Meds: Prescription drugs cost $30 billion a year in Canada, the only country with universal healthcare that does not also offer universal pharmacare. Fotolia photo

Perspective is Key to Universal Pharmacare Success

Janet Yale

Canada remains the world's only developed country to offer universal healthcare but not universal pharmacare, despite the savings such a system would offer. An even more important consideration is that all Canadians enjoy equitable access to necessary medications. The reason why becomes clear when you look at the changing nature of medical therapies and innovative drug treatments. Arthritis Society President Janet Yale weighs in with an endorsement of universal pharmacare.

Every year, a different report comes out decrying Canada's lack of universal pharmacare and the resulting burden on the public purse. The price paid by patients and, in particular, those living with chronic disease is even more worrisome.

The Canadian Institute for Health Information pegged the cost of prescription drugs at roughly $29 billion in 2014. Public drug plans pick up about 42 per cent of those costs and private plans another 36 per cent. What's left over is 22 per cent—$6 billion worth of prescriptions—shouldered by patients themselves.

Canada remains the world's only developed country to offer universal healthcare but not universal pharmacare. While the cost of drugs used in hospital are fully covered, and provincial programs assist elderly and low-income residents, millions without a private plan are left with little or no help at all.

This is not going unnoticed: a recent poll by the Angus Reid Institute found a staggering 91 per cent of Canadians favour the creation of universal pharmacare. The same poll revealed that about half of respondents worry they won't be able to afford the cost of drugs in the future.

For years, advocates have called on the federal government and the provinces to come to an agreement on universal pharmacare, anchoring their arguments on principles of access, equity and the billions in cost savings that could come with a single payer, bulk

purchasing and a national formulary. Estimated annual savings range between $4 billion and $11 billion.

The Arthritis Society would like to add its voice in support. We believe there should be universal access to medically necessary prescription drugs. For the 4.6 million Canadians currently living with arthritis, the lack of universal pharmacare can result in thousands of dollars out-of-pocket for drugs that are needed to control the disease and alleviate pain, stiffness and many other debilitating symptoms. It can also result in unintended consequences such as geographic inequity based on differences in provincial formularies and even nationwide shortages of needed medications.

One recent example directly impacted many families grappling with the realities of childhood arthritis. Toward the end of 2013, Hoffmann-La Roche Ltd. announced it was pulling Naprosyn (naproxen) suspension, the most common non-steroidal anti-inflammatory drug used to treat symptoms of juvenile arthritis. The drug's liquid form makes it easy for a child to take, with dosage easily customized according to his or her weight.

The Arthritis Society and other advocates had to find a way to maintain access to this drug for Canadian children. Eventually, the Quebec firm Pediapharm purchased the Canadian manufacturing rights. It wasn't until March of this year, however, that this medication was once again fully available to Canadian children.

This incident provides a stark illustration of problems that universal pharmacare would help address. It also underscores the importance of access. Indeed, The Arthritis Society believes that equitable access to necessary medications must be a defining consideration—one that is as central to any future pharmacare program as cost-savings.

The reason why becomes clear when you look at the changing nature of medical therapies and innovative drug treatments. Particularly from the perspective of those living with chronic diseases like arthritis.

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There are two types of arthritis: inflammatory, when the body's own antibodies attack the linings of the joints, causing the inflammation and swelling that can lead to debilitating pain; and osteoarthritis, when cartilage around the joints is irreparably damaged or worn away completely. For Canadians living with these conditions, prescription medications are often their best defense against high levels of pain and the loss of mobility. New but often expensive pharmaceutical therapies have been developed and more are emerging.

The best of example of this is a relatively new category of biologics. This breakthrough class of drugs is made from living organisms that block the proteins, cells and pathways that trigger symptoms, alleviating them entirely as well as preventing the joint deformities that can eventually materialize in the hands and feet. For millions of Canadians with arthritis, biologics are life-transforming.

The challenge is that an annual course of a biologic can cost about $20,000 and patients are left paying this out-of-pocket if they don't have private insurance. Universal pharmacare would remove this barrier, ensuring that patients have access to medically necessary treatments irrespective of their financial situation. What makes the situation more complex is that there are often a number of biologic drugs, meaning there can be multiple treatments for the same condition. It might be tempting to design a pharmacare plan that provides access to only one biologic drug. We would argue that such an approach would harm patients by limiting access. Because biologic drugs are made from living organisms, each one reacts differently with an individual patient so multiple treatment options are medically necessary. Limiting access means limiting care.

The bottom line is that the particular design of any universal pharmacare program must be sufficiently flexible to ensure that innovative, medically-necessary therapies find their way to patients.

The solution is to ensure that the well-being of patients is our primary motivation. Significant savings will still be achieved through bulk purchasing power and the move to a single payer system—but if savings comes into conflict with quality of care, we believe care must triumph.

Designing a program that is focused on serving patients will still lead to what everyone can agree is a key objective: a reduction in cost. But a patient-focused pharmacare plan will also ensure all patients, whether they live in St. John's or St. Albert, will be able to access the drugs they need, when they need them.

The need for change is clear. Canadians shouldn't fear one day finding themselves unable to pay the cost of a drug that could alleviate immense pain and suffering for themselves or a child, or face losing a medication that has allowed them to live a full and happy life despite having been diagnosed with a debilitating illness.

A patient-focused plan is the key not only to change, but to the best possible sort of change. The kind of change that helps people live lives free from pain. P

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