

Medical Update Memo

June 30, 2010

Increasing use of disease modifying drugs for MS in Canada.

Summary

University of Toronto investigators report on the utilization of disease modifying drugs in Canada. **Rotstein DL, Mamdani M, O'Connor PW. Can J Neurol Sci. 2010 May;37(3):383-8.**

Details

The course of multiple sclerosis may be slowed by use of the disease modifying drugs (DMDs): subcutaneous or intramuscular interferon beta-1a, interferon beta-1b, glatiramer acetate, and natalizumab. Authors set out to compare utilization of these drugs in the Canadian provinces from 2002-2007.

Using a retrospective cohort analysis, population data from International Medical Statistics (IMS) Health between November 2001 and October 2007 was reviewed.

The total annual number of DMD prescriptions increased from 3.9, in 2002, to 5.1, in 2007, per 1,000 Canadians. The total annual cost of prescriptions rose from \$187 million to \$287 million. Of the four provinces responsible for the majority of prescriptions--Alberta, BC, Ontario, and Quebec--Quebec had the highest average annual prescription rate (7 per 1,000 population) and BC had the lowest rate (3.3 per 1,000 population). Subcutaneous interferon beta-1a was the most commonly used drug whereas glatiramer acetate showed the greatest growth in use from 2002 to 2007.

Disease modifying drugs prescription rates and costs increased by more than 30% between 2002 and 2007.

There was wide variation in DMD prescription rates and relative drug preferences across the provinces.

National Research and Programs

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