



Improving Affordable Access to Prescription Drugs (IAAPD)





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Disclaimer:

All feedback reported was received through the public and stakeholder process and was not verified by the Department of Health and Wellness or Health PEI.



Overview

The Department of Health and Wellness's Improving Affordable Access to Prescription Drugs project (IAAPD) aims to make it easier for people living on Prince Edward Island (PEI) to access and afford medications.

The project has received \$35 million from the Federal Government through Health Canada over four years. The IAAPD project will use these funds to make medication cost and access less of a barrier by aligning more closely with neighbouring provinces and improving PEI drug programs.

The public and stakeholder engagements were held by VOLUME18, a strategic communication firm, in the fall of 2022 to ensure that the project's investments and key activities met the Islanders' needs.

The primary goals of the engagement were:

- To hear from PEI residents about the current perceptions about the access and affordability of prescription drugs covered under the Public Drug Programs.
- To engage and receive feedback from identified stakeholder groups and partners in care.

The engagement process involved 20 interviews with stakeholders, healthcare providers and associations. Additionally, 332 public survey responses helped to provide an understanding of the challenges of current access to prescription drugs and opportunities for improvement.

The primary themes were:

- Simplify and align current drug programs with an emphasis on income thresholds.
- Develop a more efficient and transparent process for drug approvals.
- Reduce co-pays.
- Improve access to prescription drugs.



Feedback Engagement Process

Engagement Methodology

The engagement process was launched in October 2022 and completed by November 2022. The Department of Health and Wellness identified stakeholder groups. All stakeholder interviews were conducted by virtual meeting or phone. Each group was asked to identify what was working with the current prescription drug system on PEI, what could be done to improve affordable access to prescription drugs, and what could be done to make the programs more efficient.

The public was asked to provide feedback on the IAAPD project through an online and written survey (Appendix A). The survey was shared on social media, through stakeholder emails, and on the website.

Engagement Results

Stakeholder Interviews:	20
Stakeholder Online Survey:	6
Public Online Survey:	327 English and 3 French responses ¹
Public Written Survey:	2 English Public Surveys

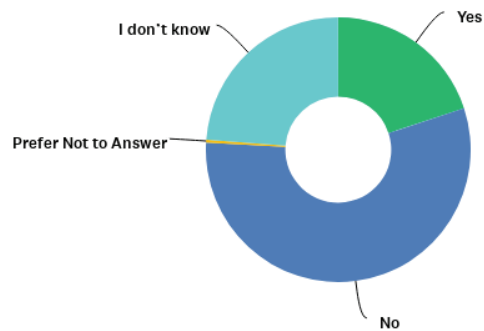
Below is an overview of the public responses from the online and print surveys, in both French and English.

¹ Represents a .3% response rate for adult residents of PEI, and was statistically significant with an error rate of $\pm 5\%$.

Overview:

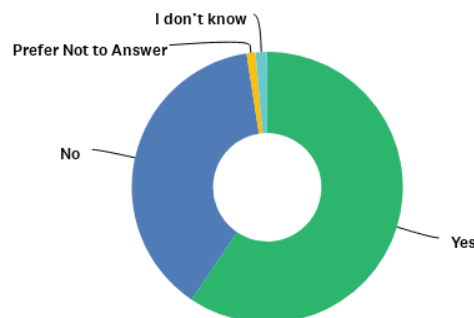
56% of respondents' prescription drugs are not covered by PEI's Drug Formulary

Q8 Are all the prescription drugs or devices covered by the provincial drug formulary?



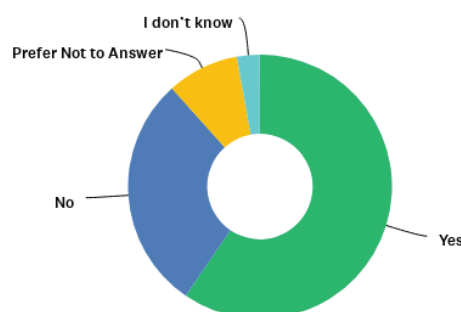
60% of respondents have private health insurance, 39% do not have private insurance

Q10 Do you have personal or work health insurance or coverage?



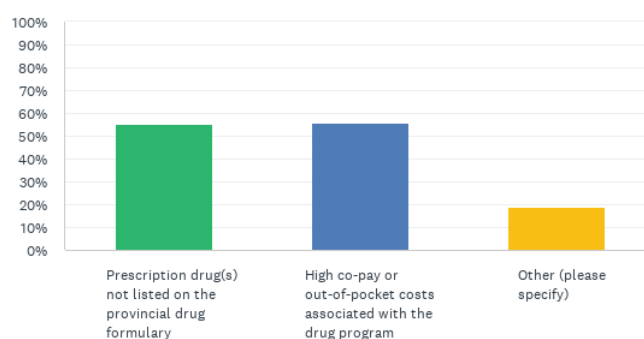
60% of respondents stated paying for prescription drugs puts a financial strain on their household

Q11 Does paying for your prescription drugs cause financial strain on your household?



55% of the respondents who cited financial stress identified not having their medication on the PEI Drug Formulary as a reason

Q12 If yes, can you explain further (check all that apply)?



Equally, 55% stated that high co-pays caused financial strain

Respondents cited high co-pays, refill amounts, and frequencies as reasons for the financial strain, as well as the lack of coverage for certain prescription drugs, medical devices, and supplies.

For types of medications currently not covered by the formulary, respondents identified needing more coverage for: arthritis (3.6%), cancer drugs (1.8%), contraception and infertility drugs (9.7%), high blood pressure (5.5%), CPAP machines and sleep aids (6.1%), diabetes drugs and supplies (16.4%), and ADHD and mental health (12.3%).



Stakeholder Groups Engagement

The Department of Health and Wellness identified external stakeholders to be engaged in the IAAPD project. All stakeholders were contacted to arrange an interview to discuss prescription drugs and improve affordable access. Twenty stakeholder interviews were held with the following groups:

ADHD Specialist
Canadian Mental Health Association
Canadian Cancer Society
College of Physicians & Surgeons of PEI
Correctional Services
Heart & Stroke Foundation
Innovative Medicines Canada
John Howard Society of PEI
Lung Association of NS and PEI
Medical Society of PEI

Native Council of PEI
Ostomy Canada Society
Ovarian Cancer Canada
PEERS Alliance
PEI Advisory Council on the Status of Women
PEI College of Pharmacy
PEI Pharmacists Association
Physicians/Clinicians
Upper Room Hospitality Ministry

| Overview of Feedback from Stakeholder Group Interviews

Provincial Drug Programs

PEI spends 5.6% of GDP on prescription drugs vs. the national average of 8.4%. Island residents pay 1.6 times more out of pocket compared to other Atlantic provinces. Stakeholders, specifically those who serve vulnerable populations, noted that the high co-pays create financial difficulties for their clients. Many public survey respondents relayed stories of residents having to choose between food and prescription drugs.



Stakeholders identified that, while the current slate of drug programs provides PEI residents coverage, there are some gaps. The three demographic groups not currently receiving consistent or comprehensive drug coverage are those of working age prior to retirement (age 55-65), working adults with young children, and Indigenous residents off-reserve.

Working adults aged 55-65 do not qualify for the senior's drug coverage, and many do not have private or work insurance. Stakeholders mentioned that clients in this demographic often work multiple jobs but have difficulty paying for living expenses and prescription drug costs.

Adults with children struggle to cover their families and their own prescriptions, despite working multiple jobs. Stakeholders relayed that this segment of the population struggle without sufficient access to coverage under the current regime of programs.

Community Mapping by the Native Council of PEI, completed in 2020, showed that 43% of respondents do not have medical coverage, and of that 43%, 38% noted it has resulted in going without medications.

Even if families in the above-mentioned demographic groups are approved for catastrophic drug coverage, the coverage may not reflect their current economic situation. Provincial drug coverage is currently based on the previous year's income, so that may be irrelevant as many needing to access drug coverage programs are likely unable to work to the same extent.



Inconsistent Prescription Drug Coverage

The coverage of prescription drugs within PEI is inconsistent. Stakeholders identified that the medication covered in PEI hospitals and when a patient is discharged needs to be aligned.

Further, those on drug coverage programs, such as Corrections Canada or Veterans Affairs Canada, are not aligned with PEI's drug coverage programs.

Additionally, PEI's drug coverage and approved drugs are divergent to other provinces and territories. Stakeholders and respondents relayed the complications of having out-of-province health procedures with accompanied prescriptions covered in the procedure's jurisdiction but not being on the PEI drug formulary. Patients commented on the difficulties of returning to PEI and seeing a health practitioner for new prescriptions covered here while recovering from their procedure.

Aligning drug coverage first within PEI, such as what is covered in hospitals vs. when a patient is discharged, would assist in clearing confusion and complications facing residents. Afterwards, the project could focus on aligning with the jurisdictions where residents regularly have medical interventions.

Simplifying Drug Programs and Access

An opportunity to improve affordable access would be to reduce the number of drug programs and the administrative burden of applying for each type of coverage. Having a clear matrix to assist residents in navigating the system available to them online and at pharmacies could encourage more understanding of the drug coverage for all individuals, regardless of literacy skills or internet access.



Creating a prescription drug navigator could assist with patients' knowledge and accessing the correct programs. This navigator could assist patients and families in the application for drug approval for the PEI formulary.

One area to improve access is to shift the availability of HIV drugs, which are covered by the province, to be able to be filled at all pharmacies. Stakeholders reported difficulty travelling to the Provincial Pharmacy or being there during the hours of operation. Additionally, patients with HIV would like the opportunity for their pharmacist to review and be aware of their HIV medication.

Communication of Coverage and Drug Approval

Confusion over the types of programs and coverage available for residents was highlighted several times. The complexity of the programs and the drug formulary is a limiting factor for all residents to receive eligible coverage. For example, one stakeholder group identified that prescriptions for sexually transmitted diseases are fully covered. Yet, many residents are unaware of this and are not provided with that information when receiving their diagnosis or medication.

The responsibility of informing the public about drug coverage programs and processes is not clearly defined. Stakeholders felt that reviewing who relays and supports patients in access coverage, or drug approval, is essential. A suggestion was to include this patient support as part of the PEI Pharmacy Plus program or have a pamphlet for doctors to provide to each patient when a prescription is issued.

Another aspect of communications discussed was providing transparent reporting of why some drugs were approved while others were not. This transparency could provide understanding to the public on creating compassionate and sustainable drug coverage.



Financial Impacts

The high co-pay cost makes it difficult for many to budget for medication. Respondents and stakeholders highlighted that the co-pays are charged for a month of drugs, and each medication has a corresponding co-pay. Stakeholders and survey respondents noted that some pharmacies only dispense 30 days vs. 90 days.

Additionally, after 65, many seniors cannot afford to stay on private coverage as the private insurance companies raise their rates due to the public coverage provided by the Government of PEI. While public coverage is automatic after age 65, it is disproportionate in some cases to private insurance. Having the rates hike forces some seniors to renege on their private coverage, reducing their personal choice in medication or breadth of coverage.

One theme consistently reported from the engagement process was the stigma of applying for social assistance drug coverage and continuing to prove that you qualify for that program.

Further, stakeholders relayed that clients felt stigmatized having to show their social assistance drug coverage card at pharmacies and would have preferred that all drug programs have the same type of card.

Drug Approval

The length of time and process for drug approval on PEI was a focus during the engagement sessions. It was noted that PEI takes more than double the time for product listing agreements compared to all other provinces from the time of the letter of intent.

It was also noted that the process for approval needs to be more transparent and reported to the public for accountability. Additionally, PEI is the only jurisdiction in Canada with a committee for approval after the Health Technology Assessment (HTA) review. Stakeholders also reported that the committee members, processes, and meeting frequency are unclear.

A recommendation was to determine and release a process and timeline for drug approvals for the public and stakeholders to understand. This could assist in ensuring that drug approvals are evidence-based and free from political interference.

Further, if the additional drug approval committee is to remain, both physician and patient representation was suggested to strengthen the process. Some suggested that if a physician is a specialist, they could have a streamlined process for approving drugs related to their practice.

Current Identified Gaps in Drug Approvals

Both stakeholders and the public identified certain drugs and prescribed medical devices. Below is an overview of the feedback received:

Prescription Drugs Not on PEI Drug Formulary:

- PEI is the only province/territory (PT) that has not added PARP inhibitors -Lynparza (Olaparib) and Zejula (Niraparib)
- Ozempic
- Progesterone
- Fertility Medication
- Vyvanse
- Xarelto
- ADHD and mental illness medication



Prescription Devices:

- 10,000 Islanders living with COPD and home oxygen
- Insulin pump and diabetes supplies
- CPAP machine

Timelines for Oncology Drug Approval:

- PEI does not have Presumed Drug Coverage for Cancer
- Since 2019, PEI has not listed any of the 22 Oncology 2019 approved drugs
- Since 2020, PEI has only listed 1 of the 18 Oncology 2020 approved drugs

Expanding Coverage for the PEI Drug Formulary:

- PEI should pay for contraception drugs including IUD and implantable contraception
- Improve access to home oxygen for COPD, similar to Ontario model
- Expand cessation drug access for vaping treatment
- Improving access to ADHD drugs that are less likely to be abused



Conclusion

Residents of PEI and stakeholders are encouraged that the investment under the Improving Affordable Access for Prescription Drug project can expand coverage for medications and streamline administration for drug approvals and programs.

Aligning drug coverage programs within the province and Atlantic Canada needs to be a priority to reduce the red tape and unnecessary stress upon patients and physicians accessing necessary medications.

The impact of the cost of medication during acute or chronic conditions has implications related to finances, mental health, and relationships. Reducing the barriers to access and the stigma of requiring public support can assist with creating a more equitable and compassionate prescription drug program for the province.