ: ○ understanding of current clinical approach and therapeutics, natural history of disease, comparators, outcomes, interpretation of evidence, populations, upcoming therapeutic or diagnostic trends • Identify therapeutic issues and controversies • Identify clinical practice issues that are not captured by clinical evidence review	Subcommittee (including specialists, plus CDEC members, other experts as required), clinical consultants as required	Scoping and review process (early) and throughout the project
Public	• Societal perspective, such as fairness, equity of access, identification of vulnerable populations • Integrate into RQ as needed	Use CDEC public member	Review process (RQ) and CDEC meeting
Patient	• Provide patient perspective • Provide insight into impact of disease on quality of life and how drug therapy has impact on disease	Use existing CDR patient input process to identify patient groups	Review process
Manufacturer (industry)	• Contacted to confirm available evidence • Comment on draft Therapeutic Review report and draft CDEC Recommendations or Advice	Targeted email (affected mfrs) and web-based	During review process and prior to publishing
All stakeholders (including health care professionals and specialty clinical groups)	• Proposed Project Scope document posted for feedback • Draft Included Studies List posted for feedback • Draft reports posted for stakeholder feedback prior to CDEC • Draft CDEC Recommendations posted for feedback	Web-based targeted email (health care professionals and specialty groups when relevant)	Throughout the process

CDEC = Canadian Drug Expert Committee; mfrs = manufacturers; RQ = research question.