



EXPANDING ACCESS AND COVERAGE OF HORMONE THERAPY OPTIONS.

ADVOCACY PROPOSAL AND INTRO.

PREPARED BY

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DEFINITION OF TERMS

- **Drug Identification Number (DIN)**

- A DIN is a computer generated eight-digit number assigned by Health Canada to a drug product prior to being marketed in Canada (1). Once a drug has been authorized, Health Canada issues a DIN which permits the manufacturer to market the drug in Canada (1). Any product defined as a drug requires a DIN to be marketed and sold in Canada.

- **BC PharmaCare**

- “BC PharmaCare helps pay for many medications, pharmacy services, and some medical devices and supplies (2).”
- The UVSS student healthcare is provided by Pacific Blue Cross and is a BC Pharmacare tie-in plan. This means that it integrates private benefits with BC’s public drug program. Essentially, any drug covered by BC PharmaCare plan is covered under the student Pacific Blue Cross program.

- **Types of Drug Coverage with Pharmacare Tie-In (3)**

- **Regular Benefits** –Eligible for full reimbursement subject to PharmaCare price limits and subject to the rules of a patient’s PharmaCare plan.
- **Partial coverage** –Eligible for limited reimbursement under the Low Cost Alternative Program or the Reference Drug Program or other maximum, and subject to the rules of a patient’s PharmaCare plan.
 - In some situations, PharmaCare may grant full coverage through Special Authority to a drug that would otherwise be only a partial benefit.
- **Limited Coverage drug** – Eligible for reimbursement only in certain medical circumstances and subject to the rules of a patient’s PharmaCare plan. Before a patient can get PharmaCare coverage, their prescriber must submit a Special Authority request to PharmaCare.
- **Non-benefit** – Not eligible for PharmaCare coverage.
 - Special Authority is available only on an exceptional, last-resort basis, generally when all available PharmaCare benefit options have been tried without success or are unsuitable for the patient and no other coverage options are available (e.g., third-party insurance).

References

1. <https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/fact-sheets/drug-identification-number.html>
2. <https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents>
3. <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmacare-publications/pharmacare-policy-manual-2012/understanding-pharmacare-benefit-status/benefit-status-types>

DEFINITION OF TERMS

- **Special Authority Approval**

- Special Authority grants full or partial coverage to a drug or device that otherwise would not be covered or only covered partially. Coverage is provided to patients in specific medical circumstances. Special Authority requests are made by a healthcare provider. (4)

- **Exceptional – Last Resort Only Special Authority**

- A last resort special authority that is only authorized as a last resort after all other options are tried first. In this case, patients may have to try pills, patches, and gels before they are approved for compounded injectables. (5)

- **Estrogen-Based Therapies**

- Estrogen-based therapies are also known as “feminizing hormones” (6).
- Estrogen-based therapies are used by trans and cis women for differing reasons. Estrogen-based hormones can be prescribed as an oral tablet, topically (patch), or as internal rings and tablets (this form is typically used by peoples experiencing menopause).
- Estrogen can also be prescribed in the forms of injections, but this is where we run into issues with coverage.
- Injectable estrogen lacks coverage under BC PharmaCare for multiple reasons, but mainly because it is made as a compounded drug and lacks a standard formula and DIN.
- Injectable estrogen, however, is part of a generic non-benefit hormone injection compound DIN for pharmaceutical billing (7)

- **Testosterone-Based Therapies**

- Testosterone-based therapies are also known as “masculinizing hormones” (8).
- Testosterone-based therapies can be used by cis and trans men for differing reasons. Testosterone is typically prescribed in the form of injections, but patients can also access topical (gel), patch, and oral prescriptions of testosterone-based hormones.
- Injectable testosterone hormones require Special Authority approval to access coverage.
- Topical and oral based testosterone-based hormones lack coverage under BC Pharmacare, and as such are not covered under our care plan with rare exceptions.

References

4. <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/programs/special-authority>
5. <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/publications/pharmacare-policy-manual-2012/pricing-policies-product-reimbursement/compounded-prescriptions>
6. <https://www.transcarebc.ca/hormone-therapy/estrogen-based-hormones>
7. <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmacies/product-identification-numbers/compounded-prescription-pins>
8. <https://www.transcarebc.ca/hormone-therapy/testosterone-based-hormones>

INTRODUCTION

The UVSS Pride Collective is looking to build a campaign advocating for better access and coverage for varying forms of hormone therapy. Specifically, advocating for increased access to forms of hormone therapy that lack coverage under BC's PharmaCare plan. This includes forms of injectable estrogen, topical testosterone, and oral testosterone pills.

Currently there is a sizable population of trans feminine folk who are taking estrogen through injection, and the number continues to grow as it has become a preferable way for many trans feminine folk to take estrogen. Many trans feminine people observe more stable hormone levels and better physical transition results on injectable estrogen. Additionally, injectable estrogen allows for the omission of both pill-form estrogen and anti-androgens (testosterone blockers) which reduces liver wear-and-tear.

However, due to no Canadian pharmaceutical companies producing injectable hormone supplements, it is not covered by the provincial PharmaCare program (with the exception of last case scenario special authority, which means that the patient has tried every other option before getting approval). As UVic is currently on a Pharmacare-shared health care plan, Pacific Blue Cross does not cover it (with the above special authority exception).

For trans masculine folk, only injectable testosterone is covered. However, some trans masculine folk struggle with needles, and having other covered options would also be beneficial and support people who need alternatives.

UVSS Pride wants to endorse injectable estradiol and testosterone pills/gels/patches for Hormone Replacement Therapy to better support gender affirming care for students. Two-Spirit, Transgender, Non-Binary, and Queer folk deserve to have access to necessary medications that support them and allow for thriving. As such, advocating for full hormonal access is important. Allowing UVSS board members to advocate on behalf of the UVSS Pride for hormonal coverage would positively impact future advocacy by board members.

PROJECT SUMMARY

The UVSS Pride Collective is looking to build a coalition of UVSS staff, Board members, and external organizations and professionals to advocate for full hormonal access in an effort to support the health and wellbeing of Two Spirit, Transgender, Non-Binary, and Queer peoples. This initiative will be taken up through multiple streams of advocacy and information sharing.

Immediate Goal **(Making people aware of X in order to do Y)**

Increased knowledge amongst students of options for accessing coverage for hormone therapies.

This includes things like educating students on how to go about accessing Special Authority approval processes as well as education for students with private medical coverage.

Intermediate Goal **(A change in peoples capacity to act)**

Increasing peoples ability to access coverage for different hormone therapies.

This can be realized through advocating for more standard reimbursement processes. As well, advocating for recognizing injectable estrogen and topical and gel/oral/patch-based testosterone as medically necessary.

Ultimate Goal **(Change in the conditions surrounding hormone therapy access)**

Consistent and full coverage of all hormone therapies both at UVic and across British Columbia through advocating for Pharmacare inclusion.

This is an overall guiding statement that represents our highest ambitions. This goal can be realized through continuous advocacy and lobbying efforts aiming towards various hormone therapies being included under BC Pharmacare.

Please note that the examples given below each goal are simply examples. Further action points will be discussed further.

PROJECT SUMMARY

- **Inputs-** Resources needed to carry out activities.
- **Activities-** Actions taken/work performed. Essentially, putting the inputs to use and defining what will you do.
- **Outputs-** Defining what is produced or delivered through the outlined activities.

Inputs:

- Staff capacity and time.
- Funding for labour.
- Partnerships with local organizations and professionals (i.e. Physicians, TransCare BC, pharmacies).



Activities:

- Gather and consolidate initial data on the hormone therapy access needs amongst UVic Students.
 - Aimed at indicating that there are unmet needs.
- Build partnerships with local organizations and professionals who can assist in advocacy and lobbying efforts.
- Develop our advocacy and lobbying approach.
 - Taking into consideration public (i.e. BC Ministry of Health) and private (i.e. negotiations with insurance providers and pharmaceutical manufacturers).
- Develop a communications plan for our advocacy and lobbying efforts.
- Create educational resources for peoples looking for information on how to access coverage for different hormone therapies.



Outputs:

- Data is consolidated to advance our advocacy efforts.
- Coalition of UVSS and non-UVSS staff, organizations, and professionals is created and working in coordination on shared goals.
- Advocacy and lobbying approach is created and can be acted upon.
- Communications plan is created and used to support advocacy and lobbying efforts.
- Educational resources are created and shared with students and community members.

**Please note that this is an initial draft. More details will be included after meeting with respective UVSS partners.*

AVENUES FOR ADVOCACY

Coalition Building

- Create community polls to acquire information to create mandate.
- Reach out to queer organizations across the province, pride councils, etc.
- Reach out to other student societies to both advocate for PharmaCare change as well as to gain negotiating power on our health care plans.
- Reach out to other advocacy groups at other universities to gain mutual support.
- Reach out to medical service providers and pharmacies for policy support.
- Reach out to supportive politicians
 - Provincial
 - Municipal

Advocacy Through Education

- Create resources to help guide people on how to talk to their primary care providers about applying for Special Authority.
- Create overall awareness surrounding the gaps in coverage.
- Create resources helping to guide people on how to advocate for themselves in medical situations and concerning accessing various forms of hormone therapy.

AVENUES FOR ADVOCACY

Private

- Negotiate with insurance providers.
 - Laila has begun conversations with Pacific Blue Cross (PBC).
 - Unfortunately Pharmacare's Special Authority requirements on compounded estrogen injections cannot be removed.
 - This is due to a variety of reasons but mainly due to a lack of a standard formula for estrogen injections (typically prescribed as a compounded formula).
 - So, there are built in limitations in talks with PBC.
 - Other options would include:
 - Swapping the UVSS plan to the PBC Blue RX plan.
 - Pursue conversations with Green Shield, as they provide non-prescription Gender Affirming Care coverage under the student healthcare plan.
- Appeal directly to pharmaceutical manufacturers to re-introduce a standard injectable estrogen.
- Reach out to medical service providers to acquire support, and pharmacies.
 - Also a part of coalition building.

Public

- Reach out to the BC Ministry of Health and the Provincial Health Services Authority (Trans Care BC) to advocate for changes.
 - Ask BC to expand coverage for multiple forms of hormone therapy through:
 - Recognizing compounded injectable estradiol, oral and topical testosterone as medically necessary and covered options.
 - Create a standardized reimbursement pathway.
 - Expand Special Authority criteria or create standing coverage.