

Canadian Cancer Society Regulatory REG 2020 Submission Improving Access to Exceptional Access Program Drugs for Ontarians Living Near Manitoba and Quebec Borders

November 2020



Introduction

The Canadian Cancer Society (CCS) is the only national charity supporting Canadians with all cancers in communities across the country. In 2018, we funded groundbreaking research, invested \$52.6 million in trusted information and compassionate and practical support to people with cancer and caregivers, and helped shape health policies to prevent cancer and support those living with the disease. With nearly 1 in 2 Ontarians expected to develop cancer in their lifetime, it is vital we work together to strengthen our efforts to reduce the cancer burden in Ontario.

Comments on REG 2020: Improving Access to Exceptional Access Program Drugs for Ontarians Living Near Manitoba and Quebec Borders

CCS continues to call on the Ontario government to invest in a system to fund take-home cancer drugs (THCD). THCD are not universally covered through the Ontario Health Insurance Plan, leaving many patients navigating a patchwork of regulatory and administrative coverage. This leads to people with cancer facing financial hardship and forces them to seek in-hospital treatments when take-home options are not available. Other Canadian jurisdictions, including both Manitoba and Quebec, provide full reimbursement to residents for THCD.

Through OHIP+, the Trillium Drug Benefit, programs for seniors 65 and older or people on social assistance, or other smaller specialty programs, THCDs are covered with little or no copay or deductible. Unfortunately, for the remaining 40% of the population in Ontario who do not qualify for these programs, they either pay out-of-pocket or are covered by group/private insurance, with a typical copayment of 20%.¹ As people face the economic fallout of the COVID-19 pandemic, it is even more difficult to pay out-of-pocket to access these medications. In Ontario, if someone qualifies for either the Ontario Drug Benefit Program or the Trillium Drug Program, they may qualify for the Exceptional Access Program (EAP) to access THCD. According to a response to a Question on the Order Paper, in fiscal year 2019/2020, the EAP provided approximately 18,700 assessments of requests for cancer drugs on a case-by-case basis—with 7 % of requests denied. Over the past three years, about 6% of requests for cancer drugs were not approved.

CCS supports allowing Quebec and Manitoba physicians and nurses who have the authority to prescribe drugs to be deemed authorized prescribers for the purpose of the EAP. This will make access to THCD through the EAP easier for Ontarians living closer to health professionals in neighbouring provinces than in Ontario. However, it must be noted that health providers in Manitoba and Quebec will be requesting exceptional funding for THCD for Ontarians that would likely automatically be covered to residents in their home provinces. If the province of Ontario funded a THCD programin the same manner as Manitoba or Quebec, Ontarians impacted by cancer wouldn't need to seek funding through the EAP in the first place.

¹ Canadian Cancer Society & CanCertainty Roundtable on Take-home Cancer Drugs Hart House, University of Toronto, June 21, 2016. Discussion summary available at: https://www.cancer.ca/en/get-involved/take-action/what-we-are-doing/take-home-drugs-on/?region=on



Public coverage for THCDs will keep more Ontarians out of hospital, improve outcomes for people with cancer, and will help advance the Government of Ontario's goal of ending hallway medicine would align Ontario with many other provinces and territories (BC, AB, SK, MB, QC, NWT, YK and NT).

Contact Information

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