



A REASON TO HOPE. THE MEANS TO COPE.  
THE SCHIZOPHRENIA SOCIETY OF ONTARIO  
SOCIÉTÉ ONTARIENNE DE LA SCHIZOPHRÉNIE  
UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAIDE.

August 23, 2006

Helen Stevenson  
Executive Lead, Drug System Secretariat  
Ontario Ministry of Health and Long-Term Care  
Hepburn Block, 11<sup>th</sup> Floor  
80 Grosvenor Street  
Toronto, ON M7A 1R3

Dear Ms. Stevenson:

On behalf of Schizophrenia Society of Ontario (SSO), I would like to thank you for the opportunity to provide written input into the proposed regulations under the *Ontario Drug Benefit Act* and the *Drug Interchangeability and Dispensing Fee Act*.

As you may know, access to medications is the cornerstone of treatment and recovery for people living with severe mental illness. That includes schizophrenia. From the perspective of the SSO, above all else, people living with schizophrenia must have open and unfettered access to the drug therapies that work best for them as individuals. The ability of physicians to prescribe appropriate and optimal medications to the people we represent must not be limited, encumbered or in any way restricted. To do so will have dire consequences for patients, families, friends and caregivers.

With that as our starting point, we offer comments on the following issues:

#### Therapeutic Substitution

We understand the fiscal pressures facing the Ontario Ministry of Health and Long-Term Care and recognize the challenges that we face as a society in continuing to fund newer, better and more costly treatments in the future. But limiting treatment choices for people with schizophrenia is not going to serve the best interests of anyone, including government. We represent some of the most vulnerable and economically disenfranchised people in the province and without proper treatment, many would be lost. We urge you not to compromise the quality of care received by people with schizophrenia by introducing cost containment policies that would in any way create a lower threshold for the therapeutic substitution of medications.

As well, we believe that it is important to limit the prescribing of therapies for people with schizophrenia to the patient's physician, dentist or nurse practitioner. They are the only ones with the clinical expertise to make such decisions.

## Exceptional Access and Conditional Listing Framework

While we understand that there is a working committee looking at the details of Exceptional Access and Conditional Listings, no definitions of these terms are contained in the legislation or the proposed regulations. In the spirit of transparency, we had hoped they would have been. Therefore, we are asking that the proposed regulations be amended to include some detail around the criteria for exceptional access and a prescribed timeline for listing decisions. We also request an opportunity to provide further input into these issues once the working committee has prepared their initial report.

## Rapid Review Process

Again, there is not a definition of rapid review in either the legislation or the proposed regulations. While we know that drugs subject to rapid review will include breakthrough products, there are no stipulations in terms of how quickly the review must take place or the process that must be followed. We are asking that the proposed regulations be amended to include more detail around a prescribed timeline for rapid review, and an opportunity to provide further input on this issue in the future.

## Committee to Evaluate Drugs and Citizens' Council

While we applaud the inclusion of patients on both the CED and Council, there remains no legal reference to either body. The government has mentioned involving patients in both the policy setting and decision-making for drugs, but taken no steps to enshrine this commitment. Therefore, we are asking that the proposed regulations be amended to include a framework for patient involvement on these groups, ensuring broad participation and a substantive role for these individuals. From a policy perspective, we believe that it is critical that a representative from the mental health community be a member of the Citizens' Council at all times.

## Conclusion

We believe that the amended legislation and proposed regulations contain great promise for people with schizophrenia. We also acknowledge that the public drug plans needed, and continue to need, reforming in Ontario. We hope that through your negotiations with the pharmaceutical companies there will be no interruption in the current accessibility to drug therapies for our patient population and that the transition away from the Section 8 process will be equally as stable for all people living with schizophrenia.

As the transition progresses the Schizophrenia Society of Ontario remains committed to working with the government to ensure timely access to the appropriate medication for all those people suffering from severe mental illness in this province.

Sincerely,

Mary Alberti  
Executive Director

c.c. Mary Jardine, CEO Schizophrenia Society of Canada  
Olivia Chow, MP Trinity Spadina  
Rosario Marchese, MPP Trinity Spadina