From s.22
s.22

To: Hon. Michael de Jong, Q.C.
Minister of Health
PO Box 9050, Victoria
V8W 9E2

January 5th,2012

Dear Minister De Yong,

Thank you for receiving this letter.

I am writing this letter within my capacity as a s.22

I want to register my thoughts surrounding coverage for acetylcholinesterase inhibitors by the Government for the intervening period of April 1st, 2012, when ADTI ends, and the final listing decision on these medications in 2014. These medications are currently covered by the ADTI program in BC (Alzheimer Disease Therapeutics Initiative).

A final decision regarding listing of these medications is to be made in 2014; but has yet no decision has been made as to whether coverage will continue for patients already enrolled in ADTI and/or new patients diagnosed with Dementia after ADTI ends.

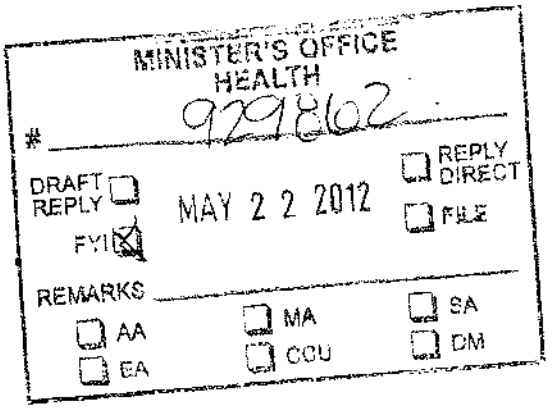
I want to list my thoughts surrounding continuing coverage pending final listing decision:

- That PharmaCare should primarily focus on the ethics of continuing coverage for patients, until the government uses the findings of the ADTI to make its final listing decision in 2014.
- BC should "do the right thing" and continue to provide access to all ChEIs for new patients until ADTI has concluded its findings.
- During the pre- decision phase (Interim Period), not covering new patients is ethically problematic. What happens to patients on April 1st 2012 – if, in 2014, the BC Government ultimately decides to provide coverage?
- Limiting access to ChEIs prior to ADTI's conclusions would negate the initiative's ultimate findings.
- Ensuring access to all ChEIs during the 2 year interim period preserves the integrity of ADTI's evidence based framework and the ultimate conclusions of its experts.

s.22

Alzheimer Society
BRITISH COLUMBIA

May 14, 2012



Hon. Michael de Jong, Q.C.
Room 337
Parliament Buildings
Victoria, BC V8V 1X4

Dear Minister De Jong

Thank you so much for meeting with the Alzheimer Society of B.C. in March. We wanted you to know about the positive effects of your government's policy directions, such as funding of First Link® and the continuation of the Alzheimer Drug Therapy Initiative. We very much appreciate the time you spent with us in your Abbotsford office.

We were encouraged when you indicated that you value the viewpoint of the Alzheimer Society in regard to policy affecting families living with dementia. Thank you for ensuring that the Dementia Action Plan was completed and sent for our review prior to publication. We were pleased to note the strong principles and important actions set out in the Plan. I note that there will be challenges in meeting the very tight timeline for implementation and province-wide spread of the actions. As well, it would be advantageous if there were metrics and evaluation applied to the implementation of the actions. We welcome the opportunity to support the further development and implementation of the Dementia Action Plan, and will be available to you and your staff as you take the next steps. We are very motivated to expand First Link® throughout the province as is set out in the Plan and have asked for a meeting with Ministry staff to share our expansion plan.

As you know, dementia has a devastating impact on the person with the illness and their family. It is not an illness we can ignore and we thank you very much for your support of families affected by dementia and of the Alzheimer Society.

Sincerely,

Jean Blake
Chief Executive Officer, Alzheimer Society of B.C.

cc. Leigh Ann Seller, Executive Director, Home, Community and Integrated Care, Ministry of Health

ALZHEIMER SOCIETY OF B.C.
#300 - 828 West 8th Avenue, Vancouver, BC V5Z 1E2
TEL: 604-681-6530 FAX: 604-669-6907 TOLL FREE: 1-800-667-3742
WEBSITE: www.alzheimerbc.org Email: info@alzheimerbc.org
CHARITABLE REGISTRATION BN #11878 4891 RR0001

s.22

July 9, 2012

Hon. Michael de Jong
Minister of Health
Government of British Columbia
Victoria, B.C.

Dear Sir:

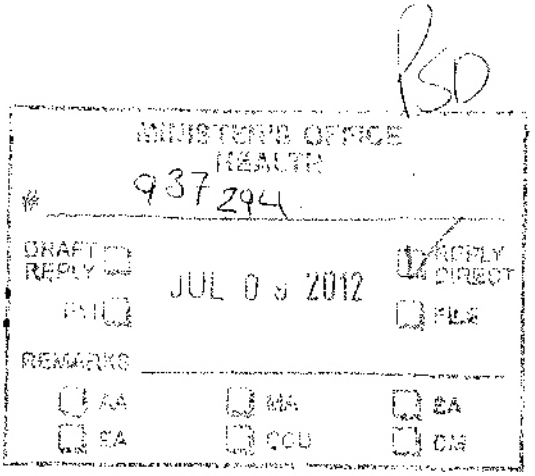
I would welcome your comment and either confirmation or denial of the facts quoted in today's main editorial in the *Times Colonist* ('Liberals caved into drug industry').

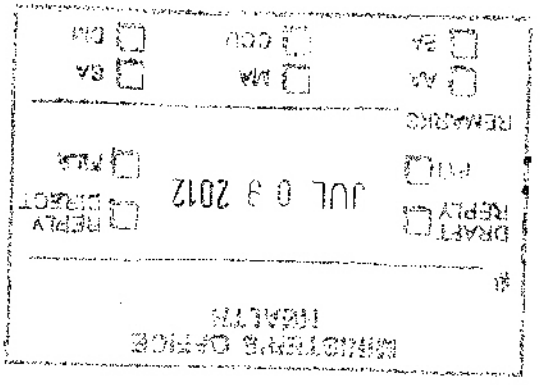
The implication of said article is that your ministry has caved into long-standing efforts by the pharmaceutical industry to emasculate the Therapeutics Initiative at the University of British Columbia which has examined new drugs as they appear on the market. According to the editorial, this organisation was cautioning against the drug Avandia years before it was eventually found to be hazardous in certain circumstances. Now, apparently, funding to the agency has been sharply reduced – 'gutted' is the word used - and "...staff were told that their views are no longer to be heard." They are not to attend drug-review proceedings even as observers. All of this was done despite the objections of contributors to respected medical journals in the province and the country at large.

If these facts are true, I find them shocking and evidence that the Liberal Party of British Columbia is, indeed, in the pockets of the drug industry. However, I am willing to suspend judgment until I hear your side of the story. I anticipate a reply at your earliest convenience.

Yours sincerely,

s.22





BRITISH COLUMBIA

937294

s.22

Dear s.22

Thank you for your letter of July 9, 2012, regarding the Therapeutics Initiative (TI) and the drug review process. Honourable Michael de Jong, QC, Minister of Health, has asked me to respond on his behalf.

The information presented in the *Times-Colonist* Editorial of July 8, 2012, regarding the TI contract with the Ministry of Health (the Ministry) is not correct.

The Ministry values the past work of the TI and continues to contract three TI reviewers among a roster of five reviewers for completing drug reviews not done by the Common Drug Review. Since the national Common Drug Review was introduced in 2003, the amount of clinical evidence review done by the TI for the Ministry has declined. Recognizing that change in the need for clinical evidence reviews – the Ministry has appropriately adjusted the amount we are paying for those services.

Funding for the TI is lower in the current contract than in previous contracts. Funding is being directed to support other aspects of the Ministry's enhanced drug review process. Examples include improving input from practicing physicians into the drug review process through Clinical Practice Reviews funded through a new contract between the Ministry and the University of British Columbia Faculty of Medicine; introducing new pharmacoeconomic evidence reviewers into the drug review process; and introducing new drug review input process for patients and caregivers.

Drug review inputs are provided to the independent Drug Benefit Council (the Council) to make drug listing recommendations to the Ministry for decision. Council members, comprised of physicians, pharmacists, public members, a pharmacoeconomist and an ethicist, have signed conflict of interest declarations and none are employed by the pharmaceutical industry.

For more information about the drug review process in BC, visit our *Drug Reviews & Process* web page at: http://www.health.gov.bc.ca/pharmacare/formulary/index.html#.

…2

Ministry of Health

Office of the Assistant Deputy Minister
Pharmaceutical Services

3-2, 1515 Blanshard St
Victoria BC V8W 3C8
Telephone: 250 952-1464
Fax: 250 952-1584

Besides their work related to clinical evidence reviews, the TI continues to provide other services in their existing contract, such as PharmaCare program evaluations, which evaluate whether drugs currently in use are safe and effective, and health professional education. Funding to the TI will support the work that is undertaken in these areas.

I hope this information helps to clarify the role of the TI in our drug review process, program evaluations and health professional educational initiatives.

Sincerely,

Barbara Walman
Assistant Deputy Minister
Pharmaceutical Services

pc: Honourable Michael de Jong, QC

King, Jessica MTIC:EX

From: Minister, HLTH HLTH:EX
Sent: Thursday, January 5, 2012 11:22 AM
To: Health, HLTH HLTH:EX
Subject: FW: Letter Minister of Health regarding termination of ADTI
Attachments: Letter Minister of Health regarding termination of ADTI.docx

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From: s.22
Sent: Thursday, January 05, 2012 11:21:31 AM
To: Minister, HLTH HLTH:EX
Subject: Letter Minister of Health regarding termination of ADTI
Auto forwarded by a Rule

Thank you for receiving this letter.
I am s.22 and want to express my thoughts surrounding the upcoming end of the Alzheimer disease Therapeutics Initiative.
s.22

King, Jessica MTIC:EX

From: deJong.MLA, Mike LASS:EX
Sent: Monday, July 9, 2012 3:13 PM
To: Health, HLTH HLTH:EX; Manning, John HLTH:EX
Subject: FW: UBC Therapeutics Initiative - Assessment of New Drugs coming to Market - Staff Layoff Notices

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From: s.22
Sent: July-09-12 11:41 AM
To: Abbott.MLA, George; Bell.MLA, Pat; Cadieux.MLA, Stephanie; Bond.MLA, Shirley; Chong.MLA, Ida; premier@gov.bc.ca; Coleman.MLA, Rich; deJong.MLA, Mike; Falcon.MLA, Kevin; Lake.MLA, Terry; Lekstrom.MLA, Blair; MacDiarmid.MLA, Margaret; McNeil.MLA, Mary; McRae.MLA, Don; Polak.MLA, Mary; Thomson.MLA, Steve; Yamamoto.MLA, Naomi; Yap.MLA, John
Subject: UBC Therapeutics Initiative - Assessment of New Drugs coming to Market - Staff Layoff Notices

To: BC Provincial Cabinet Ministers

Following link to a Sunday, July 8, 2012 Victoria Times Colonist editorial that is very disturbing.
http://www.timescolonist.com/opinion/editorials/Liberals+caved+drug+industry/6901235/story.html
The elimination of this program under then Minister of Health George Abbott seems more and more a mistake in light of events pointed out in the Times Colonist editorial. At a time when your government is preparing itself for a general election, it seems ever more evident that your focus has shifted away from “Families First” to “Big Business First” . I note that significant corporate and pharmaceutical donations were made in 2010 and 2011 to your party, giving the impression that your party is being rewarded for removing an obstacle to greater sales and profits for pharmaceutical companies in the BC marketplace. Of course these companies do beneficial research and bring helpful new drugs to market, however their desire for profits sometimes outpaces the need to ensure new drugs are completely safe. We are all aware of drugs that have been approved by the FDA and Health Canada that later resulted in bad side effects and sometimes deaths. s.22

s.22

s.22 The absolute first priority of your party should be ensuring the safety of drug consumers from unintended consequences (side effects) and the 2008 cancellation of this program seems to have eliminated that safeguard. More and more, your party is giving the appearance of favouring big business over middle and lower income people. At the very least, corporate and union donations should be eliminated from the BC political landscape so that they will not give the “appearance” of tainting political decisions.

s.22

King, Jessica MTIC:EX

From: deJong.MLA, Mike LASS:EX
Sent: Tuesday, July 10, 2012 12:05 PM
To: Health, HLTH HLTH:EX; Manning, John HLTH:EX
Subject: FW: UBC Therapeutics Initiative

-----Original Message-----
From: s.22
Sent: July-09-12 5:41 PM
To: deJong.MLA, Mike
Subject: UBC Therapeutics Initiative

The newspaper reports that while the drug company GlaxoSmithKline was petitioning the government to remove the UBC Therapeutics Initiative from their position of assessing the efficacy of drugs, GlaxoSmithKline were breaking the law, a crime for which they have recently been fined US$3b.
The government has since cut off funding to the Therapeutics Initiative for reasons that are unclear, particularly in the light of recent, seemingly endemic, drug company malfeasance.
I would expect that the government reverse its position regarding funding the Therapeutic Initiative in a timely manner.
Please confirm that this is the case.

s.22

King, Jessica MTIC:EX

From: hlth Med Ben & Pharm Services Correspondence Unit HLTH:EX
Sent: Tuesday, July 31, 2012 2:09 PM
To: s.22
Subject: Ministry of Health Response - 937322

s.22

Dear s.22

Thank you for your email sent July 9, 2012, regarding the role of the Therapeutics Initiative (TI) in the Ministry of Health's (the Ministry) enhanced drug review process. Honourable Michael de Jong, QC, Minister of Health, has asked me to respond on his behalf.

The information presented in the Times Colonist Editorial of July 8, 2012, regarding the contract between the TI and the Ministry, is not factually correct.

The national Common Drug Review (CDR), which began to review drugs in 2003, creates clinical evidence reviews and other information documents for the participating drug benefit programs, including British Columbia's PharmaCare program. Since the CDR already performs a number of clinical evidence reviews for drugs, the Ministry has fewer drug files that are sent to other reviewers.

The Ministry values the past work of the TI and continues to contract with three members of the TI. These reviewers complete clinical evidence reviews for drugs that have not already been through the CDR.

Since there are fewer drugs files requiring reviews, Ministry funding for the TI is lower in the current contract than in previous contracts. Ministry funding has been redirected to support other aspects of the Ministry's enhanced process. Examples include input from practising physicians into the process through clinical practice reviews; new pharmacoeconomic evidence reviewers; and input from patients and caregivers.

The Ministry provides drug review inputs to the independent Drug Benefit Council (the Council) which makes drug-listing recommendations to inform the Ministry's listing decisions. All members of the Council, currently comprised of physicians, pharmacists, public members, a pharmacoeconomist and an ethicist, have signed conflict of interest declarations. In addition, none of the members is employed by the pharmaceutical industry.

For more information about the drug review process in BC, visit our Drug Reviews and Process web page at: http://www.health.gov.bc.ca/pharmacare/formulary/index.html#.

In addition to their work related to clinical evidence reviews, the TI continues to provide the Ministry two other services under their existing contract. These services are PharmaCare program evaluations, which evaluate the safety and efficacy of drugs currently in use, and health professional education. Funding to the TI supports the work undertaken in these areas.

I hope this information helps to clarify the role of the TI in our drug review process, program evaluations and health professional educational initiatives.

Sincerely,

Barbara Walman

Assistant Deputy Minister

Pharmaceutical Services

pc: Honourable Michael de Jong, QC

King, Jessica MTIC:EX

From: hlth Med Ben & Pharm Services Correspondence Unit HLTH:EX
Sent: Tuesday, July 31, 2012 2:39 PM
To: s.22
Subject: Ministry of Health Response - 937334

s.22

Dear s.22 :

Thank you for your email sent July 9, 2012, regarding the Therapeutics Initiative (TI) and the drug review process. Honourable Michael de Jong, QC, Minister of Health, has asked me to respond on his behalf.

s.22

The information presented in the *Times-Colonist* Editorial of July 8, 2012, regarding the TI contract with the Ministry of Health (the Ministry) is not factually correct.

The national Common Drug Review (CDR), which began to review drugs in 2003, creates clinical evidence reviews and other information documents for the participating drug benefit programs, including British Columbia's PharmaCare program. Since the CDR already performs a number of clinical evidence reviews for drugs, the Ministry has fewer drug files that are sent to other reviewers.

The Ministry values the past work of the TI and continues to contract with three members of the TI. These reviewers complete clinical evidence reviews for drugs that have not already been through the CDR.

Since there are fewer drug files requiring reviews, Ministry funding for the TI is lower in the current contract than in previous contracts. Ministry funding has been redirected to support other aspects of the Ministry's enhanced drug review process. Examples include input from practising physicians into the process through clinical practice reviews; new pharmacoeconomic evidence reviewers; and input from patients and caregivers.

Drug review inputs are provided to the independent Drug Benefit Council (the Council) which makes drug-listing recommendations to inform the Ministry's listing decision. All Council members, comprised of physicians, pharmacists, public members, a pharmacoeconomist and an ethicist, have signed conflict of interest declarations and none are employed by the pharmaceutical industry.

For more information about the drug review process in BC, visit our *Drug Reviews & Process* web page at http://www.health.gov.bc.ca/pharmacare/formulary/index.html#.

In addition to their work related to clinical evidence reviews, the TI continues to provide the Ministry other services in their existing contract. These services are PharmaCare program evaluations, which evaluate whether drugs currently in use are safe and effective and health professional education. Funding to the TI supports the work undertaken in these areas.

I hope this information helps to clarify the role of the TI in our drug review process, program evaluations and health professional educational initiatives.

Sincerely,

Barbara Walman

Assistant Deputy Minister

Pharmaceutical Services

pc: Honourable Michael de Jong, QC

King, Jessica MTIC:EX

From: hlth Med Ben & Pharm Services Correspondence Unit HLTH:EX
Sent: Tuesday, August 7, 2012 9:54 AM
To: s.22
Cc: Premier Christy Clark
Subject: Ministry of Health Response - 939171

s.22

Dear s.22

Thank you for your email of July 16, 2012, sent to Honourable Christy Clark, Premier, regarding the role of the Therapeutics Initiative (TI) in the Ministry of Health's (the Ministry) enhanced drug review process. Honourable Michael de Jong, QC, Minister of Health, has asked me to respond on his behalf.

Some information presented in the media recently particularly the Victoria *Times Colonist* Editorial of July 8, 2012, regarding the contract between the TI and the Ministry is not factually correct. In particular, the TI was not removed from the Ministry's drug review process in 2007.

The national Common Drug Review (CDR), which began to review drugs in 2003, creates clinical evidence reviews and other information documents for the participating drug benefit programs, including British Columbia's PharmaCare program. Since the CDR already performs a number of clinical evidence reviews for drugs, the Ministry has fewer drug files that are sent to other reviewers.

The Ministry values the past work of the TI and continues to contract with three members of the TI. These reviewers complete clinical evidence reviews for drugs that have not already been through the CDR.

Since there are fewer drug files requiring reviews, Ministry funding for the TI is lower in the current contract than in previous contracts. Ministry funding has been redirected to support other aspects of the Ministry's enhanced process. Examples include input from practising physicians into the process through clinical practice reviews; new pharmacoeconomic evidence reviewers; and input from patients and caregivers.

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For more information about the drug review process in BC, visit our Drug Reviews and Process web page at: http://www.health.gov.bc.ca/pharmacare/formulary/index.html#.

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I hope this information helps to clarify the role of the TI in our drug review process, program evaluations and health professional educational initiatives.

Sincerely,

Barbara Walman

Assistant Deputy Minister

Pharmaceutical Services

pc: Honourable Christy Clark

Honourable Michael de Jong, QC

From: OfficeofthePremier, Office PREM:EX
Sent: Friday, July 27, 2012 9:18 AM
To: s.22
Cc: Health, HLTH HLTH:EX
Subject: RE: Medical drug approval concerns

Thank you for your email regarding the Therapeutics Initiative. Your comments are noted and we appreciate that you have taken the time to express your views on the subject. We have asked the Minister of Health to ensure that you receive a response, specific to your concerns, at the earliest opportunity.

Thank you again for writing to share your concerns. It was good to hear from you.

pc: Honourable Michael de Jong

From: s.22
Sent: Monday, July 16, 2012 11:47 AM
To: OfficeofthePremier, Office PREM:EX
Subject: Fw: Medical drug approval concerns

From: s.22

Sent: Monday, July 16, 2012 11:46 AM

To: permier@gov.bc.ca

Subject: Medical drug approval concerns

Madam Premier:

I have read with great concern the plan by your Government to persist in withdrawal of funding from UBC's Therapeutics Initiative following the issuance of the US Government's reports concerning Glaxo-Smith-Kline's suppression of adverse data concerning some of its products.

You were not a member of the previous BC government that decided to eliminate such funding to a highly-qualified group capable of providing thorough and informed advice concerning new or current therapeutic drugs, so have no obligation to maintain its "legacy".

I expect an immediate announcement that the necessary funding will be reinstated, and that your Government will rely on independent and unbiased advice to protect the residents of British Columbia, not the officers and shareholders of a foreign corporation.

Respectfully,

s.22

July 16/12

King, Jessica MTIC:EX

From: OfficeofthePremier, Office PREM:EX
Sent: Friday, July 27, 2012 9:18 AM
To: s.22
Cc: Health, HLTH HLTH:EX
Subject: RE: Medical drug approval concerns

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pc: Honourable Michael de Jong

From: meaghers s.22
Sent: Monday, July 16, 2012 11:47 AM
To: OfficeofthePremier, Office PREM:EX
Subject: Fw: Medical drug approval concerns

From: s.22
Sent: Monday, July 16, 2012 11:46 AM
To: permier@gov.bc.ca
Subject: Medical drug approval concerns

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I expect an immediate announcement that the necessary funding will be reinstated, and that your Government will rely on independent and unbiased advice to protect the residents of British Columbia, not the officers and shareholders of a foreign corporation.

Respectfully,
s.22

July 16/12

King, Jessica MTIC:EX

From: s.22
Sent: Tuesday, March 6, 2012 12:24 PM
To: hlth Med Ben & Pharm Services Correspondence Unit HLTH:EX
Subject: RE: Ministry of Health Response - 913182

Thankyou very much for this thorough answer,
s.22

From: Hlth Pharmaceutical Services Correspondence Unit HLTH:EX [mailto:HlthPSDCorr@gov.bc.ca]
Sent: Tuesday, March 06, 2012 10:06 AM
To: s.22
Subject: Ministry of Health Response - 913182

s.22

Dear s.22

The Honourable Michael de Jong, QC, Minister of Health, has asked me to respond to your email of January 5, 2012, regarding your views on continuing coverage of cholinesterase inhibitors until PharmaCare makes a listing decision. I apologize for the delay in responding.

The Alzheimer's Drug Therapy Initiative (the Initiative) provides coverage of cholinesterase inhibitors on a research basis to gather information on the safety and effectiveness of these medications. PharmaCare expects to make a listing decision in early 2014.

The Initiative is taking the opportunity to expand on the associated research studies and will continue to collect additional data from new patients. This will allow people who are newly diagnosed to access PharmaCare coverage of cholinesterase inhibitors until the listing decision is made.

I appreciate the time you have taken to bring this matter to the Minister's attention and trust that this is the response you were hoping for.

Sincerely,

Bob Nakagawa, B.Sc. (Pharm.), ACPR, FCSHP
Assistant Deputy Minister
Pharmaceutical Services

pc: Honourable Michael de Jong, QC