

July 25, 2017

Ms. Suzanne McGurn
Assistant Deputy Minister and Executive Officer (Acting)
Ontario Public Drug Programs
Ministry of Health and Long-Term Care
80 Grosvenor Street
9th Floor, Hepburn Block, Toronto, Ontario M7A 1R3
Sent via email: suzanne.mcgurn@ontario.ca

Dear Ms. McGurn,

We are writing from the Schizophrenia Society of Ontario (SSO) regarding our October 4, 2016 submission to the Committee to Evaluate Drugs on Invega Trinza (paliperidone palmitate) for the treatment of schizophrenia. As this medication is currently under review by the pan-Canadian Pharmaceutical Alliance (pCPA), we would like to take this opportunity to restate our position on the importance of timely access to a range of medications for people and families affected by mental illness and the need for greater transparency in the medication-listing process.

As you are aware, SSO is a non-profit health organization that supports individuals, families, caregivers and communities affected by schizophrenia and psychosis across the province. For over 30 years we have made positive changes in the lives of people affected by schizophrenia by building supportive communities through services and education, promoting system change and by researching the psychosocial factors that directly impact mental illness.

Access to a wide range of treatments and supports has been a long-standing policy priority for SSO. We believe that all treatment types should be easily accessible to individuals and families, including community services, social supports, and psychiatric treatments such as medications.

Mental Illness and Medications

We know that mental health medication treatment is not “one size fits all”. Response to psychiatric medications is highly individualized, variable and related to several components such as genetics, age, gender and socio-environmental factors. Research finds that response to schizophrenia medications is particularly heterogeneous, and tolerability and experience of side effects varies from person to person. Currently available medications used to treat mental illness are not ideal as they often do not fully diminish symptoms and many can cause serious, and sometimes dangerous, side effects which research shows can negatively impact treatment adherence and undermine recovery. In addition, changes in response can occur over time, as medications may stop working, or their effectiveness may be impacted by changes in diet and lifestyle, stress, interaction with other medications and other similar factors. For these reasons, access to a range of treatment options is important.

A person’s choice of treatment modality can also affect their adherence and quality of life. Respondents to SSO’s patient submission to CED for Invega Trinza for instance identified a number of ways that antipsychotic medications could be improved, including by reducing the frequency of dosages and the number of doctor or psychiatrist visits required for treatment. Other suggestions for improvement included reducing side effects,

increasing the medication's ability to control symptoms and providing a greater range of strengths and dosages. This feedback further reinforces the need to have access to *all* clinically approved medications to allow individuals and their healthcare providers to choose the treatment that works best for them, with minimal side effects. Incremental innovations for treating schizophrenia may not only be beneficial from a strictly clinical-outcomes perspective, but may also improve one's recovery and quality of life, factors that are highly valued by people and families impacted by schizophrenia.

Barriers to Medication Treatment

Of additional concern is evidence which suggests that mental health medications in general are not prioritized compared to other types of medications by health technology and decision-making bodies. As you may be aware, a recent report by the Canadian Health Policy Institute found that a higher percentage of non-mental health medications compared to psychiatric medications are given a positive recommendation (with or without conditions) for public drug plan coverage by the Common Drug Review. Although some mental health medications are eventually listed on public drug plans, wait times for listing schizophrenia-specific medications on public plans also varied widely in this study, with wait for coverage for some medications exceeding two years in Ontario.

These concerns are two-fold: First, disparities in recommendations for mental health medications compared to other types of treatments suggests that people who may benefit from new psychiatric medications may be disproportionately affected by longer delays than those in need of other, non-mental health medications. Second, although we recognize the importance that pCPA plays in helping to ensure affordable, equitable access to medications across Canada, the lack of transparency in the pCPA process, particularly around timelines and expectations for listing on public drug plans once a negotiation is reached, creates an inaccessible system for people who are ultimately affected by the results of these negotiations. It is our understanding that pCPA negotiations typically occur concurrently with the CED review process to minimize the impact on timelines for listing medications on the Ontario Drug Benefit (ODB) Formulary. However, to our knowledge, there is little publically accessible information regarding the standard timelines for pCPA negotiations or standard timelines for listing a medication on the ODB Formulary once a Letter of Intent is signed; there is also no guarantee that the medication will be listed at all.

We appreciate your attention to the importance of improving access to a range of psychiatric medications. To ensure timely access, we continue to encourage greater transparency and patient involvement in the negotiation and decision-making process for mental health medications and are pleased to support any future consultations on this topic. In the meantime, please do not hesitate to contact my colleague, Erin Boudreau, manager of policy and community engagement, by phone (416-449-6830 x 255) or email (eboudreau@schizophrenia.on.ca) with any questions.

Sincerely,



Mary Alberti, CEO

CC: Mr. Imran Ali, senior manager, Pan-Canadian Pharmaceutical Alliance