

Arthritis Consumer Experts Releases Ninth Annual Arthritis Medications Report Card

Good news/bad news for Canadians living with arthritis, depending on where they live

Vancouver, B.C. – April 5, 2016 – Arthritis Consumer Experts (ACE) has released its Ninth Annual JointHealth™ Arthritis Medications Report Card with a clear message to the federal and provincial governments in Canada: Reimbursement access to arthritis medications has improved in many Canadian provinces, however, disappointing inequities remain in patient/physician choice and patient access to reimbursement for the medication prescribed for them by their rheumatologist.

“Thanks to the advocacy efforts of people living with arthritis and their rheumatologists, progress has been made in many Canadian provinces. We encourage the federal and provincial governments to maintain their commitment to the estimated 600,000 Canadians living with a type of autoimmune arthritis – rheumatoid arthritis, axial spondyloarthritis, psoriatic arthritis and juvenile idiopathic arthritis – and their right to choose with their healthcare team the therapy best suited to their disease biology, which is distinctly different from patient to patient,” said Cheryl Koehn, Founder and President, Arthritis Consumer Experts.

Arthritis Consumer Expert's Annual JointHealth™ Arthritis Medications Report Card is Canada's only independent patient organization evaluation of public reimbursement access to arthritis medications. In the past year, this landscape has dramatically changed with the public formulary listing of new medications in the subsequent entry biologics and targeted small molecule medications category.

JointHealth™ Arthritis Medications Report Card Highlights:

- ACE is now monitoring three medication categories: biologic response modifiers, subsequent entry biologics, and targeted small molecule medications.
- The table in the Appendix below provides current provincial rankings and their ranking change from the 2014 Report Card.
- Quebec continues to be ranked number one in the Report Card, with a total of 28 approved medications.
- The provinces that most improved their ranking were:
Nova Scotia (4th in 2015 – 5th in 2014)
Prince Edward Island (6th in 2015 – 7th in 2014)
Newfoundland (10th in 2015 – 11th in 2014)
- The province that experienced a ranking decline were:
British Columbia (2nd in 2015 – 1st in 2014)
Ontario (3rd in 2015 – 1st in 2014)
Saskatchewan (4th in 2015 – 1st in 2014)
Manitoba (8th in 2015 – 5th in 2014)
NIHB (11th in 2015 – 8th in 2014)

Commenting on ACE's messages to public payers, Ms. Koehn said: "When remission or optimal control of autoimmune arthritis does not occur with conventional disease modifying anti-rheumatic medications (DMARDs), it is vitally important to have full reimbursement access to the currently available biologic and targeted small molecule medications."

About the Arthritis Medication Report Card

Arthritis Consumer Experts ranks twelve publicly funded medication formularies based on the number of medically necessary arthritis medications they list out of a possible 14 medication treatments. Formularies are awarded one point for each case-by-case (CBC) listing, three-quarters of a point for a listing that has overly restrictive criteria (ORC), and no points for "Declined" listings or files remaining "Under Review". In some cases, information about a medication was unavailable. Where this lack of transparency occurred, ACE put "Unknown" and did not award any points.

About Arthritis Consumer Experts

Arthritis Consumer Experts is a national organization that provides science-based information and education programs in both official languages to people with arthritis. ACE serves consumers living with all forms of arthritis by helping them take control of their disease and improve their quality of life. Founded and led by people with arthritis, ACE also actively advocates on arthritis health and policy issues, through ACE's JointHealth™ family of programs and the Arthritis Broadcast Network, directly to consumers/patients, healthcare professionals, media and government. ACE is guided by a strict set of guiding principles, set out by an advisory board comprised of leading scientists, medical professionals and informed arthritis activists.

Discover JointHealth™ online:

www.jointhehealth.org

<http://bit.ly/YouTubeJointHealth>

<http://www.facebook.com/ACEJointHealth>

<http://www.twitter.com/ACEJointHealth>

Got arthritis? We have a free app to help you! <http://bit.ly/GetArthritisID>

Treat arthritis? We have a free app to help you! <http://bit.ly/GetArthritisIDPRO>

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Appendix: Ranking Report Table

| PROVINCE | 2015 RANKING | 2014 RANKING | CHANGES IN THE FORMULARY |
|----------------------|-----------------|-----------------|---|
| Quebec | 1 st | 1 st | Apremilast (Otezla®) for psoriatic arthritis was declined. Approved SEB infliximab (Inflectra®) for rheumatoid arthritis (RA), ankylosing spondylitis (AS), and psoriatic arthritis (PsA); certolizumab pegol (Cimzia®) for AS and PsA. |
| British Columbia | 2 nd | 1 st | Ustekinumab (Stelara®) for psoriatic arthritis was declined. Drop in ranking from last year relative to other formularies, despite adding SEB infliximab (Inflectra®) for RA, AS, and PsA; and certolizumab pegol (Cimzia®) for AS and PsA. As a result of the approval of SEB infliximab (Inflectra®), the status of infliximab (Remicade®) for RA, AS and PsA was changed to overly restrictive criteria. |
| Ontario | 3 rd | 1 st | Drop in ranking from last year relative to other formularies as ustekinumab (Stelara®) for PsA was declined. Added denosumab (Prolia®) for osteoporosis; and SEB infliximab (Inflectra®) for RA, AS, and PsA. As a result of the approval of SEB infliximab (Inflectra®), the status of infliximab (Remicade®) for RA, AS and PsA was changed to overly restrictive criteria. |
| Nova Scotia | 4 th | 5 th | Improved ranking from last year due to adding certolizumab pegol (Cimzia®) for RA, AS and PsA. |
| Saskatchewan | 4 th | 1 st | Drop in ranking from last year relative to other formularies as had one approval only – added ustekinumab (Stelara®) for PsA. |
| Prince Edward Island | 6 th | 8 th | Improved ranking from last year due to adding certolizumab pegol (Cimzia®) for AS and PsA; and, rituximab (Rituxan®) for vasculitis. |
| Alberta | 7 th | 7 th | Drop in ranking from last year relative to other formularies as apremilast (Otezla®) for PsA was declined. Added adalimumab (Humira®) for juvenile idiopathic arthritis. |
| Manitoba | 8 th | 5 th | Drop in ranking from last year relative to other formularies as there was no change in the formulary. |

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| New Brunswick | 8 th | 8 th | Drop in ranking from last year relative to other formularies, despite adding adalimumab (Humira®) for juvenile idiopathic arthritis. |
| Newfoundland and Labrador | 10 th | 11 th | Improved ranking from last year due to adding adalimumab (Humira®) for juvenile idiopathic arthritis. |
| Non-Insured Health Benefits or "NIHB" | 11 th | 8 th | Improved ranking from last year due to adding certolizumab pegol (Cimzia®) for AS and PsA. |
| Yukon | 12 th | 12 th | No change in ranking, despite adding certolizumab pegol (Cimzia®) for AS and PsA. |