

Overview of provincial government coverage for MS disease modifying therapies

PROVINCE	MS THERAPIES COVERED	PRESCRIBING CRITERIA (SEE APPENDIX FOR EXPLANATION OF EDSS SCORES)	PROVINCIAL GOVERNMENT PRESCRIPTION DRUG PROGRAMS
British Columbia Pharmacare Special Authority Process 1-800-554-0250 MS Clinics: Kelowna: 250 862-4225 Prince George: 250 656-2304 Vancouver: 604 822-7131 Victoria: 250 370-8398	Avonex Betaseron Copaxone Rebif	<ul style="list-style-type: none"> ■ Patient must be assessed by MS Clinic or satellite clinic physician ■ Patient must have at least 2 attacks in the previous 2 years and be ambulatory with or without mobility aid (EDSS 6.5 or less) ■ Criteria includes patients with either relapsing-remitting MS or secondary-progressive MS, with clinical attacks as above 	<ul style="list-style-type: none"> ■ Pharmacare coverage based on family income; once deductible reached, Pharmacare pays 70% of costs; when family maximum is reached, Pharmacare pays 100% of costs ■ Drugs are 100% covered for people in long-term care facilities and those on social assistance
Alberta Alberta Blue Cross 1-800-661-6995	Avonex Betaseron Copaxone Rebif	<ul style="list-style-type: none"> ■ Patient must be assessed by MS neurologist (any neurologist can become an MS neurologist) ■ Prescription must be approved by ministry of health review panel ■ Patient must have relapsing-remitting MS, at least 2 attacks in previous 2 years and be ambulatory with or without mobility aid ■ Betaseron covered for secondary-progressive MS with at least 2 clinical relapses in past 2 years and be ambulatory for 100 m without mobility aid (EDSS 5.5 or less) 	<ul style="list-style-type: none"> ■ People pay a monthly premium and co-pay to a maximum of \$65 per month ■ Those on social assistance pay up to \$6 per month ■ People are covered up to \$25,000 per year
Saskatchewan MS Drugs Program 306 655-8400	Avonex Betaseron Copaxone Rebif	<ul style="list-style-type: none"> ■ Patient can be assessed by GP or specialist ■ Prescription must be approved by ministry of health review panel ■ Patient must have relapsing-remitting MS, at least 2 attacks in previous 2 years and ambulatory for 100 m without mobility aid (EDSS 5.5 or less) 	<ul style="list-style-type: none"> ■ Special Support Program (SSP) available for exceptional status drugs -- most people on MS therapy qualify for SSP and pay 2% to 8% of annual drug costs ■ People on social assistance are 100% covered under Plan 3

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Manitoba Pharmacare Exceptional Drug Status 204 788-6388 MS Clinic 204 787-5111	Avonex Betaseron Copaxone Rebif	<ul style="list-style-type: none"> ■ Patient must be assessed and followed by MS Clinic ■ Patient must have relapsing-remitting MS, at least 2 attacks in previous 2 years and ambulatory with or without mobility aid (EDSS 6.5 or less) ■ Betaseron covered for secondary-progressive MS with clinical attacks and be ambulatory with or without mobility aid (EDSS 6.5 or less) 	<ul style="list-style-type: none"> ■ Drugs 100% covered once deductible is reached – deductible is based on income (low income families pay 2% and all others pay 3% of adjusted family income)
Ontario Ontario Drug Benefits Section 8 Mechanism 416 327-8109 1-866-811-9893	Avonex Betaseron Copaxone Rebif	<ul style="list-style-type: none"> ■ Patient must be assessed by GP or specialist – recent neurological assessment must be provided ■ Prescription must be approved by ministry of health review panel (Section 8) ■ Approval is given for up to 1 year ■ Patient must have clinically definite MS (at least 2 attacks in past 2 years) and meet the following criteria: be able to walk 100 m with or without mobility aid (EDSS of 6.0 or less) for Avonex, Betaseron and Rebif; be able to walk 200 m without mobility aid (EDSS 5.0 or less) for Copaxone 	<ul style="list-style-type: none"> ■ Drugs are 100% covered once deductible is reached -- deductible is based on income (people pay about 4% of net income), this applies to Trillium Drug Program recipients only ■ People on social assistance, residents in nursing homes and long-term care facilities, and low income seniors pay no deductible ■ Everyone pays \$2 per prescription co-pay

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Quebec Régie de l'assurance-maladie du Québec (RAMQ) – service de l'expertise pharmaceutique 1-800-561-9749 514 864-3411	Avonex Betaseron Copaxone Rebif	<ul style="list-style-type: none"> ■ Patient can be assessed by GP or specialist ■ Prescription must be approved by RAMQ ■ All 4 treatments covered for relapsing-remitting MS (at least 2 attacks in previous 2 years and be ambulatory with or without mobility aid [EDSS 6.5 or less]) ■ Avonex, Betaseron and Rebif covered for secondary progressive MS, with or without clinical attacks (EDSS 6.5 or less) ■ Avonex and Rebif covered for patients at high risk of developing MS (one acute clinical episode and 4 or more MS brain lesions as shown by MRI) 	<ul style="list-style-type: none"> ■ Maximum contribution of \$71.42 per month and a maximum annual premium of \$494 ■ People on social assistance and other holders of a carnet de réclamation (claim slip) with severe employment constraints are 100% covered and pay no premium ■ People on social assistance and other holders of a carnet de réclamation (claim slip) pay up to \$16.66 per month but no premium
New Brunswick MS Prescription Drug Program 1-800-332-3692 506 455-8322	Avonex Betaseron Copaxone Rebif	<ul style="list-style-type: none"> ■ Prescription must be written by a neurologist ■ Patient must have valid Medicare card 	<ul style="list-style-type: none"> ■ People pay an annual \$50 premium and a co-pay based on income after taxes and household expenses ■ RRSPs, RESPs and funds held in trust for children are exempt
Nova Scotia Special MS Therapy Program MS Clinic 902 422-7817	Avonex Betaseron Copaxone Rebif	<ul style="list-style-type: none"> ■ Patient must be assessed by MS Clinic ■ Must be diagnosed with clinically definite MS ■ Must be able to walk 100 m with or without mobility (EDSS of 6.5 or less) 	<ul style="list-style-type: none"> ■ Medications are purchased from the Queen Elizabeth II Health Sciences Centre Pharmacy ■ People pay the pharmacy dispensing fee and any shipping cost
PEI MS Program 1-877-577-3737	Avonex Betaseron Copaxone Rebif	<ul style="list-style-type: none"> ■ Patient must be assessed by a designated neurologist ■ Patient must have been diagnosed with relapsing-remitting MS or secondary-progressive MS ■ Patient must be ambulatory with or without mobility aid (EDSS of 6.5 or less) 	<ul style="list-style-type: none"> ■ People pay the pharmacy professional fee ■ A co-pay is determined based on the total net income from the previous taxation year

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Newfoundland Prescription Drug Program 709 729-6507 MS Clinic 1-800-563-0495 709 777-8053	Avonex Betaseron Copaxone Rebif	<ul style="list-style-type: none"> ■ Patient must be assessed and followed by MS Clinic or satellite clinic physician ■ Patient must have a diagnosis of relapsing-remitting, relapsing-progressive or secondary-progressive MS ■ Patient must have had at least 2 relapses in previous 24 months ■ Patient must be ambulatory with or without mobility aid (EDSS score of 6.5 or less) 	<ul style="list-style-type: none"> ■ People must qualify for the Newfoundland and Labrador Prescription Drug Program (i.e., Income Support Drug Program or the Senior Citizens Drug Subsidy Plan)

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Extended Disability Status Scale (EDSS) – Appendix



The EDSS is a classification scheme (rating scale) used by neurologists to measure the degree of disability in a person with MS.

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| 0.0 Normal Neurological Exam | 6.0 Intermittent or unilateral constant assistance (cane, crutch or brace) required to walk 100 metres with or without resting |
| 1.0 No disability, minimal signs | 6.5 Constant bilateral support (cane, crutch or braces) required to walk 20 metres without resting |
| 1.5 No disability, minimal signs in more than 1 Functional System | 7.0 Unable to walk beyond 5 metres even with aid, essentially restricted to wheelchair, wheels self, transfers alone |
| 2.0 Slightly more disability in 1 Functional System | 7.5 Unable to take more than a few steps, restricted to wheelchair, may need aid to transfer; wheels self, but may require motorized chair for full day's activities |
| 2.5 Slightly greater disability in 2 Functional Systems | 8.0 Essentially restricted to bed, chair, or wheelchair, but may be out of bed much of day; retains self care functions, generally effective use of arms |
| 3.0 Moderate disability in 1 Functional System; fully ambulatory | 8.5 Essentially restricted to bed much of day, some effective use of arms, retains some self care functions |
| 3.5 Fully ambulatory but with moderate disability in 1 Functional System and more than minimal disability in several others | 9.0 Totally dependent bed patient, can communicate and eat |
| 4.0 Fully ambulatory without aid, up and about 12 hrs a day despite relatively severe disability. Able to walk without aid 500 metres | 9.5 Unable to communicate effectively or eat/swallow |
| 4.5 Fully ambulatory without aid, up and about much of day, able to work a full day, may otherwise have some limitations of full activity or require minimal assistance. Relatively severe disability. Able to walk without aid 300 metres | 10.0 Death |
| 5.0 Ambulatory without aid for about 200 metres. Disability impairs full daily activities | |
| 5.5 Ambulatory for 100 metres, disability precludes full daily activities | |

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