

ARTHRITIS ALLIANCE OF CANADA

“HOT TOPIC” REVIEW

ACCESS TO TREATMENT

AAC Member Lead: Dr. Lori Tucker

Background:

On behalf of the pediatric rheumatologists in Canada, Dr. Lori Tucker, Arthritis Alliance of Canada (AAC) member and Pediatric Rheumatologist in British Columbia, recently brought to the AAC’s attention issues that impact Pediatric Rheumatology care that may be suited for government-related advocacy.

1. Access to Aristospan® TH:

- Aristospan® TH is considered the standard of care for children with juvenile arthritis when a joint injection is indicated.
- Aristospan® TH currently appears on the public drug formulary in seven provinces and territories; and on the formulary for the federal government’s Non-Insured Health Benefits program, and the Veterans Affairs Canada drug benefit program.
- Health Canada’s Drug Product Database indicates that Valeo Pharma holds the Drug identification Number (DIN) for Aristospan® TH in Canada.
- Currently, Valeo Pharma is not supplying the Canadian market with Aristospan® TH and it can only be obtained through Health Canada’s Special Access Program (SAP).
- Rheumatologists must file an application with the SAP each time they wish to administer Aristospan® TH to a patient.
- The SAP program is rife with administrative burden. The practitioner is responsible for initiating a request on behalf of a patient and ensuring that the decision to prescribe the drug is supported by evidence. It is the practitioner’s responsibility to ensure that patients are well informed of the possible risks and benefits of the drug being requested, and the practitioner must complete all five sections of the Special Access Request Form for each request. A maximum quantity equivalent to a six -month duration may be authorized for chronic

treatments, and any repeats must be re-ordered through the usual SAP request procedures.

- The tedious application process has forced doctors to double up on treatments, leading to poorer patient care. The system is a burden to rheumatologists and the health care system and a barrier to optimal care for children with arthritis.
- Please find enclosed a consensus statement from Pediatric Rheumatologists on this topic.

2. Liquid non-steroidal anti-inflammatory medication discontinued:

- Many children develop juvenile arthritis before age 5 years, and need a liquid medication to ease pain and inflammation.
- The most common NSAID used in Canada for children with JIA is Naprosyn, which was available in liquid suspension and is approved by Health Canada for use in children.
- This medication was manufactured by a third party supplier and provided through Hoffmann-La Roche; however, the third party supplier discontinued production of liquid medications and the medication became unavailable across Canada suddenly without any notice to pediatric rheumatologists or families.
- In order to use Naprosyn, families have to pay up to \$200 per month to have the pills made into a special liquid for their child. Roche indicates that even if they can find a new supplier, it will take 3-5 years to get testing and approval for a new formulation of this essential medication for children with arthritis.
- It is unfortunate that in this era of expensive medications such as biologics, that a company would decide to remove an inexpensive, effective and, easy-to-use medication that has benefitted so many children suffering with JIA and similar conditions.

3. Making it easier for patients with arthritis to take methotrexate:

- The most common disease modifying medication for children with arthritis is methotrexate, which is taken weekly.
- The availability of a 10 mg methotrexate tablet has been a tremendous benefit to many children on this medication; it means that their parents only have to give 1-2 pills per week, as compared with 4-10 pills per week if they have to use a 2.5 mg formulation of the medication. For many children, this makes it possible for them to take the medication.
- A number of large commercial pharmacies do not stock 10 mg methotrexate tablets. Pediatric rheumatologists in Canada have had families told by their local pharmacists that this formulation does not exist.
- It is important to provide the best care for children with arthritis to have the best medication formulations to make it easy for kids and parents; in addition, this

formulation would be very beneficial for adults and the elderly taking this medication.

4. Access to Biologics:

- Access to biologics for pediatric patients varies from province to province. The Journal of Rheumatology published a paper in September 2012 that spoke to the variance in access across the country, with the result that children with arthritis in Canada may not be receiving optimal care, depending on their province of residence.
- Please click to view the article from the Journal of Rheumatology that speaks to the access issue: <http://www.jrheum.org/content/39/9/1875>