

## JointHealth<sup>TM</sup> Arthritis Medications Report Card: How does your province compare?

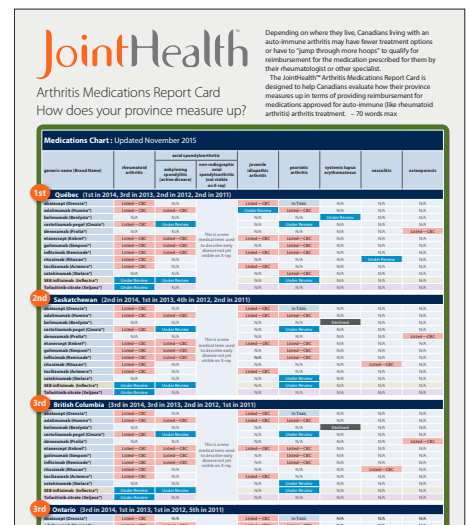
### Arthritis Consumer Experts is pleased to publish its ninth annual JointHealth<sup>TM</sup> Arthritis Medications Report Card

Every year, our Report Card helps Canadians and their rheumatologists identify how their province measures up to other provinces in terms of providing reimbursement access to medications approved for autoimmune forms of arthritis.

The Report Card empowers consumers (patients) to become active participants in their own disease treatment plan. It provides important information that consumers can use to discuss with their rheumatologists which Health Canada approved medication(s) might be best suited for their disease, health history and literacy, physical limitations, cultural beliefs and ability to administer or take the medication(s).

The current Report Card ranks twelve publicly funded medication formularies based on the number of medically necessary arthritis medications they list out of a possible 13 medication treatments. The medications that ACE monitors fall into three categories: biologic response modifiers (“biologics”), subsequent entry biologics (“SEBs”), and targeted small molecule medications (“TSMs”).

The current and historical ranking of each province is shown on the Report Card. As each province makes decisions, the on-line version of the Report Card is updated, giving ACE members, subscribers and followers the latest information available.



### What can patients like you do?

Arthritis Consumer Experts encourages you to share the findings in the Report Card with your healthcare team and federal and provincial elected representative. Copies of the JointHealth<sup>TM</sup> Arthritis Medications Report Card can be found in every rheumatologist’s office in Canada. You may also email [feedback@jointhealth.org](mailto:feedback@jointhealth.org) to request a copy of the Report Card. ACE will update its members, subscribers and stakeholders on changes as they occur in reimbursement access through our online Report Card.

If you feel your province doesn’t measure up, write and speak to your elected provincial or federal representative about the lack of equitable reimbursement access and patient/physician choice in treating autoimmune forms of arthritis. For tips on how to communicate with elected officials or key decision-makers, please visit our “What You Can Do” page within the “Taking Action” section of the JointHealth<sup>TM</sup> website.

# New arthritis medications on the horizon

**More than 4.6 million Canadians** live with arthritis; by 2036, an estimated 7.5 million Canadian adults will have arthritis. Arthritis is the leading cause of disability and work disability in Canada. The impact of arthritis on the Canadian economy in healthcare costs and lost productivity is estimated to be \$33 billion each year. However, no comprehensive model of arthritis care is available. Medication coverage across the different provinces varies. The Report Card highlights to government decision-makers this lack of equitable access and patient/physician choice in treating the different types of autoimmune arthritis.

As medication treatment advanced, so did the individual provincial medication formularies. Our 2007 Report Card ranked just six biologic response modifiers available at the time. In 2010, we identified three new biologics approved for sale and use in Canada, and added juvenile idiopathic arthritis in the disease category. In 2014, we began tracking two new classes of medications - subsequent entry biologics and targeted small molecule medications.

Thanks to the advocacy efforts of people living with arthritis and their rheumatologists, progress has been made in 2015 in many Canadian provinces. Patients and caregivers are valuable in the medication review process when they participate in national and regional patient input review. These reviews help healthcare policy makers understand how effective a medication is.

Looking at medication treatments that are available in different countries can provide an idea of emerging arthritis medications in Canada. Furthermore, medications that are currently approved for one form of arthritis may gain approval for use to treat another form of arthritis. ACE provides this short summary of medications that are in the pipeline for people in Canada.

Medication Treatment	US Status	Canadian Status
<b>baricitinib</b> is an oral JAK1 and JAK2 inhibitor	<ul style="list-style-type: none"> <li>• In Phase III development by Eli Lilly and Incyte as a potential treatment for rheumatoid arthritis in the USA.</li> <li>• In Phase II development as potential treatment for psoriasis in the USA.</li> </ul>	<ul style="list-style-type: none"> <li>• Health Canada is monitoring the medication's clinical trials development.</li> </ul>
<b>apremilast</b> (Otezla) is an oral, small-molecule compound, taken as two tablets twice a day.	<ul style="list-style-type: none"> <li>• The United States Food and Drug Administration (FDA) approved apremilast in March 2014 for treatment of adults with active psoriatic arthritis.</li> <li>• The medication is in its study phase for treatment of ankylosing spondylitis and rheumatoid arthritis in the USA.</li> </ul>	<ul style="list-style-type: none"> <li>• Health Canada approved apremilast, alone or in combination with methotrexate, for the treatment of active psoriatic arthritis in adult patients who have had an inadequate response, intolerance, or contraindication to a prior disease-modifying anti-rheumatic drug in June, 2015.</li> <li>• BC PharmaCare issued a call for "Your Voice" input on apremilast for the treatment of psoriatic arthritis this November.</li> </ul>
<b>secukinumab</b> (Cosentyx) is a human monoclonal antibody manufactured by Novartis Pharma AG.	<ul style="list-style-type: none"> <li>• FDA approved secukinumab to treat adults with moderate to severe plaque psoriasis in January, 2015.</li> <li>• Clinical trials are ongoing to study the use of this medication to treat ankylosing spondylitis and psoriatic arthritis.</li> </ul>	<ul style="list-style-type: none"> <li>• Health Canada approved secukinumab to treat adults with moderate to severe plaque psoriasis. These patients must also be candidates for systemic therapy or phototherapy.</li> </ul>

# National Pharmacare: Where do patients fit in the conversation?

**Canadian spending on medications** continues to top that of most industrialized countries, according to a new report on international health trends. The study from the Organization for Economic Co-operation and Development (OECD) ranks Canada as the fourth-highest spender on pharmaceutical medications among 29 countries when measured by population. Pharmaceutical medication spending in Canada worked out to \$713 (U.S.) a person in 2013, well above the OECD average of \$515. The highest spender by far was the United States at \$1,026, followed by Japan and Greece. Drug costs were lowest in Denmark at \$240 a person.

The “Health at a Glance” study is released every two years and provides a report card on a range of measures that compare population health and the performance of health systems in OECD countries. Through a combination of measures, it attempts to rank access and quality of care, as well as health status and healthcare resources.

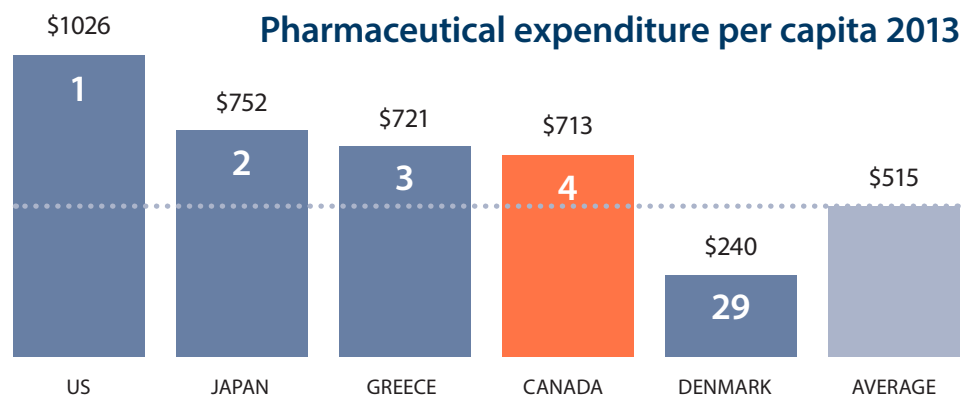
The OECD report card found Canada has one of the lowest percentages of public drug plan coverage for pharmaceutical costs. The

current structure of prescription drug coverage for Canadians is a patchwork of drug programs, including public and private insurance, as well as direct payment by individuals. The OECD report card has come out as pressure is mounting to expand public drug plan coverage of prescription drugs in Canada.

**In Canada, as many as one in 10 seniors skips buying medications because they can’t afford them**, according to a Conference Board of Canada study released this fall, sponsored by the Canadian Medical Association. The CMA has called for

catastrophic coverage for prescription drugs that would kick in for those households that spend more than \$1,500 a year, or 3 per cent of their income, on prescription medications.

Through the years, the JointHealth™ Arthritis Medications Report Card has illustrated that who is covered by public drug plans in Canada varies from province to province. This framework has widespread inconsistencies and inequities, often resulting in compromised patient care and outcomes at great cost to individuals, the healthcare systems, and society as a whole.



# National Pharmacare: Time for patients to get involved

**Canada is one of the few industrialized countries with universal health insurance that does not offer a comprehensive program for medically necessary drugs.**

Over the past 18 months, elected officials, experts, health leaders and patient groups have increasingly begun sharing their knowledge and insights to discussion about pharmacare and publicly calling for a pan-Canadian program.

In June 2015, a Roundtable Discussion on a pan-Canadian pharmacare program was led by Dr. Eric Hoskins, Ontario’s Minister of Health and Long-Term Care, and attended by the Ministers of Health from the Northwest Territories, British Columbia, Saskatchewan, Manitoba, New Brunswick, and Newfoundland and Labrador.

Although the Green Party and the NDP made it part of their platforms in the recent federal election, the incoming Liberal government pledged only to improve access to prescription medications, and to work with provincial and territorial governments to buy drugs in bulk as a way to make them more affordable. However, in Prime Minister Trudeau’s Mandate Letter to the Minister of Health, the Prime Minister expects the Minister to “explore the need for a national formulary”.

*“A national pharmacare program is in the interest of our patients and of all Canadians.”*

- Dr. Eric Hoskins

Steve Kent, the Health Minister for Newfoundland and Labrador, claims the federal government has *“a critical role to play. This is not something, quite frankly, that provinces and territories can do on their own.”*

# What do ACE members, subscribers and followers want?

In a joint statement issued after the Roundtable, the Ministers of Health commented: *“This is neither the beginning nor the end of this discussion. To better inform ourselves with the evidence, we are determined to seek input from other voices who can offer guidance and advice as we move this conversation forward.”* ACE supports any initiative to improve access to healthcare and financial assistance for medications, and advocates that all governments and policy makers seek advice and guidance from patients.

As the national pharmacare conversation continues at both the provincial and federal levels, ACE encourages arthritis consumers to get involved and tell their elected officials what patient needs must be met in a national pharmacare program. ACE will also be meeting with private insurers and large employers who provide reimbursement for the private costs of medicines and will also be part of any future dialogues about national pharmacare.

## For public and private payers, ACE’s key considerations towards the framework of a national pharmacare program include:

- **Consistency and universality of coverage:** Patients have a right to reimbursement access to medically necessary medications.
- **Protection of therapeutic:** Patients have a right to choose with their specialist among a full range of research-based medication treatments, and be assured of a secure supply of the full compliment of Health Canada approved medications, including both long-standing compounds and more recently approved therapy advancements.
- **Timely access:** Reimbursement decisions, whether by public or private payer, must not exceed best evidence and clinical guideline timelines to ensure that the opportunity to treat most effectively is not lost.

## About Arthritis Consumer Experts

### Who we are

Arthritis Consumer Experts (ACE) provides research-based education, advocacy training, advocacy leadership and information to Canadians with arthritis. We help empower people living with all forms of arthritis to take control of their disease and to take action in healthcare and research decision making. ACE activities are guided by its members and led by people with arthritis, leading medical professionals and the ACE Advisory Board. To learn more about ACE, visit [www.jointhehealth.org](http://www.jointhehealth.org)

### Guiding Principles

Healthcare is a human right. Those in healthcare, especially those who stand to gain from the ill health of others, have a moral responsibility to examine what they do, its long-term consequences and to ensure that all may benefit. The support of this should be shared by government, citizens, and non-profit and for-profit organizations. This is not only equitable, but is the best means to balance the influence of any specific constituency and a practical necessity. Any profit from our activities is re-invested in our core programs for Canadians with arthritis.

To completely insulate the agenda, the activities, and the judgments of our organization from those of organizations supporting our work, we put forth our abiding principles:

- ACE only requests unrestricted grants from private and public organizations to support its core program.
- ACE employees do not receive equity interest or personal “in-kind” support of any kind from any health-related organization.

- ACE discloses all funding sources in all its activities.
- ACE identifies the source of all materials or documents used.
- ACE develops positions on health policy, products or services in collaboration with arthritis consumers, the academic community and healthcare providers and government free from concern or constraint of other organizations.
- ACE employees do not engage in any personal social activities with supporters.
- ACE does not promote any “brand”, product or program on any of its materials or its website, or during any of its educational programs or activities.

### Thanks

ACE thanks Arthritis Research Canada (ARC) for its scientific review of JointHealth™.



### Acknowledgements

Over the past 12 months, ACE received unrestricted grants-in-aid from: AbbVie Corporation, Amgen Canada, Arthritis Research Canada, Canadian Institutes of Health Research, Celgene Inc., Hoffman-La Roche Canada Ltd., Janssen Inc., Merck & Co., Inc., Pfizer Canada, Sanofi Canada, UCB Canada Inc. and the University of British Columbia. ACE also receives unsolicited donations from its community members (people with arthritis) across Canada. ACE thanks these private and public organizations and individuals.



Suite #200A 1228 Hamilton Street  
Vancouver BC V6B 6L2  
t: 604.974.1366

e: [feedback@jointhehealth.org](mailto:feedback@jointhehealth.org)  
[www.jointhehealth.org](http://www.jointhehealth.org)

ACE does not promote any “brand”, product or program on any of its materials or its website, or during any of its educational programs or activities.

© ACE Planning & Consulting Inc. 2015

### Disclaimer

The material contained in this or any other ACE publication is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. If you have any healthcare related questions or concerns, you should contact your physician. Never disregard medical advice or delay in seeking it because of something you have read in any ACE publication.