RATIONAL:
Research into effective treatments for cancer has resulted in the development of many new drugs. Cancer is a serious illness so there can be an immediate demand to use a new drug as soon as it has received regulatory approval. However, cancer drugs are generally costly and public funding decisions require critical appraisal for cost-effectiveness. Therefore, funding decisions may not be made for an extended period of time after a new drug has become available.

Increasingly, the pharmaceutical manufacturers have set up patient assistance programs (compassionate or extended access programs) to facilitate access to new cancer drugs prior to public funding decisions. Although these programs provide full or partial financial support for the drug, they usually do not support the delivery and ongoing care of the patient. Therefore, public institutions need to consider the following before deciding to provide treatments using unfunded drugs:

1. **Not medically necessary**: The Systemic Therapy Program is funded to deliver cancer drug therapies which are deemed to be medically necessary, which is defined by the drug’s status on the Benefit Drug List. By definition, a drug cannot be deemed to be medically necessary by the BC Cancer Agency (BCCA) if it is not on the Benefit List or approved for funding on a case-by-case basis by the BCCA Compassionate Access Program (CAP). For more details, see Systemic Therapy Policy III-40 on the BCCA funding review process for benefit drugs and Policy III-45 on the case-by-case review process by CAP.

2. **Risks to medically necessary therapies**: There are limited resources in delivering healthcare services. Dispensing and administering unfunded drugs can take away resources needed to deliver medically necessary therapies.

The intent of this policy is to provide the BCCA centres a consistent approach to the purchasing, preparation, dispensing and administration of non-benefit cancer drugs by the Systemic Therapy Program.

DIRECTIVE:
BCCA centres will not dispense and/or administer non-benefit cancer drugs that have regulatory approval in Canada.
PROCEDURES:

The following outlines the process of accessing non-benefit drugs:

<table>
<thead>
<tr>
<th>Drugs without NOC</th>
<th>Drugs with NOC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access</strong></td>
<td>▪ Health Canada’s Special Access Programme (SAP) Drugs must be delivered in an institutional setting. All requests to use SAP drugs must have approval through a BCCA Compassionate Access Program (CAP) request</td>
</tr>
</tbody>
</table>
| **Treatment Delivery** | ▪ IV – prepared, dispensed and administered in BCCA centres   
▪ Take home medication* – dispensed from BCCA centres | ▪ IV – delivered in private infusion centres or some public hospitals   
▪ Take home medication* – manufacturer may establish a national distribution system or may send supply to BCCA pharmacy for transfer to community pharmacy. Patient may be charged a dispensing fee by the community pharmacy. |
| **Payment** | ▪ If there is a cost it will be paid by Provincial Systemic Therapy Program if approved through CAP Program | ▪ Different scenarios involve access to third party insurance, assistance when insurance options exhausted, free supply |

NOC = Notice of Compliance by Health Canada
* includes IM or SC injectable

REFERENCES: