

ACCESS TO MEDICINE, HEART DISEASE AND STROKE

FACTS

- Prescription drugs can shorten time spent in hospitals and reduce demand for physician services, potentially leading to decreased costs for the healthcare system.^{1,2}
 - Roughly half of Canadian adults take at least one prescription medication, while 15% take four or more. Forty per cent of seniors and 37% of people with chronic diseases take four or more prescription medications.^{3,4}
 - From 1985 to 2009, expenditure on prescribed drugs in Canada increased from \$2.6 billion to \$24.8 billion, at an average annual rate of 9.9%.⁵
 - In 2010, Canadian pharmacies dispensed roughly 77 million prescriptions for medications to treat cardiovascular disease, more than any other category of prescription drugs. This represents an increase of 3.6% over the previous year.⁶
 - The three most dispensed medications for cardiovascular disease in 2010 were statins, diuretics, and ACE inhibitors.⁷
 - A 2010 report by the Patented Medicine Prices Review Board found that generic drugs cost more in Canada than in foreign markets.⁸
 - Between 60 and 75% of Canadians are covered by private insurance plans, and between 9 and 43% qualify for government insurance, depending on area of residence.^{9,10}
 - Frequently, benefit plans do not cover the entire cost of medications, meaning that it is still sometimes difficult for people with insurance coverage to afford medications.
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- A major study on access to prescription drugs in Canada found that 3.4 million Canadians were either under insured (2.4 million) or were not insured at all (1 million) for out of hospital prescription drugs.¹¹
 - In 2010, 12% of Canadians reported paying more than \$1000 in out-of-pocket medical costs. This is higher than all but 4 of 11 countries surveyed.⁴
 - Also in 2010, 10% of Canadians said that they either did not fill a prescription or skipped doses as a result of the cost of medication. This is a higher number than all but 2 of 11 countries that were surveyed.⁴
 - Non-adherence to drug prescriptions (failure to fill prescriptions or to follow instructions) has been associated with significant increases in mortality, hospitalizations, and costs.¹²



RECOMMENDATIONS

The Heart and Stroke Foundation recommends that:

FEDERAL GOVERNMENT

1. Work with provincial/territorial governments to ensure that Canadians have equitable access to cost-effective medications.
2. Ensure that Canadians do not suffer undue financial hardship as a result of the expense of medications. Begin by working with provincial/territorial governments and non-governmental organizations to provide all Canadians with equitable medical insurance coverage for catastrophic drug costs.
3. Revisit the Common Drug Review process and ensure that it is transparent, objective, efficient, and includes representatives from different groups including patients and specialist physicians.
4. In cooperation with provincial/territorial governments and appropriate stakeholders, work towards the establishment of a universal, defined minimum level of prescription drug coverage in order to ensure that all Canadians have affordable access to evidence-based essential medications.
5. Work to ensure that drug pricing secures the best possible prices for patients and payers, while maintaining incentive for the pharmaceutical industry to develop new, innovative and beneficial medications.

PROVINCIAL/TERRITORIAL GOVERNMENTS

1. Work with the federal government to ensure that Canadians have equitable access to cost-effective medications.
2. Ensure that Canadians do not suffer undue financial hardship as a result of the expense of medications. Begin by working with the federal government and non-governmental organizations to provide all Canadians with equitable medical insurance coverage for catastrophic drug costs.
3. In cooperation with the federal government and other partners, work towards the establishment of a universal, defined minimum level of prescription drug coverage in order to ensure that all Canadians have affordable access to evidence-based essential medications.
4. While maintaining access to necessary medications for patients, ensure optimal generic drug prices for patients through the consideration of a range of pricing strategies

CANADIANS

1. Inform themselves about their medical insurance coverage so as to understand how they are covered and how their coverage protects them.
2. Consider the purchase of private insurance if existing coverage is not adequate.

HEALTH PROFESSIONALS AND HEALTH PROMOTION PRACTITIONERS

1. As part of routine medical check-ups, ask patients whether cost is a barrier to getting drug prescriptions filled in order to make informed prescribing decisions and to provide patients with information about programs that might help them with prescription expenses.
2. Inform patients about the variety of available options and costs for prescription drug coverage.
3. Inform patients about the importance of adhering to prescription instructions in order to both ensure safety and to derive maximum benefits from medications.
4. Stay informed about the range of available treatment options, including generic drugs, and consider both effectiveness and cost when making prescribing decisions.
5. Where possible, recommend behaviour and lifestyle modifications in order to reduce both long and short term reliance on prescription drugs.

RESEARCHERS

Conduct research on the following topics:

- The demographics of drug use
- The comparative effectiveness and costs of frequently prescribed medications
- The relationships between access to prescription drugs, health outcomes, and overall costs for the health care system
- Policy options aimed at providing equal access for all Canadians to required prescription drugs
- Policy options to deliver the best possible treatment for the best possible prices



PHARMACEUTICAL COMPANIES

1. Maintain ethical practices with respect to the development, manufacturing, marketing and sale of pharmaceutical products.
2. Ensure that health care providers and patients receive the best, unbiased information required to make appropriate treatment decisions.

BACKGROUND INFORMATION

The Heart and Stroke Foundation recommends behaviour and lifestyle modifications as first steps in both the prevention and management of cardiovascular disease. At the same time, the Foundation recognizes that prescription drugs represent a very important component of treatment for a wide range of cardiovascular conditions. When they are used appropriately they help to save lives and improve quality of life. Prescription drugs also shorten and in some cases prevent time spent in hospitals. This is not only good for patients, but also results in more manageable workloads for health care providers, and potentially, decreased costs for health care facilities and other aspects of health care.^{1,2}

Prescription drugs, especially if taken over an extended period of time, can be very expensive. In recent years, a variety of new prescription drug treatments have been developed. While they can be very effective, they can also be very costly. The Canada Health Act stipulates that prescription drugs administered in a hospital setting are paid for by provinces and territories, but this does not apply to prescription drugs taken outside hospitals. For the most part, these drugs are paid for by either public or private insurance providers, and in some cases, directly by patients. Paying for increasingly expensive medications has become a major challenge for some patients, and also for both public and private medical insurance providers.

Total spending on prescription drugs in Canada was calculated to have reached roughly \$27 billion in 2011, representing about 13.5 per cent of total health care expenditures.⁵ Roughly half of Canadian adults report taking at least one prescription drug, and about 15 per cent say that they take four or more. The total number of prescription drugs filled in a year in Canadian pharmacies roughly doubled over the ten year period between 1996 and 2006.¹³

In terms of drugs for cardiovascular disease, between 1996 and 2006 expenditures increased by 200 per cent, surpassing \$5 billion in 2006.¹⁴ The mean cost per individual cardiovascular prescription was shown to have increased from \$41.85 in 1996 to \$47.79 in 2006.¹⁴ Furthermore, expenditures have been increasing at a steady rate, with no

EMPLOYERS

Where possible, provide employees with comprehensive insurance for prescription drug costs. If this is not possible, provide information about where/how to purchase private insurance.

sign of levelling off. This trend suggests the possibility of unsustainable costs in the near future.¹⁴

Governments evaluate and approve drugs, and also oversee pricing in an effort to ensure safety, contain costs and keep drug expenses manageable for Canadians. Governments strive to achieve a balance between providing incentives for innovation and sustainability in the pharmaceutical sector, and affordability of treatment. With respect to approval for sale, drugs are reviewed by the Therapeutic Products Directorate of Health Canada for safety and efficacy. Following this, drugs are subject to the Common Drug Review, managed by the Canadian Agency for Drugs and Technologies in Health (CADTH), which makes recommendations about which drugs should be covered (and to what level) by the various public drug insurance plans.

The Patented Medicine Prices Review Board, an arm's length agency of the federal government, sets maximum prices for patented drugs without generic substitutes. For generic drugs, prices are influenced primarily by provincial/territorial insurance plans, which set maximum amounts for reimbursement based on a percentage of the patented brand name drug price. The specific policies under which these plans operate differ significantly among provinces/territories. Recently, some jurisdictions (notably, British Columbia) have implemented reference-based pricing, which typically means that drugs are grouped into therapeutic classes and reimbursement is provided at the level of the most affordable (or reference) drug. In this case, if patients choose to use another drug they will frequently have to pay the difference in costs. Where reference-based pricing has been implemented, it is common for private insurance plans to also emulate the practice. Reference-based pricing has been criticized, chiefly, for failing patients who require particular drugs within a certain class for treatment, but who are only reimbursed at the level of the given reference drug.

Most Canadians are protected by some form of medical insurance that covers all or a portion of the cost of prescription medications. There is, however, a wide spectrum of prescription drug coverage plans that are applicable to



different groups of Canadians. For example, the Federal Government offers insurance for prescription drugs to Aboriginal peoples, members of the Armed Forces, the RCMP, and inmates of correctional facilities. Provinces have their own medical insurance plans which cover different groups of people and drugs in ways which are not consistent across Canada. Finally, about 60-70 per cent of Canadians are covered for drugs through private insurance plans, in most cases purchased through their employers, and in some cases purchased directly through insurance companies. The degree of coverage and the specific drugs which are covered vary from plan to plan and from person to person. A significant number of people are not covered by any insurance plan for drugs taken out of hospital. This means that they are very vulnerable to the high costs of some medications. An additional area of cost-related concern is medication for people with rare disorders. Given the relatively small size of these populations, treatments involving these drugs can be extremely expensive.

In some cases, therefore, Canadians find themselves having to pay large amounts of money for medications. This situation has resulted in most provinces and territories establishing "catastrophic" drug coverage plans, which ensure that citizens do not have to pay for necessary drugs beyond a certain percentage of income, which is usually set at a threshold of between 3 and 5 per cent. The catastrophic

drug coverage plans that are in place vary considerably between provinces and territories with respect to who is covered and to what degree. Prince Edward Island, New Brunswick and Yukon do not have catastrophic drug coverage plans, leaving a large number of people vulnerable to the very high costs of some necessary prescription drugs. Ensuring that all provinces and territories implement catastrophic drug coverage plans is a worthwhile measure in order to begin to address the challenge of providing equitable access to prescription drugs for all Canadians.

Overall, while the majority Canadians have some level of drug coverage, access to medicine is neither universal nor equal. In some cases, people go without recommended medications because they cannot afford them. In other cases, purchasing the required medications puts them in serious financial difficulty.

The Heart and Stroke Foundation believes in values of universality and equality in Canadian healthcare. Over the long term, providing all Canadians with access to necessary prescription drugs will require action on two broad fronts. The first is working to have all Canadians protected by insurance and programs that allow them to access the medications that are best for them without suffering undue financial hardship. The second includes helping to ensure the sustainability of the health system by providing Canadians with optimal value and benefits for prescription drug expenditures.

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