

Manitoba Centre for Health Policy

Cancer Treatment in Manitoba:

How the Home Cancer Drug Program Makes Oral Cancer Drugs Accessible to All

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Summary Written By: Jennifer Enns



A summary of the report *Outpatient Oral Anticancer Agents in Manitoba*

Written by Colette Raymond, Christine Leong, Randy Fransoo, Marc Geirnaert, Piotr Czaykowski, Roxana Dragan, Marina Yogendran, Tamara Thomson, Leanne Rajotte, Ina Koseva, Jennifer Schultz, and Susan Burchill.



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Rady Faculty of
Health Sciences

In Manitoba and in many other places, the way cancer is treated is changing. Traditionally, cancer patients went to a hospital or clinic to receive intravenous drugs (chemotherapy). While chemotherapy is still used in many cases, new drugs and new ways of giving them to patients have been developed in recent years. Many patients now take oral cancer drugs – that is, chemotherapy in pill or tablet form – and they no longer need to go to a clinic to get this kind of therapy. Oral cancer drugs are prescribed by the patient’s cancer doctors, filled at a pharmacy, and taken at home. This saves patients the cost, time and inconvenience of going to a clinic, and allows them to focus on getting well.

Who Pays for the Therapy?

In Manitoba, chemotherapy in a clinic is provided at no cost to the patient. But when patients started filling prescriptions for oral cancer drugs at their pharmacy, some initially had to pay out-of-pocket. Like other drugs covered by Manitoba Pharmacare, patients who were prescribed oral cancer drugs paid a deductible each year. A deductible is the initial amount Manitobans pay for their medications, and it is based on their family income. Once they have paid the entire deductible, Pharmacare covers 100% of the cost of the drugs for the rest of the year. But with the cost of newer, more advanced drugs rising quickly, paying that deductible (sometimes thousands of dollars) may have been a problem for some families.

The Home Cancer Drug Program

To make oral cancer drugs accessible to all patients, a government policy called the Manitoba Home Cancer Drug Program was put into effect in 2012. This program ensures that cancer patients have access to oral cancer drugs without having to pay anything out-of-pocket. Instead, the entire cost of the drug is paid for by Pharmacare – with no deductible. Now that the Home Cancer Drug Program has been active for several years, Manitoba Health has asked researchers at the Manitoba Centre for Health Policy (MCHP) to look at the use of oral cancer drugs among Manitobans.

The Data

MCHP is home to a large collection of data from the provincial healthcare system. These data include information from virtually all Manitoba residents on, among other things, doctor visits and drug prescriptions. Although the data at MCHP have no personal information (like names and addresses) attached to them, many years’ worth of data can be linked together using a unique number for each individual person. This allows MCHP researchers to study patterns in cancer drug use without ever knowing the identity of the people taking those drugs. In this way, Manitobans’ private health information is kept secure.

The Oral Cancer Drug Study

The Oral Cancer Drug Study at MCHP used data on all cancer patients in Manitoba over 12 years (2003/04 to 2015/16). We studied oral cancer drug use and costs over time, and looked at what effect the Home Cancer Drug Program had from 2012 onwards on prescription filling patterns.

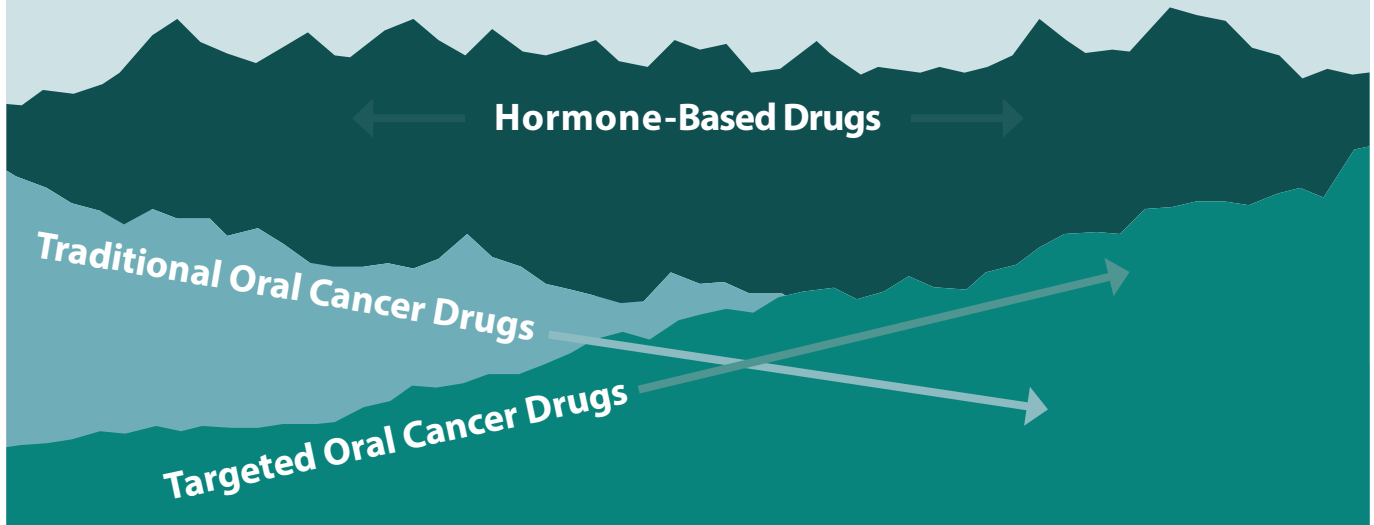
The Use of Oral Cancer Drugs

We measured the use of three types of oral cancer drugs:

- Traditional drugs, which destroy all fast-growing cells in the body, including cancer cells;
- Targeted drugs, which target cancer cells specifically; and
- Hormone-based drugs, which are used to treat common cancers like breast cancer and prostate cancer.

The total number of Manitobans using any of these oral cancer drugs increased over time, but the pattern of use was different among the three types of drugs (Figure 1). While the number of people using targeted and hormone-based drugs grew, there was a drop in the use of traditional oral cancer drugs. This likely happened because as newer drugs became available, cancer doctors prescribed these drugs for their patients instead of the traditional ones. Overall, the increasing use of oral cancer drugs tells us that there is a strong demand for therapies that patients can take easily at home.

Figure 1. Patterns of Oral Cancer Drug Use in Manitoba Over Time



The Cost of Oral Cancer Drugs

We measured the total cost of the three types of oral cancer drugs covered by Pharmacare. The average cost of targeted drugs increased a lot – it was about 10 times higher in 2015/16

than at the beginning of the study period. This was likely because more of these expensive drugs became available over time, and more people started taking them. Meanwhile, the average cost of traditional drugs stayed about the same, and the average cost of hormone-based drugs increased only a little.

Figure 2. The Cost of Oral Cancer Drugs in Manitoba is Increasing Over Time

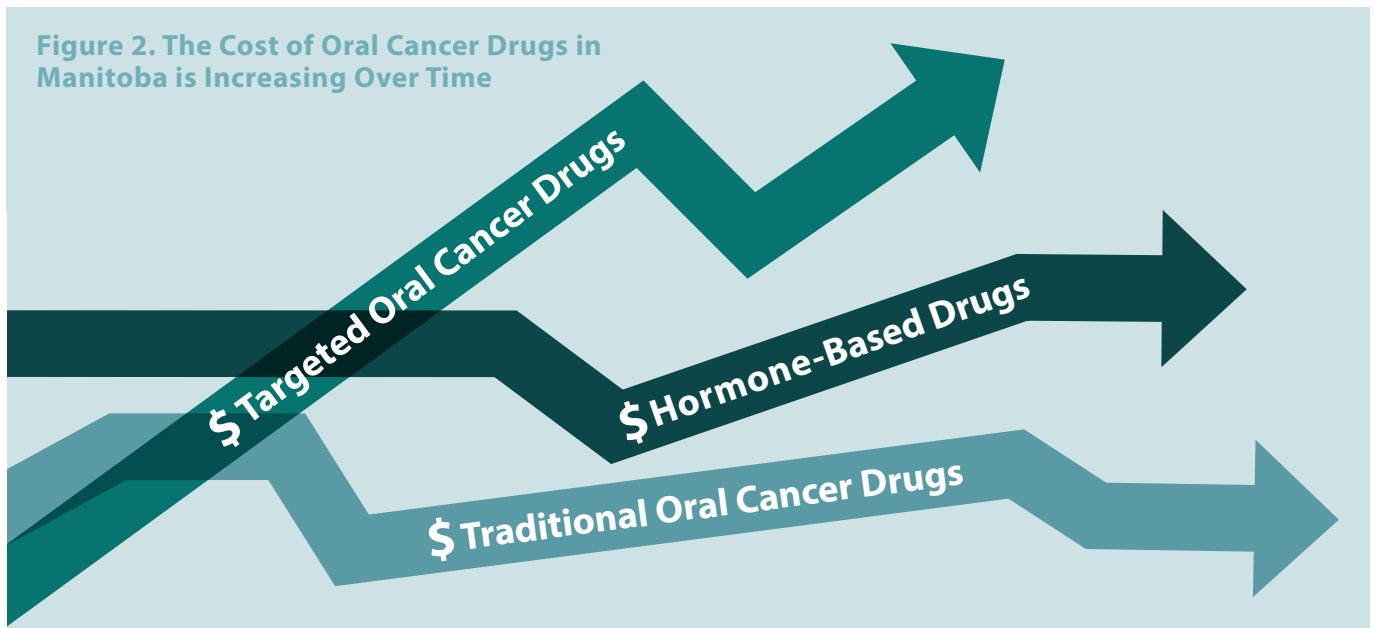
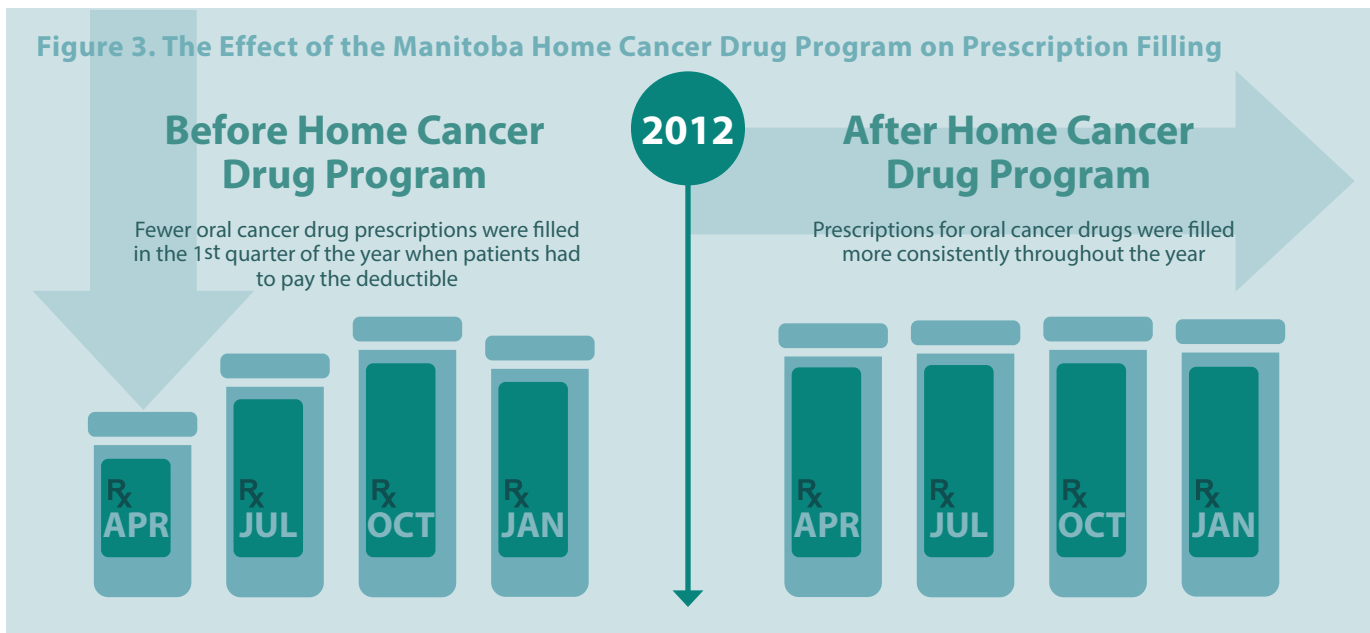


Figure 3. The Effect of the Manitoba Home Cancer Drug Program on Prescription Filling



The Effect of the Home Cancer Drug Program

We looked at whether the Home Cancer Drug Program had an effect on how Manitobans filled their prescriptions for oral cancer drugs. Figure 3 shows how the pattern changed after the program was put in place. Before 2012, there were always fewer oral cancer drug prescriptions filled in the first quarter of the fiscal year, because that's when cancer patients would have to pay their deductible. We can imagine that paying the deductible may have made it difficult for some patients to keep up with their therapy during that time. Once the deductible was paid off, there were many more prescriptions filled until the beginning of the next year. But after 2012, when the Home Cancer Drug Program began to cover the deductible, the pattern of prescriptions filled was smoother. This suggests that not having to pay anything up-front made it more likely that patients would fill their prescriptions regularly.

The Take-Home Message

More and more cancer patients are relying on oral cancer drugs they can take at home rather than having chemotherapy in a hospital or clinic. The fact that cancer therapies are available in more convenient forms is good news for patients. Another piece of good news – the Home Cancer Drug Program has removed the cost barrier for patients who had trouble paying for these potentially life-saving drugs. Even as cancer therapies become more advanced and more expensive, the program ensures that Manitobans continue to have access to the therapies they need at no cost to them.

Manitoba Centre for Health Policy

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Tel: (204) 789-3819

Fax: (204) 789-3910

Email: reports@cpe.umanitoba.ca

www.mchp.ca

The Manitoba Centre for Health Policy is a research unit in the department of Community Health Sciences at the University of Manitoba's Max Rady College of Medicine, Rady Faculty of Health Sciences.

MCHP conducts population-based research on health services, population and public health, and the social determinants of health.

To View the Original Report, Please Visit

http://mchp-appserv.cpe.umanitoba.ca/reference/RxOnc_Report_Web.pdf



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