



Equitable Choice

**Ensuring
affordability and
accessibility to
drug therapies**



Equitable Choice: Ensuring affordability and accessibility

“We also need to renovate our concept of medicare and adapt it to today’s realities. In the early days, medicare could be summarized in two words: hospitals and doctors. This was fine for the time, but it is not sufficient for the 21st century.” Building on Values: The Future of Health Care in Canada, Final Report, November 2002. Roy Romanow.¹

“First and foremost, the Committee wants to make sure that no Canadian individual or family is exposed to undue financial hardship as a result of having to pay all, or even a significant fraction, of the costs of extremely expensive and/or prolonged prescription drug treatments. This is entirely consistent with the basic public policy objectives underpinning the system of public health insurance in Canada.” *The Health of Canadians – The Federal Role, Final Report on the state of the health care system in Canada*, October 2002. Michael Kirby, Chair, Senate Standing Committee on Social Affairs, Science and Technology.²

Canadians are justifiably proud of a medicare system that delivers health care based on the principles of equity, affordability and quality. Thanks to forward thinking and actions by medicare pioneers, Canadians are able to see their doctors and be treated in hospital without having to worry about paying the doctor or hospital bill instead of buying food or winter boots.

However, prescription drugs - an essential part of good medical care –are still not part of the universal health care system. Increasingly, people who are ill or injured are less likely to be treated in hospital or will remain there a much shorter time. This is a welcome trend and due, in considerable part, because the appropriate use of prescription drugs is preventing serious illness, restoring people to health and prolonging life.

Two major studies of the Canadian health care system – one by Michael Kirby and one by Roy Romanow – both concluded that it is time to bring prescription drugs into the universal health care system.

Prescription Drugs to Treat MS

Drugs to actually affect the course of MS became available only in the mid 1990s. There are now five Health Canada approved prescription drugs available for people with the most common form of multiple sclerosis. MS neurologists agree people with MS benefit from early treatment with

drugs that can reduce the frequency and severity of attacks and slow the progression of disability. In addition, people with MS rely on prescription drugs to treat a wide range of symptoms including pain, spasticity, severe fatigue, depression, bladder and bowel problems.

Unfortunately, the disease-modifying MS drugs and some of the symptom-management



therapies are expensive, and economic barriers prevent far too many people with MS in accessing proven therapies. The disease-modifying drugs range in cost from \$17,000 to \$40,000 a year, and symptom-management drugs can cost up to \$10,000 a year.

Access to Drug Therapy

Because of the nature of MS, many people who have this disease of the brain and spinal cord are no longer able to work, have low incomes and often are not covered from private or employer-paid health insurance. Most people with MS are diagnosed between the ages of 15 and 40 with this disease which lasts a life time. At diagnosis, they are often finishing school, starting careers and beginning families. The disease is usually episodic in nature, especially in the first 10 to 15 years, when it is characterized by unpredictable relapses (also called

attacks) followed by periods of remission. Unpredictable and fluctuating MS symptoms include problems with vision, coordination, balance, mobility, cognition and memory and severe fatigue. Historically, up to 80 percent of people with MS have been unable to work full-time. However, early treatment with the disease-modifying therapies is allowing people with MS to better control the disease and to slow the progression of disability.³

Currently, provincial and territorial drug programs provide uneven access and compensation from generous coverage in several provinces to restricted coverage in others. The MS Society welcomed the promise made in September 2004 following the First Minister's Meeting on the future of Health Care 2004 when they stated: "First Ministers agree that no Canadians should suffer undue financial hardship in accessing needed drug therapies. Affordable access to drugs is fundamental to equitable

Personal Story: The luck of geography

Until recently, Newfoundland and Labrador was the only province that did not provide a universal drug program to help residents with the cost of expensive MS medications. Consequently, people with MS had to face difficult choices such as quitting work and applying for social assistance so they could have access to the treatments they needed.

For Rita and Mary Jane, two sisters who developed MS after they left Newfoundland, the lack of a universal drug program meant having to stay in Alberta and not being able to return to Newfoundland to be close to family and friends. "It is heartbreaking to have your family split apart...by a lack of government drug coverage," said their sister Theresa in Newfoundland.

Thanks to a new universal drug program in Newfoundland – established following an MS Society advocacy campaign – Rita and Mary Jane can decide where to live on what is best for them, not on the availability of a drug program.⁴



health outcomes for all our citizens.”⁵ The commitment to universality and equity of coverage was underscored again in the National Pharmaceuticals Strategy Progress Report, June 2006.⁶

Canadians overwhelmingly agree that drug therapies should be part of government-paid health care. According to the ninth annual Health Care in Canada Survey 2006 conducted by Pollara Research, 92 percent of respondents said that government plans should pay for any drug that patients and their health care provider agree is the most effective treatment.⁷

What is Needed Now

With this level of agreement clearly demonstrated by the public and by the politicians, the MS Society of Canada urges

all governments to move quickly to create and provide Canadians with uniform access to necessary prescription drugs and related therapies. The time is now for action.

Recommendations for Action

The Multiple Sclerosis Society of Canada recommends:

- Federal, provincial and territorial governments should work together to develop an overall strategy as soon as possible that ensures **Canadians have access to all Health Canada-approved drugs** and to increase funding for costly drugs so Canadians need not spend more than three percent of family income on prescription medications.
- Federal, provincial and territorial governments should **address the**

Personal Story: Settling for second best

Ronalee is waiting for a chance to again have the medication that works best for her. The mother of two young children has had MS for almost seven years and was part of the clinical trial that proved the effectiveness of a new but, unfortunately, expensive disease-modifying therapy.

When the clinical trial ended, she no longer had access to the drug which had virtually eliminated her MS symptoms. Her drug plan at work doesn't yet cover the new medication, and the provincial government hasn't added it to its drug program.

Complicating the issue is the recommendation from the Common Drug Review (CDR) to the provinces and territories that they not include the drug on the lists of medications that they will reimburse. CDR is a joint federal-provincial-territorial agency to assess efficacy and cost-effectiveness.

Meanwhile, Ronalee worries whether she will be able to continue to work and care for her family.⁸



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current wide and inequitable discrepancies in drug formulary coverage by agreeing on a uniform drug formulary for participating jurisdictions based on providing the most effective and safe medications to Canadians who need them.

- Federal, provincial and territorial governments should **involve all stakeholders in the creation of a uniform drug formulary** including individual Canadians and organizations representing particular disease groupings.
- The federal government should **continue to implement improvements to Canada's drug review process** to make decision making timely and more transparent to all stakeholders.
- The federal government should ensure Canada's drug review process results in **timely reviews of breakthrough drugs** that are both safe and effective drugs.
- Federal, provincial and territorial governments should **strengthen post-approval surveillance and evaluation** of all prescription drugs to ensure medications are being used safely and effectively.

The Multiple Sclerosis Society welcomes the opportunity to provide its insights and expertise.



References

- ¹ ***Building on Values: The Future of Health Care in Canada***, Final Report, Roy Romanow, November 2002, page xvii.
- ² ***The Health of Canadians – The Federal Role, Final Report on the state of the health care system in Canada***, Michael Kirby, October 2002, page 137.
- ³ ***Multiple Sclerosis: Its effects on you and those you love***, Multiple Sclerosis Society of Canada, 2005, page 21.
- ⁴ Rita and Mary Jane are members of the Multiple Sclerosis Society of Canada.
- ⁵ ***Communiqué: A 10-year plan to strengthen health care***, First Ministers Meeting on the Future of Health Care, September 16, 2004.
- ⁶ ***National Pharmaceuticals Strategy: Progress Report***, June 2006.
- ⁷ Health Care in Canada Survey 2006, Pollara Research, page 6.
- ⁸ Ronalee is a member of the Multiple Sclerosis Society of Canada.

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