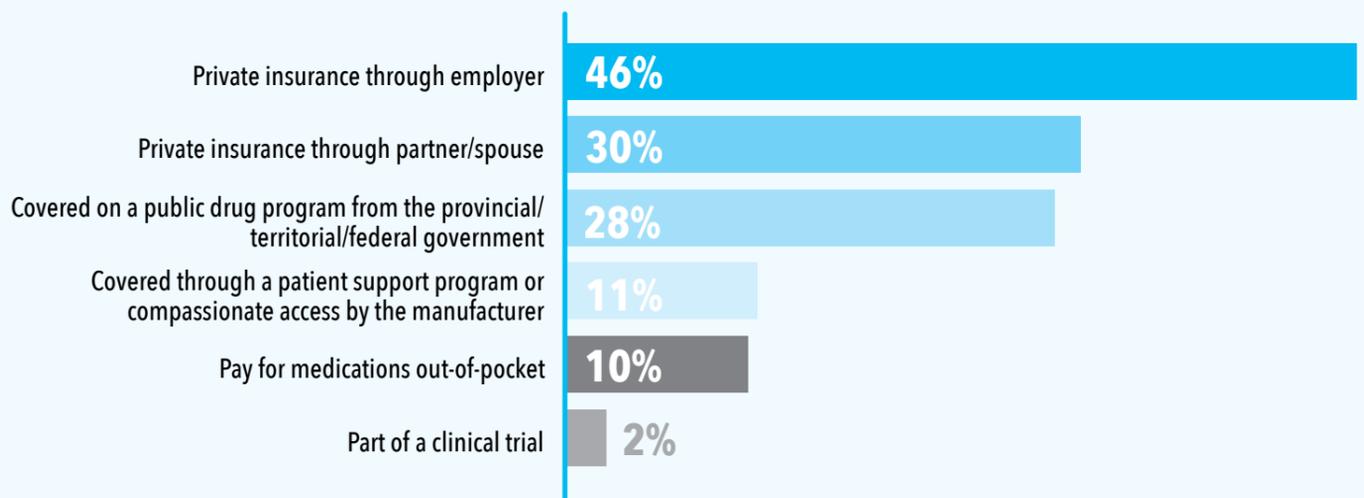


BARING IT ALL: PAYING FOR MEDICATIONS

Highlights from *Baring It All: Final report from a survey on reproductive and sexual health in women+ with inflammatory arthritis, rheumatic, and psoriatic diseases.*

We heard from over 400 people with inflammatory arthritis, rheumatic, and psoriatic diseases who identify as female (women+) to understand their reproductive and sexual health concerns. They shared their experiences and insights regarding contraception, family planning, menopause, sexual health, and parenting.

PARTICIPANTS HAVE MEDICATIONS REIMBURSED IN DIFFERENT WAYS:

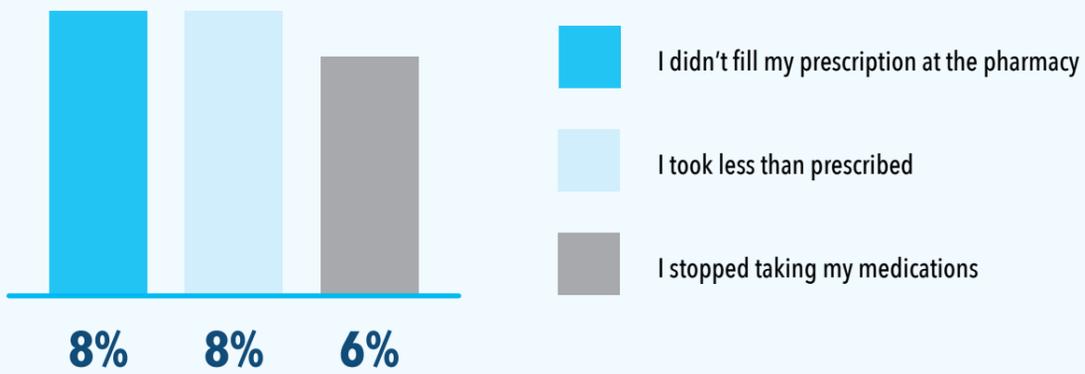


More participants over 50 years old (**15%**) reported paying for their medications out-of-pocket, compared to **9%** of participants under 30 years old and **7%** of participants between 31 and 50 years old.

DIFFICULTIES PAYING FOR MEDICATION

Over half of the women+ surveyed have experienced financial hardships associated with paying for their medications.

DIFFERENT STRATEGIES ARE USED BY PARTICIPANTS TO OFFSET THE FINANCIAL BURDENS THEY EXPERIENCED PAYING FOR THEIR MEDICATIONS:



THERE ARE IMPORTANT REGIONAL DIFFERENCES IN THE NUMBER OF PARTICIPANTS WHO REPORT NOT FILLING THEIR PRESCRIPTIONS:



MONTHLY OUT-OF-POCKET COSTS OF MEDICATION



Participants reported spending anywhere from zero dollars up to \$4,000 per month out-of-pocket for prescription medications.



The majority of participants reported spending less than \$100 per month on over-the-counter medications (including shampoo, creams/lotions, pain relievers, eye drops, saliva substitutes, etc.).



The costs for mobility aids ranged from \$50–\$4,000.



Participants' spending on other treatments for their conditions, such as physiotherapy, occupational therapy, and massage therapy, ranged from \$10 per month to as much as \$800 per month out-of-pocket.



The majority of participants who sought out these additional treatments reported spending between \$100–\$300 a month.

RECOMMENDATIONS

- Governments should assess policies to improve access to medications through a sex and gender lens.
- Public plans to address access to medications should include a measure to help people transition between employers.
- Public and private plan providers (and private plan sponsors) should ensure that patients have access to supportive services and devices needed to optimize their health.
- Public and private programs should reassess the use of copayments and deductibles to ensure they do not penalize patients who cannot afford them.