



# Journal of Population Therapeutics & Clinical Pharmacology

DOI: 10.22374/1710-6222.26.1.2

## LETTER TO THE EDITOR

Nigel S B Rawson<sup>1,2,3</sup>

<sup>1</sup>Eastlake Research Group, Oakville, Ontario

<sup>2</sup>Canadian Health Policy Institute, Toronto, Ontario

<sup>3</sup>Fraser Institute, Vancouver, British Columbia

**Correspondence:** [EastlakeRG@gmail.com](mailto:EastlakeRG@gmail.com)

**Submitted: November 23, 2018. Accepted: November 27, 2018. Published: January 22, 2019.**

In the publication, “Public Reimbursement of Prescription Drugs Used for Off-Label Indications in Ontario,”<sup>1</sup> my co-author and I identified only one drug with a serious safety warning directly related to a reimbursed off-label use. Our investigation was initiated because the Canadian Agency for Drugs and Technologies in Health had recommended based on a cost-saving perspective that bevacizumab be used off-label as the preferred initial therapy for intravitreal treatment of retinal conditions over the more expensive drugs of aflibercept and ranibizumab which have regulatory approval for the treatment of retinal disorders.<sup>2</sup>

Lexchin raises some issues related to our article in an editorial.<sup>3</sup> He notes that the safety concerns about bevacizumab are contested. While this may be the case, bevacizumab’s Product Monograph includes

a safety warning that the drug is not authorized for intravitreal use in Canada<sup>4</sup>, indicating that Health Canada considers the drug’s risks outweigh its benefit for the treatment of retinal conditions, and so our point remains valid. Lexchin also states that “indications chosen by companies and validated by trials that a company controls should not be the basis for deciding how public money is spent”<sup>3</sup> but presents no practical alternative. In my opinion, public money should not be used to reimburse off-label use of a drug, that is not formulated for the indication and has a serious safety warning against such use, based upon a recommendation to governments from a health technology assessment organization that is funded by the same governments that are looking for reasons to justify cutting costs.<sup>5</sup>

## REFERENCES

1. Rawson NSB, Chhabra A. Public reimbursement of prescription drugs used for off-label indications in Ontario. *J Popul Ther Clin Pharmacol* 2018;25:e23-30.
2. Canadian Agency for Drugs and Technologies in Health. Anti-vascular endothelial growth factor (VEGF) drugs for the treatment of retinal conditions: recommendations report (May 2016). [https://www.cadth.ca/sites/default/files/pdf/TR0009\\_Anti-VEGFs\\_Recs\\_Report.pdf](https://www.cadth.ca/sites/default/files/pdf/TR0009_Anti-VEGFs_Recs_Report.pdf) (accessed on: November 20, 2018).
3. Lexchin J. Editorial. *J Popul Ther Clin Pharmacol* 2018;25:e31-2.
4. Avastin Product Monograph (June 6, 2018). [http://www.rochecanada.com/content/dam/roche\\_canada/en\\_CA/documents/Research/ClinicalTrialsForms/Products/ConsumerInformation/MonographsandPublicAdvisories/Avastin/Avastin\\_PM\\_E.pdf](http://www.rochecanada.com/content/dam/roche_canada/en_CA/documents/Research/ClinicalTrialsForms/Products/ConsumerInformation/MonographsandPublicAdvisories/Avastin/Avastin_PM_E.pdf) (accessed on: November 20, 2018).
5. Rawson NSB, Adams J. Do reimbursement recommendation processes used by government drug plans in Canada adhere to good governance principles? *Clinicoecon Outcomes Res* 2017;9:721–30.