

# Access to Medicines

... a critical health care issue

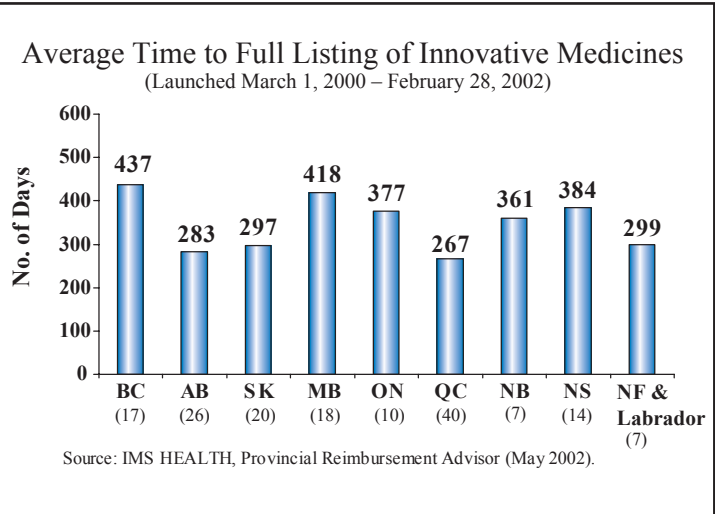
**If the health care system is to benefit from new therapies,  
Canadians must have access to the medicines they need**

Although Health Canada approved 28 new therapies in 2001, not all Canadians have access to these new medicines once they have been approved.

Cost-containment pressures are forcing provincial governments to curtail drug expenditures through policies that control or influence drug utilization, pricing, and the pace of adoption of new medicines. As a consequence, patient access to new medicines is increasingly restricted.

### *Difference in Listing Performance*

When considering a drug reimbursement, provincial governments and private health plan payers consider the cost of prescription drugs often in isolation from other health care expenditures. The number of new medicines listed, the type of the listing (full or restricted), as well as the time required to list new medicines varies considerably from province to province, as indicated in the charts below.



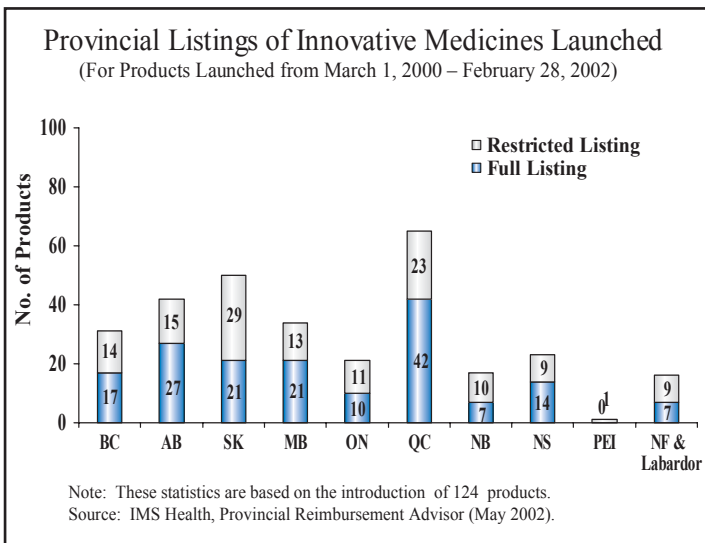
### *The Impact of Pharmaceutical Cost-Containment Policies*

A 1997 study<sup>1</sup> by the University of Toronto's Department of Health Administration clearly showed that:

- The majority of pharmaceutical cost-containment measures do not contribute meaningfully to either overall health system cost control, or to improved patient outcomes; and
- Cost-containment measures have not significantly controlled the overall growth of drug costs.

### *Access - A Key to Improving the Health Care System*

As provincial governments continue to be challenged by the task of protecting quality of care while managing costs, it is important for decision-makers to realize the value of new medicines to the health care system. To maintain a health care system that is the envy of nations throughout the world, Canadians must have unrestricted access to the best available treatments.



<sup>1</sup>Narine L. & Sen M., "Pharmaceutical cost-containment policies: intended and unintended impacts," 1997.