CANCERTAINTY
EQUAL AND FAIR CANCER TREATMENT FOR ALL

Priority Reform for Implementation of National Pharmacare:

A Case for Take-Home Cancer Treatments

Submission to

The Advisory Council on the Implementation of National Pharmacare

From

The CanCertainty Coalition

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September 28, 2018

Table of Contents

The CanCertainty Coalition and Take-Home (Prescription) Cancer Treatments

The CanCertainty Coalition is the united voice of more than 30 Canadian patient groups, cancer health charities, and caregiver organizations from across the country, joined together with oncologists and cancer care professionals to significantly improve the affordability, accessibility and safety of take-home cancer treatments (THCT) across Canada.

Take-home cancer treatments are essential medications that fall within the realm of prescription plans in some provinces and must be factored into any national pharmacare implementation plan. This document outlines the case for prioritizing consistent and equitable access to take-home cancer treatments across Canada.

Cancer Drug Funding and National Pharmacare

The CanCertainty Coalition believes that early improvements to pharmacare should focus on Canadians who have the greatest need – and that movements to shape pharmacare into a universal single-payer system should be aspirational, and tackled after the most urgent drug access issues of Canadians have been remedied. This approach has been called the close-the-gaps approach and stands in contrast to a universal single public payer model where government would take over much of the costs of drugs currently covered through private insurance plans and out-of-pocket spending.

As a priority for the implementation of national pharmacare, the CanCertainty Coalition urges the ACINP to recognize cancer as a priority for Canadians, and to include the current inequities in accessing take-home cancer treatments as one of the most urgent priorities to be tackled in pharmacare reform in Canada. We respectfully recognize that medications for rare diseases have also been identified as another potential priority area.

Closing the Gap in Take-Home Cancer Treatments across Canada

Broadly representing the cancer community, we are committed to ensuring that all Canadians have CanCertainty – certainty that if ANY cancer strikes them or their loved ones they will have fair and equal access to the best evidence-based cancer treatment available at that time – whether it is intravenous, self-injectable, or in tablet form, no matter their age, cancer type, treatment type or where they live. As patient organizations, we work within the pan-Canadian systems of evidence-based medicine including pCODR (pan-Canadian Oncology Drug Review). However, a lack of a national or pan-Canadian framework for take-home cancer treatments has left significant gaps in how or whether many Canadians can access approved, on-formulary, guidelines-based medications to treat their cancer.

The CanCertainty Coalition has invested significantly into policy research with respect to pharmacare reform in Canada including:

- A Business Case for the Universal Coverage of Oral Cancer Medicines (January 2014)
- Canadian Cancer Society & CanCertainty Roundtable on Take-home Cancer Drugs (June 2016)
- CanCertainty Position on the CAPCA pan-Canadian Cancer Drug Funding Sustainability Initiative, (April 2017)
- Budget Submission to Ontario's Minister of Finance (February 2018)
- Pending Fall 2018: Cancer Care Ontario Recommendations on Enhancing Quality and Safety of Take-Home Cancer Medications in Ontario (CanCertainty and the Canadian Cancer Society both served as CCO Oncology Pharmacy Task Force participants).

The CanCertainty Coalition has also invested in Canada-wide public opinion research to study attitudes toward pharmacare, government spending, health care priorities and cancer care.

Recently, the CanCertainty Coalition also took part in a consultation hosted by the Advisory Council on the Implementation of National Pharmacare to discuss models and implementation considerations of a national pharmacare program.

Background: The Role of Take-Home Treatments in Cancer in 2018

Today, almost half of drugs used to treat all types of cancer are taken at home vs in hospital. Take-home formulations can offer patients convenience and freedom from travel, but most importantly they offer patients an effective evidence-based treatment option based on provincial guidelines. Most cancer patients today will require a take-home cancer drug, either on its own or in combination with an intravenous treatment. These medications are not optional or “convenience” options but essential components of cancer therapy in 2018.

In some provinces, when a cancer patient needs a provincially-approved take-home therapy, their age, private insurance status, income or where they live can result in significant paperwork, costs and delays in treatment. In contrast, the same patient would access an IV treatment at no cost personally, and no wait-time for additional adjudication, regardless of income or insurance coverage.

Notably, the Western Provinces, the Northern Territories, and Quebec have all developed mechanisms to offer universal access to take-home cancer treatments regardless of the patient's age. However, Ontario and Atlantic Canada lag a decade behind with respect to universal access to take-home cancer treatments, forcing patients to wait to start treatment and then absorb significant deductibles and co-pays.

How Provincial Programs Have Created Gaps by Age, Cancer Type, Formulation

When it comes to accessing effective treatments that are taken at home, cancer patients face the following types of discriminations, depending upon the province:

- **Cancer type:** Depending on the cancer type, the most effective treatment can be an IV or oral therapy. For example, rare cancers such as CML (chronic myelogenous leukemia), kidney, liver, or neuroendocrine tumours rely almost exclusively on take-home therapies. Lung cancer, breast cancer, ovarian and prostate cancer are all treated in part with take-home therapies.

- **Treatment formulation:** Intravenous treatments are administered in hospital, and therefore any intravenous treatments listed on the provincial drug formulary are fully funded for the patient. However, if the same drug is available in an oral or self-injectable formulation, the patient must first navigate a complex reimbursement system with many component parts that can result in lengthy delays in treatment and requires potentially significant personal costs through deductibles and co-pays.

- **Age:** Unlike IV treatments that are available to all regardless of age, the current public reimbursement system for take-home cancer treatments in Ontario through the Ontario Drug Benefit (ODB) program is available to those aged 65 and over, those under age 25 (OHIP+), or on social assistance. Patients between the ages of 25 and 64 are expected to have private insurance and to contribute a percentage of household income via the Ontario Trillium Drug Plan (TDP) to meet annual deductibles.

- **Income:** Cancer patients in Ontario and Atlantic Canada requiring funded IV treatments receive them regardless of personal income levels. Patients in need of take-home cancer treatments must first provide evidence of total household income (via income tax returns for all members of the household) and existing private insurance (if any). This information is used to determine the patient's contribution through an annual deductible or co-pay depending on the province. In many provinces, the deductible averages 4% of total household income per year, paid upfront by the patient on a quarterly basis before the provincial plan steps in.

- **Home province:** Cancer patients in British Columbia, Alberta, Saskatchewan and Manitoba have fully funded access to take-home cancer treatments. Unfortunately, patients in Ontario and Atlantic Canada do not have this same access to the same evidence-based medications, even

though these medications have passed through pan-Canadian HTA (pCODR), pan-Canadian pricing negotiations (pCPA), and have been placed on the provincial formulary.

Why Cancer?

Cancer must be recognized as a priority area for any pan-Canadian or national framework for medications going forward. There are ample reasons and precedents for recognizing cancer as a priority:

1. **Cancer is already recognized as a priority in Canadian health care**.
   There is a long history in Canadian provinces of making cancer and cancer care a priority. With respect to intravenous cancer therapies, all provinces have already set the example of offering full-cost coverage for those medications where benefit and cost-effectiveness have been established (pCODR) and price has been negotiated on behalf of all of the provinces (pCPA). Take-home cancer treatments go through the same rigorous pan-Canadian processes, yet fall into provincial "prescription drug plans" in Ontario and the four Atlantic provinces. These plans were never designed for cancer medications and cannot meet the needs.

   Cancer is not just one disease, nor a disease just of old age, but one that affects individuals of all ages, including working-age adults and children. Cancer creates a special burden on patients and caregivers in its many forms. In many cases, it is a disease for which treatment cannot wait. With income interruption, travel to cancer centres, and associated costs, cancer is already a high-cost disease that is known for significant financial burden on Canadian families even without the additional burden of deductibles and co-pays for essential medications. It is a disease recognized as special by at least 105 jurisdictions including five provinces in Canada.

2. **Establishing cancer as a priority for pharmacare implementation is consistent with government positions, policy and agency mandates.** No other disease or health condition has such an array of disease-specific agencies. Administered at home, take-home cancer therapies may prove cost-effective relative to the high system cost of IV drugs given in cancer centres. It is also a cost burden currently shared with private insurers, an industry very likely to desire a continuing role as funder.

3. **Funding take-home cancer treatments is principled.** It is ethical. It supports equality relative to fully-funded IV therapies, and equity in ensuring that patients do not have to bear catastrophic drug costs simply because of the form (pill or syringe) or site (at home) of therapy. There are many calls by government and cancer agencies for improved integration, high-quality and accessibility, all answered in part by funding THCTs as a priority for the implementation of national pharmacare.

Funding THCTs is ethical, principled and focused, and offers good value relative to current resource-intense IV treatment that relies much more heavily on cancer centres and professional personnel.

Public Opinion Research Supporting 'Cancer' as a Priority

In 2016 CanCertainty conducted a survey of 1,155 randomly selected Canadian residents to study attitudes towards government spending and health care priorities. What the survey revealed was that not only do the majority of Canadians believe health care is the most important government spending priority, but that within health care, cancer care is the highest priority. Importantly, in the survey, cancer was also identified most often as the disease that presents the greatest risk to a participant's financial future.

Efforts to improve national pharmacare, should, as a priority, focus on these very serious cancer drug access inequities across Canada. Doing so would not only address the number one priority of Canadians with regards to pharmacare improvements, but would bring all provinces in closer alignment in the delivery of drug programs.

Conclusions

Cancer affects almost 1 in 2 Canadians and rates are expected to increase with aging populations. The CanCertainty Coalition believes that a step-wise approach to pharmacare should focus first on Canadians who have the greatest need – and among these are cancer patients who face significant financial hardship by virtue of being the wrong age, underinsured, or living in a province with high co-pays and deductibles for what is deemed medically essential, evidence-based, cancer therapy.

We urge the Advisory Council to consider the implications of its recommendations on current and future cancer patients across Canada – and to address what has been a well-documented gap in coverage for medically necessary medications.