

Speakers

- Dr. Arthur Lau, Assistant Professor, Division of Rheumatology, McMaster University
- Tara Anstey, Principal, Halifax office, Mercer (Canada) Limited
- Mina Mawani, President and CEO Crohn's and Colitis Canada

Speaker Questions and Answers

1. **What is the name of the court case where insurer B sued insurer A over a high cost drug?**

Tara Anstey

Arcelormittal Dofasco Inc. v. Industrial Alliance Insurance and Financial Services, 2015 ONSC 3099

Arcelormittal Dofasco Inc. v. Industrial Alliance Insurance and Financial Services Inc., 2016 ONCA 224

2. **Where a payer or employer requires a non-medical switch, if the physician is not comfortable making that change, then what? Who is prescribing here- the physician or the employer/payer? And who is liable for a non-medical switch (esp. where the physician objects)?**

Tara Anstey

Prescriber liability isn't my area of expertise, however I can comment on payer/ plan sponsor liability.

It is an interesting question whether a court could allow a tortious claim to proceed against a claims payer/ plan sponsor. We would expect that the defense to such a challenge would be that the payer/ plan sponsor does not direct the treatment, but reserves the right to limit reimbursement.

3. **Dr. Lau, can you comment on Ontario Rheumatology position statement on non-medical switching vs Canadian Rheumatology position?**

Dr. Lau

The Canadian Rheumatology Association position is very clear that non-medical switches should not occur unless the prescribing physician makes that decision. The Ontario Rheumatology Association has a far less firm position against non-medical switches, where they do support non-medical switches, given there is adequate timing to allow the switch process to occur (at least 6 months) and the option to switch back to the originator should their arthritis flare after switching. The ORA statement is a lot more recent (June 2018) however.

4. **Where a plan member needs a high cost biologic, and their employer plan doesn't cover it (either it was declined through special auth. process or there was other limitations)....does the patient have access to pharmaceutical programs that subsidize or fund the cost?**

Dr. Lau

If a plan member needs another biologic agent that is not covered by an employer's plan, there are often assistance by the patient support programs of the individual pharmaceutical companies to help these patients gain access to the medication required. This is not applicable for every medication, and for every pharmaceutical company.

Mina Mawani

Public drug plans across Canada offer a varied range of drug cost coverage. In addition, (too) many patients rely and benefit from pharmaceutical companies' compassionate care programs (if the company has such a program) which subsidize costs or provide coverage, in extenuating circumstances, for highly vulnerable patients who have no other means of accessing the drug through private or public plans, or out of pocket payment.

5. **Dr. Lau, you presented the significant decrease in adherence (i.e. 19% which is greater than the average length of time on therapy) after switching from Remicade to Remsima/Inflectra—therefore, as a clinician, can you please discuss your personal level of comfort in non-medical switching with the current data that exists. From a clinical perspective, will you await further data prior to switching one of your patients for non – medical reasons?**

Dr. Lau

Overall, I feel the quantity and quality of the data available regarding non-medical switches is not sufficient to justify a widespread change in policy and patient standard of care practices. Over the next year, more data will be available about non-medical switches, especially through real world experience from Europe. That information may help us make a more informed decision in the future.

6. **Wouldn't the nocebo effect also have mental health impacts for the patient in addition to the potential physical impacts? I.e. Anxiety, depression, etc.**

Mina Mawani

It's certainly possible that a patient who understands that they're switching to a medication for cost reasons alone, and without sound evidence that it won't jeopardize their treatment stability, could experience increased anxiety. Most patients with a chronic illness like IBD which are characterized by unpredictable periods of flare and remission are already vulnerable to anxiety and depression and any additional variables of uncertainty can heighten that sense of vulnerability and fear.