

2016 Joint Count Survey - Winter

Access to Medications: Ontario Results

Please score the following:

	NO obstacles/frustrations	MINOR obstacles/frustrations	MAJOR obstacles/frustrations	Total Responses
Public Drug Program criteria	1 (2.0%)	24 (48.0%)	25 (50.0%)	50
Private Drug Program criteria	3 (6.0%)	39 (78.0%)	8 (16.0%)	50
Approval wait times with Public payers	0 (0.0%)	13 (26.0%)	37 (74.0%)	50
Approval wait times with Private payers	5 (10.0%)	37 (74.0%)	8 (16.0%)	50
Drug listings and restrictions different from company to company	3 (6.0%)	32 (64.0%)	15 (30.0%)	50
Drugs not being listed in one province but in another	22 (44.0%)	16 (32.0%)	12 (24.0%)	50
Differences in deductibles, co-pays, maximal allowable costs	9 (18.0%)	29 (58.0%)	12 (24.0%)	50
Renewal policies	3 (6.0%)	31 (62.0%)	16 (32.0%)	50
Appealing rejections	2 (4.0%)	15 (30.0%)	33 (66.0%)	50
Staying on top of changing policies – listings, restrictions	3 (6.0%)	27 (54.0%)	20 (40.0%)	50
Arranging for bridge financing	16 (32.0%)	28 (56.0%)	6 (12.0%)	50

The paper work involved	2 (4.0%)	21 (42.0%)	27 (54.0%)	50
Impact of Drug Shortages	5 (10.0%)	32 (64.0%)	13 (26.0%)	50
Other (please specify below)	7 (46.7%)	3 (20.0%)	5 (33.3%)	15

Please specify "other" if noted above:

#	Response
1.	Access to proven Rx but without an indication - ex retreatment with rituximab prior to flare in RA, in GPA, or PDE5 inhibitors for severe RP
2.	Off label use
3.	Special Access Programs (e.g. triamcinolone hexacetonide) approvals
4.	Drugs for rare diseases
5.	Main issue is wait time for public decisions, approvals/rejections, appeals process. Standardized forms has greatly improved the process.
6.	1) We pay for someone to do all the paperwork for EAP in Ontario 2) Off label used for orphan diseases (nuerosarcoidosis for example)
7.	many drugs and particularly rituximab need to be used offindication despite the fact that there is ample literature for use. EAP seizes,upon this to stonewall no mattwr what the circumstances. also it is impppsible to maintaon remission wkth rituximab as the drug cannot be repeated until the patient flares, then the delay is intractable.
8.	Volume of requests to renew still impacts daily work flow and sets other patient work to the pending pile! Most patients have little realization of the time and work put into this and just demand everything stops to complete their papers immediately, and patient in waiting room hostile to waiting for their routine care do not understand the interruptions to attend to all the paper work. When left to the end of the day, my day ends at 9 pm most days!!! Working 12 hours a day and more on wkends for paper or computer work means more fatigue and stress than I am able to continue with indefinitely.
9.	Lag time between approval of drugs in other countries (eg USA) and Canada

What province do you practice in?

Response	Chart	Percentage	Count
AB		0.0%	0
BC		0.0%	0
MB		0.0%	0
NB		0.0%	0
NL		0.0%	0
NT		0.0%	0
NS		0.0%	0
NU		0.0%	0
ON		100.0%	50
PE		0.0%	0
QC		0.0%	0
SK		0.0%	0
YT		0.0%	0
		Total Responses	50

Please list any specific medications that are challenging to access for your patients:

#	Response
1.	Rituximab for pretreatment of RA, for maintenance in GPA, for other vasculitis, Actemra for Still's, PDE5 for RP, Rituximab for SSc and for CTD associated ILD
2.	Rituxan
3.	biologics rituximab
4.	anakinra, tocilizumab particularly for still's disease
5.	biologics
6.	Rituximab
7.	Rituximab
8.	Canakinumab

9.	Any biologic; currently sulfasalazine
10.	Plaquenil is an issue Biologics take a lot longer to get through the government
11.	Rituximab
12.	rituxamab for RA- renewals
13.	biologics
14.	Biologics, especially RTX
15.	MMF (mycophenolate), uloric
16.	Rituximab
17.	Biologics, Uloric, Prolia, Forteo
18.	Effective, inexpensive legacy DMARDs
19.	biologics
20.	Rituximab renewals!!!!
21.	Rituximab - Pain in the backside
22.	Canakinumab
23.	Forteo for OP, Rituxan for GPA for maintenance, Rituxan for off label use
24.	rituximab
25.	Rituxan although I understand approval time has improved. I have avoided Rxing this because of the old/current ? rules.
26.	Rituximab, Anakinra
27.	rituximab, belimumab
28.	all biologics, chemotherapy, IVIg
29.	all biologics
30.	Febuxostat
31.	Rituximab for granulomatosis with polyangiitis - patients with severe disease cannot wait the length of time public funding approval takes. Even more frustrating is inability to cover it for maintenance despite good evidence it's superior to currently available therapies. Also covering Rituximab for connective tissue disease-associated interstitial lung disease is very challenging. Lack of coverage of sildenafil and related drugs for Raynaud's is very frustrating - there are very few available effective options for severe Raynaud's
32.	Rituxan

Would you support a National Pharma Care Program?

#	Response
1.	Not sure
2.	yes
3.	yes
4.	yes
5.	Absolutely
6.	yes
7.	yes
8.	Not sure what this will look like or do. Do not need another layer of beaurocracy
9.	Unclear what this would entail, but if it facilitates and streamlines and simplifies drug access for my pts, yes.
10.	Not sure
11.	Yes
12.	yes
13.	Yes
14.	Yes
15.	maybe
16.	yes. at least the rules would be consistent province to province.
17.	No. Costs will lead to government rationing and micromanagement.
18.	Yes
19.	Not sure
20.	YES
21.	yes
22.	Yes
23.	Yes
24.	Yes
25.	yes!!!
26.	No
27.	Depends on the cost!
28.	Yes

29. Yes
30. YES +++
31. yes
32. Yes
33. Sounds good. Need to know if it would just reduce to the lowest province for coverage or would raise all to the best and most comprehensive product coverage. Should include Quebec, Nunavet and Yukon if this were to happen. Suggest "free" admin support to fill in forms via another method (non government workers, but paid by govt - National?) than the pharmaceutical industry coordinators. Ontario is apparently working on a SADIE online system, possibly for any Specialty or GP for submission requests.
34. I need to know more about this program in order to decide
35. yes
36. yes
37. may be
38. oui
39. Of course!
40. NO
41. I would have to know the details of what this would mean
42. Yes
43. Yes
44. yes
45. Yes
46. YES
47. Yes