

Drugs taking bigger bite of health care pie

Pharmaceuticals account for the fastest growing component of health care costs in Canada, with average growth rates that are 3 times the annual rate of inflation. The Patented Medical Prices Re-

view Board (PMPRB) says the growth is caused primarily by increased use and rapid uptake of new therapies.

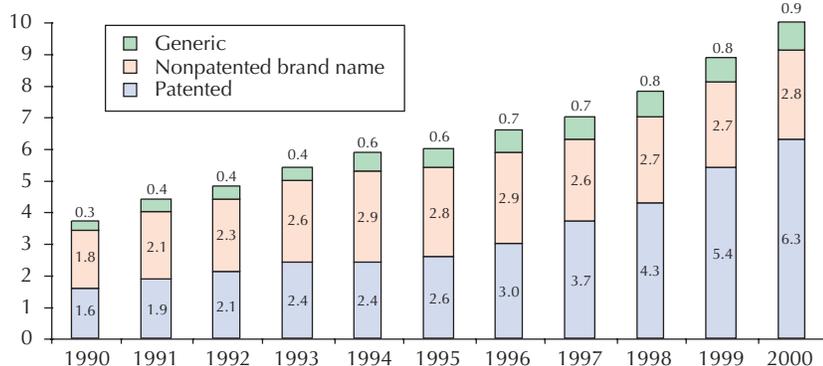
Sales of patented drugs for human use totalled \$6.3 billion in 2000, a

16.7% increase over 1999. In 2000 these sales represented 63% of all drug expenditures for human use. Between 1995 and 1998, sales of patented drugs for both human and veterinary use, as a proportion of total drug sales, increased from 43.9% to 55.1% of total spending.

The PMPRB was created by the federal government to ensure that patent holders do not charge excessive prices during the period of patent protection. In every year since 1998 (except 1992), price increases for patented drugs have been less than increases in the Consumer Price Index (CPI). In 2000, the CPI increased by 2.7%; according to a price index developed by the PMPRB, prices for patented drugs rose by 0.4% during the same period.

Canada continues to have lower prices for patented drugs than many other industrialized countries. In 2000, prices in Sweden, Germany, the United Kingdom, Switzerland and the United States were all higher than in Canada, while prices in France and Italy were lower. — *Lynda Buske*, lynda.buske@cma.ca

Manufacturers' sales of patented and nonpatented drugs, in dollars, 1990–2000



Sources: PMPRB and IMS Health

Beginning in 1999, total manufacturers' sales of drugs in Canada include sales of drugs for human use only; remaining years include veterinary use

Emergency contraceptive pill hits Ontario market

A 1-year pilot study is allowing women in Toronto to receive emergency contraceptive pills (ECPs) directly from their pharmacists without a prescription.

Participating pharmacists are trained to screen women, using special forms to ensure they meet criteria to use the drug. The forms are then sent to a collaborating physician, who supplies "retrospective authorization."

In British Columbia, where pharmacies also provide ECPs, pharmacists have "delegated authority" to prescribe the drug. It is also available directly from pharmacists in Britain and France and in the states of Oregon and California.

Dr. Sheila Dunn, the coprincipal investigator of the Toronto pilot, said demand was much higher than anticipated during the Ontario project's first

month. Interim data, which Dunn hopes to have ready by November, may determine whether the program receives ongoing funding. When the study is completed in 2003, the group funding it, the Ontario Women's Health Council, will make recommendations to the provincial government. The council was created by the Ministry of Health 3 years ago "to create a legacy of lasting systemic change in improving women's health care in Ontario."

If taken within 72 hours of unprotected sex, ECPs reduce the risk of pregnancy by about 80%. Dunn says improved access to them may prevent abortions and unwanted pregnancies in Ontario, where about 43 000 therapeutic abortions are performed annually.

"Emergency contraception is currently underused because of a general lack of awareness about its availability and the difficulty in accessing treatment within the appropriate time frame," says Dunn. Outside the pilot project, emergency contraception in Ontario is available only by prescription; the only exceptions are at some emergency units, sexual assault centres and public health units, where nurses distribute ECPs through protocols set up by local physicians.

The Ontario project, which began June 4, will eventually include some 50 Toronto-area pharmacies. It includes a consumer hotline (1-866-ECP-1ECP) and other consumer information, plus training for pharmacists and physicians. — *Barbara Sibbald*, CMAJ