



## Information Brief on **Access to Equitable Medical Services**

### **What the MS Society recommends:**

- That the Government of British Columbia includes multiple sclerosis in the group of chronic diseases that will be addressed through integrated health networks; and,
- That the Government of British Columbia provides PharmaCare coverage for all multiple sclerosis drug therapies approved for sale by Health Canada.

### **Basic facts:**

- The Ministry of Health Services works together with BC's health authorities to provide health services to British Columbians. Although the Ministry sets province-wide goals, standards and performance agreements for health service delivery by the health authorities, there still remains inequitable access to primary care and enhanced chronic disease management across BC for people living with MS.
- Approaches for evidence-based effective management of individual chronic diseases are well documented and evaluated. Unfortunately, multiple sclerosis is not included on the current list of priority medical conditions, diseases and co-morbidities being addressed through province-wide strategies<sup>1</sup>.
- Drugs that 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.
- Disease-modifying MS drugs and some symptom-management therapies are expensive, and economic barriers prevent far too many people with MS in accessing proven therapies. Disease-modifying drugs range in cost from \$17,000 to \$40,000 a year. Symptom-management drugs can cost up to \$10,000 a year.
- British Columbia assists people who have high drug costs relative to income with the cost of drug therapies through the Fair PharmaCare program.
- Currently, an innovative disease-modifying MS therapy – Tysabri - is not available to PharmaCare recipients, despite its wide availability elsewhere in the developed world.
- Tysabri (natalizumab) was approved by Health Canada in 2006 for relapsing-remitting MS and recommended for people with MS who have had an inadequate response to, or are unable to tolerate, other therapies for MS. It is reimbursed by all countries in western Europe; many in eastern Europe, Australia and the United States, through Medicare and Medicaid.
- On October 1, 2008, Quebec became the first jurisdiction in Canada to reimburse Tysabri. Currently, reimbursement is limited to people who have rapidly advancing

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<sup>1</sup> Ministry of Health Services, *2008/09-2010/11 Service Plan*, Goal 2: High Quality Patient Care

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relapsing-remitting MS and who have not been on other disease-modifying therapies.

- The Canadian Expert Drug Advisory Committee of the Common Drug Review (CDR) has recently recommended that Tysabri be listed as a therapy for MS for patients who meet certain criteria, including failure to respond to at least two other disease-modifying therapies.<sup>2</sup>

### **View of the MS Society:**

- If BC is to meet the target that, “the majority of British Columbians who have a single chronic disease will receive guideline-directed care that minimizes or delays disease progression and development of complications” by 2017<sup>3</sup>, then work to develop a province-wide strategy needs to begin now.
- In a country with one of the highest rates of MS in the world, people with MS and their physicians should have access to all therapies which have been shown to be safe and effective.
- The MS Society recommends that BC’s Pharmaceutical Services Division prioritize its review of Tysabri’s inclusion on the PharmaCare formulary. Furthermore, the MS Society urges expert advice be sought on the CDR recommendation that a person “fail” on two disease-modifying therapies before being eligible for Tysabri. There is concern in the medical community this requirement is too onerous and will delay appropriate treatment moving ahead as quickly as possible.
- The MS Society also urges BC’s Pharmaceutical Services Division to extend coverage to people who are currently doing well on Tysabri and have to move from an employer-paid extended benefits plan to the PharmaCare program because of reasons outside of their control.

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<sup>2</sup> [http://www.cadth.ca/media/cdr/complete/cdr\\_complete\\_Tysabri-Resubmission\\_February-25-2009.pdf](http://www.cadth.ca/media/cdr/complete/cdr_complete_Tysabri-Resubmission_February-25-2009.pdf)

<sup>3</sup> (2007) Ministry of Health Services, *Primary Health Care Charter: a collaborative Approach: Initiative 6.4, Chronic Disease Management.*