

# Survey Results: Medication Access Issues in Canadian Rheumatology

This edition's Joint Count survey, in collaboration with the CRA Stakeholder Engagement Committee, asked CRA members about medication access issues in Canadian rheumatology. While medication access issues and shortages have been a concern in the past, these issues have become more prevalent and widespread since the pandemic. As one survey respondent pointed out "Access to biologic treatment is a daily issue in pediatric rheumatology, with problems related to limited provincial coverage for medication (refusal to cover medications for which a randomized controlled trial [RCT] is not available), resulting in needing to request 'special access' with a long letter for each request and renewal, and the secondary requirement to complete pages of health insurance forms, often not set up for pediatric needs, requiring handwritten explanations."

Indeed, approximately eighty percent of respondents reported that they had encountered medication shortages and access issues, though the frequency of these issues varied from 1-3 times a year for some to almost every month for others.

When queried as to how they managed medication shortages, the most common response selected was "I prescribe an alternative medication" (~78%); this was followed by "I tell patients to work with their pharmacy to locate supply" (~53%), followed by "I call the drug manufacturer/representative for more info" (~37%), and finally, "I contact the CRA or my local/provincial association" (~16%). One respondent also highlighted turning to patient support programs.

The final question asked readers "What was the most recent medication shortage or medication access issue of importance for you?" The specific medications and concerns mentioned include the following:

- Rituximab (one of the biggest issues for access in situations where it is the optimal medication for rare diseases, though even when compassionate access is granted — which it often is, thankfully — the process to go through can lead to delays (e.g. waiting for insurance to decline it, etc.)
- Triamcinolone hexacetonide (for joint injection in children)
- Prazosin for Raynaud's phenomenon
- Depo-Medrol®
- Oral suspension naproxen
- Methotrexate prefilled (subcutaneous)
- Tacrolimus
- Folate 5 mg
- Pediatric doses of etanercept (25 mg)
- Adalimumab biosimilars (some brands)
- Tocilizumab
- Prednisone (5 mg)
- Quinacrine (an alternative antimalarial)
- Mycophenolate mofetil coverage (for interstitial lung diseases [ILD] in systemic sclerosis)
- Difluprednate for uveitis
- Upadacitinib
- Chloroquine (a big issue for lupus patients who do not tolerate or have side effects from hydroxychloroquine)
- Sulfasalazine (shortages for enteric-coated formulation and non-enteric-coated)
- Anakinra
- Leflunomide (20 mg)
- Avacopan and abatacept (for CTLA-4 haploinsufficiency)
- Biologic access in general is difficult for patients with no provincial health care program eligibility

Note that a total of 53 completed surveys were received out of a possible 617. For further information on this topic or for any questions, please reach out to *Sarah Webster* at [swebster@rheum.ca](mailto:swebster@rheum.ca). The CRA Stakeholder Engagement Committee also welcomes your feedback.

Figure 1: How do you manage medication shortages?

I prescribe an alternative medication

78%

I tell patient to work with their pharmacy to locate supply

53%

I call the drug manufacturer/representative for more info

37%

I contact the CRA or my local/provincial association

16%