

February 12, 2018

Ms. Suzanne McGurn
Assistant Deputy Minister and Executive Officer
Ontario Public Drug Programs Division
Ministry of Health and Long-Term Care
80 Grosvenor Street
9th Floor, Hepburn Block
Toronto ON M7A 1R3

Sent via email: suzanne.mcgurn@ontario.ca

Dear Ms. McGurn,

On behalf of the Schizophrenia Society of Ontario (SSO), I am writing to reiterate our position on access to medications with the recent introduction of the OHIP+ Children and Youth Pharmacare program.

As you know, 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.

OHIP+ is a commendable step towards ensuring that all Ontarians can access prescription medications. It also presents an opportunity to consider current gaps that exist in the Ontario Drug Benefit Formulary for meeting the medication needs of people affected by schizophrenia and psychosis.

We know that mental health medication treatment is not “one size fits all”. In fact, 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 with side effects vary from person to person.

For these reasons, we have written to your office in the past to promote access to a range of psychiatric medication options. Of equal importance is ensuring access to all strengths and formulations of antipsychotic medications. Dosing flexibility can contribute to improved outcomes as physicians can tailor medications to the needs of the individual.

For example, younger people under 18 who experience early-onset psychosis may have a positive response at lower doses than those typically used in adults.¹ Early intervention for psychosis typically involves treatment with a low dose of medication that is monitored closely for any side effects. If side effects develop, a lower dose may be prescribed, a medication may be added to reduce the side effects, or a different medication may be recommended altogether.² Dosing flexibility also provides options for maintenance treatment for schizophrenia, which may require changes in antipsychotic treatment throughout the course of one's recovery. Moreover, it is important that people who start a medication in hospital have consistent access to its form and strength when they return to the community, as changes in medication or dosing can disrupt one's treatment plan.

Barriers to medication treatment

Research finds that mental health medications in general are not prioritized compared to other types of medications by health technology and decision-making bodies. As indicated in our letter to you dated July 25, 2017, 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.

What is more, there continue to be inconsistencies about which medications, including different strengths and formulations, are approved for listing on formularies across different provincial and federal public drug plans. Though the pan-Canadian Pharmaceutical Alliance is an important vehicle to help ensure affordable, equitable access to medications across Canada, we encourage even greater effort among provinces and territories to list all medications and their respective doses and formulations that receive a letter of intent through this process to ensure that equal access is achieved.

Overall, SSO believes that treatment decisions come down to the individual and their prescriber, often with support from family, and that public drug programs should be designed to enable easy access to care that is effective for the individual.

¹ Abidi, S., Mian, I., Garcia-Ortega, I., Lecomte, T., Raedler, T., Jackson, K.,...Addington, D. (2017). Canadian guidelines for the pharmacological treatment of schizophrenia spectrum and other psychotic disorders in children and youth. *The Canadian Journal of Psychiatry*, 62(9), 635-647. doi [10.1177/0706743717720197](https://doi.org/10.1177/0706743717720197)

² Centre for Addiction and Mental Health. (2007). *First Episode Psychosis: A Guide for People with Psychosis and Their Families*. Retrieved from

http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/psychosis/first_episode_psychosis_information_guide/Pages/fep_treatment.aspx#diagnosis

We appreciate your ongoing commitment to ensure that Ontario's Public Drug Programs are accessible and reflective of the needs of Ontarians, including those who experience schizophrenia, psychosis and other mental illness. Please do not hesitate to contact my colleague, Erin Boudreau, manager of policy and community engagement, by phone at 416-449-6830 x 255 or email at eboudreau@schizophrenia.on.ca with any questions.

Sincerely,



Mary Alberti, CEO

Cc: Mr. Imran Ali, senior manager, pan-Canadian Pharmaceutical Alliance