



Osteoporosis Canada

Ostéoporose Canada

COPING

'A newsletter from COPN'

June 24, 2011

Remember: You can live well with osteoporosis!

Access to New Treatment Options for Osteoporosis

Have you wondered about the process to determine which medications will be funded by provincial drug plans? In this issue we talk about the Canadian Common Drug Review (CDR) and their recent recommendation to restrict access to denosumab, a new medication for the treatment of osteoporosis in postmenopausal women.

About the Common Drug Review (CDR)

The Canadian Agency for Drugs and Technologies in Health (CADTH) website provides the following description for the CDR.

Prescription drugs are the fastest growing component of the Canadian health care budget. This increases the financial pressure on public drug plans. Before the creation of the Common Drug Review (CDR), Canada's federal, provincial, and territorial drug plans had separate processes for conducting reviews and making formulary listing recommendations.

The CDR was set up to reduce duplication, and provide equal access to high level evidence and expert advice, thereby contributing to the quality and sustainability of Canadian public drug plans. (All plans participate in CDR, except Québec.)

The CDR helps support and inform drug plan decisions about drugs by providing:

- *systematic reviews of the clinical evidence*
- *reviews of the pharmaco-economic information*
- *detailed recommendations by the Canadian Expert Drug Advisory Committee (CEDAC).*

In May 2010, the CADTH added patient group input to its Common Drug Review (CDR) process to help ensure that health outcomes and issues important to patients are incorporated into the CDR process.

The provincial and territorial drug plans continue to make final benefit-listing and coverage decisions, based on CEDAC recommendations, and jurisdictional factors, such as plan mandates, priorities, and resources.

For more information on CDR and CADTH visit their website at <http://www.cadth.ca/index.php/en/cdr/cdr-overview>.

The CDR Recommendations on Denosumab – “Restrict Access”

Denosumab (Prolia®) is a completely new class of medication for osteoporosis. In August 2010, it was approved by Health Canada for use in Canada for postmenopausal women at high risk for osteoporotic fracture. This includes those who have had prior fractures, those with multiple risk factors for fracture and those who have failed on or are intolerant to other available osteoporosis medications.

On April 1, 2011, the Canadian Expert Drug Advisory Committee (CEDAC) through the Common Drug Review (CDR) recommended that provincial drug plans approve funding for denosumab (Prolia®), but with some fairly major restrictions.

According to the criteria set out by CDR, denosumab is recommended for women with postmenopausal osteoporosis who are eligible for oral bisphosphonates, but unable to take them due to hypersensitivity (e.g. allergic reaction such as a skin rash) or problems with their oesophagus. In addition they must have at least two of the following: older than 75 years; a prior fragility fracture; or a bone mineral density (BMD) T-score of ≤ -2.5 (the cut-off point for osteoporosis). These criteria are quite restrictive.

"The 2010 Clinical Practice Guidelines issued by Osteoporosis Canada recommended denosumab as a first-line therapy for the treatment of osteoporosis in postmenopausal women at high risk for fracture," said Dr. Bill Leslie, Chair, Scientific Advisory Council, Osteoporosis Canada. "The CDR recognized in its recommendation that denosumab is clinically effective in reducing the incidence of new hip and vertebral fractures and is cost-effective in women at high risk of fracture. However, the restrictions on the recommendation will mean that few women at risk will have access to this effective treatment option."

Provincial drug plans are not obliged to adhere to CDR's recommendations as each provincial authority has the right to make listing and coverage decisions based on local priorities and resources. Quebec, for example, has demonstrated

leadership by being the first province to list denosumab on its provincial drug plan.

“While the CDR recommendation is a positive step forward for some patients, these restrictions are quite limiting and mean that a significant number of postmenopausal women with osteoporosis at high risk for fracture may be left without access to this new treatment, including many women for whom existing therapies are either contraindicated, ineffective or not tolerated,” said Dr. Famida Jiwa, President & CEO, Osteoporosis Canada. “Based on these recommendations, Osteoporosis Canada urges provinces to provide broader access to denosumab. Provinces should ensure that this new treatment is accessible to women with osteoporosis who can benefit from treatment for this debilitating disease.”

Virtual Education Forum: Osteoporosis Medications and You

Wednesday, June 29, 2011

1:00 p.m. to 2:30 p.m. ET

(Time zones listing below)

Have you registered? Register for this event and have your questions about osteoporosis medications answered by Dr. Ridout in real-time. View in the comfort of your own home or office. For more information, please visit www.osteoporosis.ca

Do you have the system requirements? Test your system by clicking on <http://www.rocket9broadcasting.com/systemtest/resolve/>

Register online TODAY! Space is limited.

How to register:

1. <http://www.meetview.com/oc20110629>
2. Click on “Enter Webcast Lobby” at the top of the page
3. Enter your First Name, Last Name, Email Address and Postal Code
4. Click on “Register”

Time Zones

PT: 10:00 a.m. to 11:30 a.m.

MT: 11:00 a.m. to 12:30 p.m.

CT: 12:00 p.m. to 1:30 p.m.

ET: 1:00 p.m. to 2:30 p.m.

AT: 2:00 p.m. to 3:30 p.m.

Funny Bone – My memory's not as sharp as it used to be. Also, my memory's not as sharp as it used to be.

Notices/references

i. Remember: It is important for you to eat a calcium rich diet (take calcium supplements, if necessary), get some appropriate exercise, take your vitamin D and if your doctor has prescribed a medication don't forget to take it as directed.

ii. COPING Weekly will come to you every second Friday. We hope you enjoy it and find the information useful. Remember to log on to www.osteoporosis.ca for up-to-date information.

iii. The material contained in this newsletter is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Should you have any healthcare-related questions or concerns, you should contact your physician. You should never disregard medical advice or delay in seeking it because of something you have read in this or any newsletter.

iv. To have your name removed from the COPN mailing list please contact us at the email below.

You must provide the first and last name for which you registered in order to be removed from this list.

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