PHARMACEUTICAL USE IS ON THE RISE IN MANITOBA

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WINNIPEG, Manitoba – In 2004, Manitoba spent roughly $1.9 million on prescription drugs through the Pharmacare program. In 2008, spending on prescription drugs cost the province over $2.3 million which is an increase of 18% over five years. A new report from researchers at the Manitoba Centre for Health Policy (MCHP) found that found pharmaceutical use is on the rise in Manitoba, but use of pharmaceuticals was influenced by the Pharmacare listing and evidence-based research.

“This report describes how at a population level, the use of prescription drugs has increased dramatically in Manitoba over the ten year study period,” says Dr. Colette Raymond, researcher at MCHP and Clinical Pharmacist with the Winnipeg Regional Health Authority. “Across ten of the eleven different drug categories, representing very commonly prescribed medications, we saw large increases in use. We only saw a drop in prescription rates for antibiotics.”

The focus of this report by MCHP covers several different drug classes over a 10-year period starting in 1995. The data gained from this study can be used to inform policy-makers and help them improve the cost-effectiveness of drug coverage under Pharmacare – the provincial income-based drug insurance program.

Under the provincial program there are three categories of reimbursement for pharmaceuticals and one of the key findings in this research shows drug use in Manitoba is influenced by the Pharmacare listing. This is a natural conclusion where generally, the easier patients can be reimbursed for a prescription the more likely a doctor will prescribe that drug.

Dr. Anita Kozyrskyj, is another lead researcher with this project. She is currently the Research Chair in Pediatrics at the University of Alberta. “The report demonstrated that the policies in place at Manitoba Pharmacare are effective in influencing the utilization of prescription drugs in the province,” says Dr. Kozyrskyj. “Following the formulary addition of LABA-corticosteroid combination inhalers such as Advair, used to prevent symptoms in asthma and chronic obstructive lung disease, Advair and similar inhalers replaced single agent corticosteroids in adults.”

In addition to changes in the Pharmacare listing, the research project also found that prescription rates are influenced by pharmaceutical research. “Following evidence-based, well-publicized trials or warnings from Health Canada, we observed changes in prescribing,” says Dr. Raymond. “This suggests that the research or warnings had an impact on prescription rates in Manitoba.”

MCHP is a research unit in the University of Manitoba’s Faculty of Medicine that conducts world class population-based research on health services, population and public health, and the social determinants of health.

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