

The BC Coalition of Osteoporosis Physicians (BCCOP), Osteoporosis Canada (OC) and Medicine Access Coalition - BC (MedAccessBC) have been working together to voice the concerns over the lack of public access and coverage of anti-fracture therapies in British Columbia. These organizations represent the concerns and opinions of caregivers, people suffering from osteoporosis or at high risk for fracture and the health care providers who manage their care.

The people of British Columbia lack fair and equitable coverage for medications approved by Health Canada for the treatment of osteoporosis. This results in unnecessary fractures which could be prevented by appropriate osteoporosis care. These fractures, particularly in our seniors, deprive them of quality of life and frequently either lead to mortality, morbidity or placement in a care facility. Although we try hard to keep care facilities safe from contagion, we must also focus on preventing the catastrophic hip fracture that mandates our seniors' placement in such facilities. It should be recognized that all fractures have an impact on the function, morbidity, mortality, and quality of life of individuals. Some have immediate sequelae, and some are delayed or have an insidious onset.

British Columbia is the only provinces where people at high risk of fracture do not have provincial formulary open access to any therapies proven to prevent fractures. BC requires physicians to complete an application for special authorization affirming that patients meet criteria created by BC PharmaCare. These criteria have been developed in accordance with outdated data and a review carried out over 12 years ago. In the 12 years since Pharmacare's last evidence review, there have been many advances in the osteoporosis field including the widespread use of FRAX, multiple clinical trials and long experience with osteoporosis therapies including new therapies (denosumab, romosozumab). In addition, costs of some osteoporosis medications have come down with the availability of generic versions.

Cancer patients in BC on aromatase inhibitor and androgen deprivation therapy are susceptible to bone loss but have no access to any treatment to prevent this bone loss. Other patients with inflammatory rheumatologic, G.I., and other conditions requiring glucocorticoid lack access to therapies to protect from bone loss. Patients with impaired renal function in whom bisphosphonates are contraindicated are left with no options for therapy despite the regulatory approval of denosumab, a treatment without renal contraindication. Patients intolerant of oral bisphosphonate have no parenteral options available on the public formulary and physicians are told by PharmaCare to add proton pump inhibitor to their drug regimen in order to allow them to tolerate oral bisphosphonate (approximate monthly cost \$15). Proton pump inhibitors are detrimental to bone health and the cost of proton pump inhibitor therapy (generic versions have approximate monthly cost \$20) as well as medical care to monitor. The cost of a parenteral bisphosphonate, Zoledronic acid, has an annual cost of approximately \$362 (\$30 monthly) including infusion.

BCCOP along with other patient interest groups have expressed concern and feel strongly that people in BC are suffering because of unnecessary obstacles accessing osteoporosis treatments on the provincial formulary. Requiring a "Special Authority" form to be filled, and with

unsubstantiated criteria needing to be met prior to receiving Pharmacare authorization for osteoporosis therapy discourages care providers from managing osteoporosis appropriately.

Together, BCCOP, OC, and MedAccess BC have had several meetings with the BC Ministry of Health representatives who manage BC PharmaCare coverage to discuss the concerns and access to anti-fracture therapy. These communications have led to a review which will consider the recommendations our group have provided to the Ministry of Health and we are hopeful that our current engagement and dialogue will lead to improved access to anti-fracture therapy in BC.

BC PharmaCare has so far included this group as a group of key representative stakeholders and we continue to have ongoing communications. As a group, we will continue to seek points of engagement and provide input and feedback in a proactive manner during this review process. As a collaborative group of interested stakeholders, our organizations have valuable perspectives and expertise in this area, and are the foremost patient care organizations and therapeutic experts representing patients and their care providers.

For further details on this initiative, please contact Dr. Alan Low, Executive Director, Medicines Access Coalition-BC. Email: [alow@medaccessbc.org](mailto:alow@medaccessbc.org)