



UNIVERSITY
OF MANITOBA

Rady Faculty of
Health Sciences

Max Rady College of Medicine
Manitoba Centre for Health Policy
Community Health Sciences
408-727 McDermot Avenue
Winnipeg, Manitoba
Canada, R3E 3P5
Phone: 204-789-3819
Fax: 204-789-3910
info@cpe.umanitoba.ca

Cancer patients obtain meds more consistently without cost barrier, study shows

Sept. 20, 2018 – A decision by Manitoba Health to cover the full cost of at-home cancer drugs has led to patients filling their prescriptions more consistently, a study by the Manitoba Centre for Health Policy (MCHP) at the University of Manitoba has found.

Prior to 2012, patients who were prescribed cancer drugs in pill form were required to pay a deductible at the start of the Pharmacare fiscal year. Once they had met the deductible, they could fill their prescriptions for the remainder of the year at no charge.

“The cost of newer, advanced cancer drugs meant that for some patients, that deductible amounted to several thousand dollars,” said the study’s lead author, Dr. Colette Raymond, a pharmacist who is an assistant professor of community health sciences at the Max Rady College of Medicine in the Rady Faculty of Health Sciences.

“We wanted to know: in the period when the deductible was required, did some patients delay filling their prescriptions – even for a disease as serious as cancer?”

“By analyzing health data, we were able to document that cancer patients did delay filling their prescriptions. And we tracked the positive change after Manitoba Health eliminated the deductible.”

MCHP conducted the study for Manitoba Health. Raymond’s team studied the use of at-home cancer drugs over time. They examined de-identified data on all Manitoba cancer patients over a 12-year period (2003/04 to 2015/16). The data is stored in the Manitoba Population Research Data Repository at MCHP.

The study, *Outpatient Oral Anticancer Agents in Manitoba*, found that over the 12 years, the number of prescriptions written for anti-cancer drugs in pill form grew from about 22,000 to nearly 38,000. The total yearly cost increased dramatically, from about \$7 million to \$26 million.

The researchers measured the use of three kinds of at-home cancer drugs: traditional, targeted and hormone-based. The fastest growth was in the use of targeted drugs, which specifically attack cancer cells. Because these newer medications cost an average of \$30,000 per year per patient, their increasing use accounted for most of the increase in cost (from about \$2 million to about \$19 million per year).

“We were able to quantify cancer specialists’ increasing reliance on these expensive, cutting-edge drugs,” Raymond said. “The challenge of being able to afford the deductible – and therefore having equal access to the medication – was affecting more and more Manitobans. This highlights the importance of the policy change that got rid of the deductible.”

Traditionally, the study notes, cancer patients received intravenous drugs at a hospital or clinic, at no cost to the patient. But when new cancer drugs in pill form were introduced, patients had to pay a deductible based on family income, as with other medications covered by Pharmacare.

In 2012, when Manitoba Health introduced the Manitoba Home Cancer Drug Program, the deductible was cancelled. The entire cost of approved oral anti-cancer drugs is now covered by Pharmacare.

The researchers found that prior to the Home Cancer Drug Program, prescription fill rates for the drugs were significantly lower at the start of each year, until patients' deductibles were fully paid. In the third and fourth quarters of the year, fill rates were much higher.

"Patients appeared to have difficulty filling their prescriptions when they may have been struggling to pay off the deductible," Raymond said. "We know that delaying treatment, or not following the treatment regimen as prescribed by the cancer specialist, can have serious health consequences. We also know that stress – which would include financial stress – can have a negative effect on health."

The study found that once the Home Cancer Drug Program was introduced, the quarterly variation in filling prescriptions disappeared. Prescription fill rates became steady year-round, indicating that patients now obtain their anti-cancer pills regularly.

"This is a good news story," Raymond said. "As both a pharmacist and a researcher, I know how important it is that we keep studying doctors' prescribing trends, patients' patterns of filling prescriptions, and the costs to the health-care system.

"As the treatment of cancer evolves and new drugs are introduced, in-depth analysis of health data can inform policies that best support Manitobans' health."

The full report is available online:

http://umanitoba.ca/faculties/health_sciences/medicine/units/chs/departamental_units/mchp/Infographic_Launch-RxOnc.html

For more information, please contact:

Ilana Simon
Director of Communications & Marketing
Rady Faculty of Health Sciences, University of Manitoba
Ph. 204-295-6777
ilana.simon@umanitoba.ca