



Canadian Cancer Society
Société canadienne du cancer



Canadian Cancer Society & CanCertainty Roundtable on Take-home Cancer Drugs

July 2017 Update

Introduction

On June 21, 2016 the Canadian Cancer Society (CCS) and CanCertainty co-hosted a Roundtable on Take-Home Cancer Drugs in Ontario. To create a patient-centred system that supports faster and more efficient access to take-home cancer drugs, attendees identified several key issues that needed to be addressed.

The [Roundtable Discussion Summary Report](#) provided the basis for ongoing meetings with officials from the Ministry of Health and Long Term Care (MOHLTC), Cancer Care Ontario (CCO) as well as policy advisors in the Minister's and Premier's offices. Discussions have focused on reviewing the Roundtable Report, highlighting potential areas of collaboration and plans for moving forward.

The following is an update on the progress made against each of the eight key issues identified by attendees and outlined in the [Roundtable Discussion Summary Report](#).

Update

1. Equity for Patients

- A [statement](#) was made in the House by opposition health critic Jeff Yurek, PC on access to medications including take-home cancer drugs on May 2, 2017.
- On April 13, 2017 NDP health critic, France Gélinas tabled the following [motion](#) calling on the government to fund take-home cancer drugs.

That, in the opinion of this House, the Ministry of Health and Long-Term Care should recognize – as Cancer Care Ontario acknowledged in 2014 – that a growing number of cancer patients in Ontario are facing significant out-of-pocket costs and financial barriers to treatment because take-home oral cancer drugs are not publicly funded and should begin funding take-home oral cancer drugs so that all cancer patients have access to the medication they need, regardless of their ability to pay.

- The Auditor General (AG) has been in contact with the CCS and CanCertainty on the issues around take-home cancer medications in Ontario, Canada and other jurisdictions. This issue will likely be included in the AG report expected out in late Fall 2017.
- We continue to encourage people to send letters to their MPPs and the Health Minister and Health Critics at takeaction.cancer.ca. Senders can personalize the letters to thank the Minister for including take-home cancer drug coverage for young adults and children in the recently announced OHIP+ program, but also reinforce the need to close the gap that still exists for those aged 25-64 who need coverage and should not be left behind.

- Over 18,000 signed postcards in support of access to take-home cancer drugs have been collected so far.
- In April 2017, more than 50 CCS volunteers and staff from across the province came together for MPP Education Day at the Ontario Legislature. Society advocates met with approximately 45 MPPs and staffers and spoke to them about improving access to take-home cancer drugs.



2. Consistency in Process

- Numerous meetings have focused on the separate Exceptional Access Program (EAP) and Trillium programs with specific reference to process improvements required for oncology patients:
 - Trillium: We are working with the Trillium Drug Program to develop a Question and Answer document for cancer patients to address questions raised about eligibility, coordination with private insurance, deductibles, and timelines for cancer patients. It is in the final stages.
 - EAP: Turnaround time for EAP requests has been raised in several meetings with Ministry and they are working on this issue. The Ministry recently provided the following update: "EAP [turnaround times](#) are now publicly available online to increase transparency by letting both prescribers and patients know how long they should anticipate a response back to requests. EAP turnaround times are meeting or close to meeting target queues."
- EAP: The Ministry is working on the SADIE (Special Access Digital Information Exchange) project and provided the following update:
 - SADIE is a project to modernize the Exceptional Access application process. This is both a business transformation and an information

technology project. The current plan is to have the implementation of SADIE by Spring 2018 however, OHIP+ is the ministry's number-one priority for drugs and it has not yet been determined if OHIP+ will have an impact on SADIE.

- SADIE will automate many business processes that are currently manual, will replace an existing back office application with a new one, and will create a new, prescriber-facing online application, providing 24/7/365 real-time approvals for some drugs.

3. Quality and Consistency of Care

- In April 2017, CCO established the Oncology Pharmacy Task Force to examine Ontario's pharmacy service model for take-home cancer drugs. The mandate of this task force is to deliver recommendations and advice to CCO on potential provincial pharmacy service models for take-home cancer drugs in Ontario that optimize safe, high quality, person-centred care. The CCS and CanCertainty were invited to be members of the Task Force.

4. Safety Concerns with Dispensing Take-Home Cancer Drugs

- Safety issues for cancer patients remains a concern, however these are being addressed in the CCO Pharmacy Oncology Task Force mandate (see #3 above).
- In early 2017, CCO and the Canadian Association of Provincial Cancer Agencies (CAPCA) Safety jointly published [Recommendations for the Safe Use and Handling of Oral Anti-Cancer Drugs OACDs in Community Pharmacy: A Pan-Canadian Consensus Guideline](#) to address safety issues for pharmacy employees.

5. Rising Out-of-Pocket Costs

- The 2017 Ontario Budget announced the [OHIP+](#) program, starting in January 2018, prescription drug coverage will be provided to children and youth under age 25. This will improve access to take-home cancer medications for young people. The Minister mentioned cancer drugs several times in talking about this announcement. This is a good initial step in addressing the issue of access to take-home cancer medications but there is still the population between ages 25 and 64 that are without such coverage.
- The issue of out-of-pocket costs for cancer patients aged 25-64 remains a major gap that needs to be addressed.

6. Integration with Private Insurance

- This item is out of scope for the CCO Oncology Pharmacy Task Force and remains unresolved.

7. Employer Challenges

- CCS provided input into [Improving the Management of Cancer in the Workplace](#) discussion paper authored by Chris Bonnett and Allan Smofsky. The authors are planning to broadly share this paper and hope to generate discussion and action to improve cancer management in the workplace.

8. Rising Costs, Affordability and Sustainability

- CAPCA is conducting a [pan Canadian Cancer Drug Funding Sustainability Initiative](#). CCS and CanCertainty participated in the roundtables and have provided input into the review.
- On April 17, 2017, in advance of a third stakeholder roundtable meeting held at CADTH, the CanCertainty Coalition provided a [Position Paper](#) to the CAPCA Board outlining a patients-first approach to resolving issues of costs and sustainability.

Moving Forward

On behalf of cancer patients in Ontario, we will continue to raise public attention to this issue and we will keep you informed of our progress. Working together we can bring forward ideas and solutions to resolve the issues identified in the Roundtable Summary Report and improve the delivery and access to take-home cancer drugs in Ontario.

As an additional note, we wanted to share some developments in Nova Scotia. Significant public awareness and advocacy efforts by the CanCertainty Coalition, along with cancer patients, healthcare professionals, health economists, and navigators led to platform announcements on take-home cancer drugs by both leading political parties in Nova Scotia in their recent election. The issue was also discussed in the televised Leaders' Debate. Next step will be to ensure the government follows through on its platform commitment and takes action to address the gaps in coverage for take-home cancer drugs.