Pharmacy in B.C.

Ministry of Health
March 11, 2019
Today’s presenters

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Who are B.C.’s community pharmacists?
Their training

- Ten universities with faculties of pharmacy in Canada.
- UBC only university in B.C. with Faculty of Pharmaceutical Sciences
- A total of 6 years of university
- Must be admitted to the four-year program and will graduate with Doctor of Pharmacy (PharmD) after two years of post-secondary studies, typically in sciences.
A regulated health profession

- Regulated by the College of Pharmacists of British Columbia
- Pharmacists must successfully complete the College’s Jurisprudence Examination (JE) and Pharmacy Examining Board of Canada (PEBC) Qualifying Exam – Part I (MCQ) and Part II (OSCE)
- Must obtain professional liability insurance to practice
- All practicing Pharmacists must obtain a License from the College of Pharmacists of BC
Regulations for pharmacists

• In B.C. the profession is governed by several acts and sets of regulations
  • Health Professions Act
    • Pharmacists Regulation to HPA
    • Health Professions General Regulation
    • HPA Bylaws
  • Pharmacy Operations and Drug Scheduling Act (PODSA)
    • Pharmacy Operations General Regulation
    • PODSA Bylaws
  • Pharmaceutical Services Act
• The Controlled Drugs and Substances Act (CDSA) is federal regulation for narcotics.
Pharmacists are medication experts

Pharmacists are trained on:

• Medications – how they work, how they are synthesized by the body, their therapeutic effects and adverse reactions, how they can improve patient health and disease states.

• Diseases, their symptoms and treatment, specifically the medications that are used in those treatments.

• Patient assessment

• Inpatient and outpatient care, complex care

• Working with health-care team in various settings.
Role within the broader health-care team

• Work with prescribers to recommend medications, dosages, adjustments and advise on drug interactions or effectiveness

• In opioid agonist treatment (OAT) work hand-in-hand with prescribers on patients’ adherence or challenges – see most patients daily.

• Provide medications to residential and long-term care facilities and prepare packaging for easier distribution to patients.

• Provide immunizations for adults and children ages 5 and older.
  • Both publicly-funded vaccines and private pay (e.g. travel vaccines)
B.C. community pharmacy: Fast facts
B.C. pharmacy by the numbers

> 4,000 community pharmacists

> 1,360 community pharmacies

> 76 million Rx filled/year

serve 153 of the 160 communities
B.C. pharmacy by the numbers

- Employs 17,300 British Columbians
- Provides $660 million in labour income
- Generates direct GDP of $903 million in the province
Where we are
Types of pharmacies

• Chains in B.C. – 41% of B.C. pharmacies
  • Examples Shoppers Drug Mart, Loblaw, London Drugs, Safeway/Thrifty, Overwaitea Food Group, Rexall
  • Expanded retail offerings outside of pharmacies (food, cosmetics, electronics)

• Banners – 33% of B.C. pharmacies
  • All have same name, but are independently owned. Examples: Pharmasave, Medicine Shoppe, Medicine Centre
  • Smaller footprint of non-pharmacy retail area, most revenue pharmacy services.

• Independents – 26% of B.C. pharmacies
  • Similar to banners only without franchise name.
Pharmacists’ scope of practice
In British Columbia, pharmacists can:

• Administer injections for vaccines – including influenza and travel vaccines

• Adapt prescriptions for:
  • Changing dosages, formulation, regimen
  • Make therapeutic substitutions for certain drugs in the same therapeutic class (e.g. RDP, shortages like valsartan)

• Renew prescriptions

• Provide Emergency refills

• Prescribe for emergency contraception

• Provide Nicotine Replacement Therapy for smoking cessation
# Pharmacists’ Scope of Practice in Canada

## Scope of Practice[^1]

<table>
<thead>
<tr>
<th>Activity</th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>ON</th>
<th>QC</th>
<th>NB</th>
<th>NS</th>
<th>PEI</th>
<th>NL</th>
<th>NWT</th>
<th>YT</th>
<th>NU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescriptive Authority (Schedule 1 Drugs)</strong></td>
<td>![Implemented in jurisdiction]</td>
<td>![Implemented in jurisdiction]</td>
<td>![Not implemented]</td>
<td>![Not implemented]</td>
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</tr>
<tr>
<td><strong>In a collaborative practice setting/agreement</strong></td>
<td>![Implemented in jurisdiction]</td>
<td>![Implemented in jurisdiction]</td>
<td>![Not implemented]</td>
<td>![Not implemented]</td>
<td>![Not implemented]</td>
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<td>![Not implemented]</td>
<td>![Not implemented]</td>
<td>![Not implemented]</td>
</tr>
<tr>
<td>Change drug dosage, formulation, regimen, etc.</td>
<td>![Implemented in jurisdiction]</td>
<td>![Implemented in jurisdiction]</td>
<td>![Not implemented]</td>
<td>![Not implemented]</td>
<td>![Not implemented]</td>
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</tbody>
</table>

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[^1]: Scope of activities, regulations, training requirements and/or limitations differ between jurisdictions. Please refer to the pharmacy regulatory authorities for details.

[^2]: Initiate new prescription drug therapy, not including drugs covered under the Controlled Drugs and Substances Act.

[^3]: Author to inject may not be inclusive of all vaccines in this category. Please refer to the jurisdictional regulations.

[^4]: For education/demonstration purposes only.

[^5]: Foreign-trained pharmacists may administer and/or authorise through their regulatory authority.

[^6]: Authority is limited to ordering lab tests.

[^7]: Pharmacy technician registration varies by jurisdiction. Please confirm with your regulatory authority.
Alberta and Saskatchewan

Alberta:
• The model that many look to for scope. In Alberta, pharmacists can:
  • Prescribe Schedule 1 drugs independently (if the pharmacist has additional prescribing authority), in collaborative settings, for minor ailments, smoking and emergencies.
  • Administer injections for any drug or vaccine.
  • Order and interpret lab results.

Saskatchewan:
• Pharmacists can:
  • Prescribe certain medications for specific minor ailment conditions.
  • Prescribe in emergencies.
  • Administer injections for any drug or vaccine.
Quebec and Ontario

Quebec:
• Bill 41 in 2011 allowed new activities for pharmacists which mean pharmacists can:
  • Renew a doctor’s prescription.
  • Modify a doctor’s prescription with respect to form, dosage, quantity or directions; substituting another medication from the same therapeutic subclass.
  • Administering a medication (not intravenous) for demonstration purposes.
  • Prescribing and interpreting laboratory analyses for monitoring, but not diagnostic purposes.
  • Prescribing a medication for minor conditions.

Ontario:
• Pharmacists can:
  • Prescribe for smoking cessation.
  • Administer injections for vaccines.
  • Renew non-narcotic prescriptions.
  • Change drug dosage, formulation and regime (adaptation).
How the pharmacy business works in B.C.
The path to drug coverage in Canada

Drug Available through Private Reimbursement

1. Health Canada Review
   - Manufacturer submits new drug submission to Health Canada
   - Health Canada issues Notice of Compliance (NOC)

2. Drug Approved for Use
   - Manufacturer submits Common Drug Review application to CADTH
   - CADTH Recommendation

3. Public Advocacy
   - pan-Canada Pharmaceutical Alliance Negotiations
   - Provincial/Territorial Decision

4. Drug Available through Public Reimbursement

   - SIX MONTHS UNDER PRIORITY REVIEW
   - SIX MONTHS – 1 YEAR
     (Up to 3 or 6 month overlap with Health Canada Review)

PMPRB
Breakdown of costs for a prescription

- Research
- Development
- Manufacturing

- Shipping
- Warehousing
- Distribution
- Cold Chain

- Right drug, right patient, right time
- Counselling
- Adherence
- Risk Management
- Side Effect Management
- Reimbursement Assistance
- Physician Coordination
- Inventory Management
- Storage
- Packaging/Delivery/Shipping
Current Pharmacy Reimbursement Model

Generic & Wholesale Rebates + Dispensing Fee =

- Salaries and overhead
- Prescription Counselling
- OTC Counselling & “prescribing”
- Administration
- Risk Management
- Reimbursement & Payor Navigation

- Inventory Management
- Storage
- Drug Shortage Management
- Packaging
- Delivery
- Adherence Support

Drug Prices, Commercial Rebates & Fees facing downward pressures, but the same services still need to be provided.
# Types of Pharmacy Revenue - Dispensing

<table>
<thead>
<tr>
<th>Type</th>
<th>Includes/examples</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispensing Fee</td>
<td>• Ensuring drug is necessary, safe and effective&lt;br&gt;• Counselling on new Rx’s and refill Rx’s&lt;br&gt;• Adherence management, patient education&lt;br&gt;• Drug interaction and side effect management&lt;br&gt;• Reimbursement assistance</td>
<td>$10.00</td>
</tr>
<tr>
<td>Refusal to Fill</td>
<td>• Not a valid Rx&lt;br&gt;  • No directions on Rx&lt;br&gt;  • No address or name on Rx&lt;br&gt;  • Rx not signed by prescriber</td>
<td>$20.00 calculated at 2 x Pharmacare Fee</td>
</tr>
<tr>
<td>Adaptation/Renewal</td>
<td>• Changing the dose, formulation, or regimen of a prescription to enhance patient outcomes&lt;br&gt;• Renewing a prescription for continuity of care</td>
<td>$10.00</td>
</tr>
<tr>
<td>Therapeutic Substitution</td>
<td>• Change to a drug within the same therapeutic class&lt;br&gt;  • Ex: RDP, drug shortages</td>
<td>$17.20</td>
</tr>
</tbody>
</table>
## Types of Pharmacy Revenue - Dispensing

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<tr>
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<th>Includes/examples</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Refill</td>
<td>• Patient unable to see physician</td>
<td>$0 (Just dispensing fee)</td>
</tr>
<tr>
<td>Methadone</td>
<td>• Pharmacist daily witness ingestion</td>
<td>$10.00 dispensing fee + $7.70 Witness Fee</td>
</tr>
<tr>
<td></td>
<td>• Assess patient for intoxication and other health concerns</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ensure no diversion of the narcotic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If not daily witness, prepare methadone for take-home known as “carries”.</td>
<td></td>
</tr>
<tr>
<td>Other OAT (SROM, Suboxone)</td>
<td>• Same as above, only different forms of OAT.</td>
<td>$10.00 dispensing fee + no fee for witness</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>• Assessing and intake of patient to BC Smoking Cessation Program</td>
<td>$10/Rx</td>
</tr>
<tr>
<td></td>
<td>• Filling prescription of either prescription drugs (bupropion or varenicline) by</td>
<td>Max of 3 fees during 12-week period</td>
</tr>
<tr>
<td></td>
<td>physician</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provide Nicotine Replacement therapy (gum, lozenges, patches or inhaler)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Discuss dosage and type with patient</td>
<td></td>
</tr>
</tbody>
</table>
## Pharmacy Services

<table>
<thead>
<tr>
<th>Type</th>
<th>Includes</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Review Pharmacist Consultation</td>
<td>• One-on-one in-person consultation&lt;br&gt;• Documentation includes Best Possible Medication History, which is kept on file and provided to the patient&lt;br&gt;• Drug Related Problem communicated to the physician for follow up</td>
<td>$70.00</td>
</tr>
<tr>
<td>Standard</td>
<td>• One-on-one in-person consultation&lt;br&gt;• Documentation includes Best Possible Medication History which is kept on file and provided to the patient</td>
<td>$60.00</td>
</tr>
<tr>
<td>Follow Up</td>
<td>• One-on-one in-person consultation&lt;br&gt;• Follow up on Drug Related Problem or when medications change</td>
<td>$15.00</td>
</tr>
</tbody>
</table>
# Pharmacy Services

<table>
<thead>
<tr>
<th>Type</th>
<th>Includes/examples</th>
<th>Reimbursement</th>
</tr>
</thead>
</table>
| Vaccinations  | • Authority to administer injections to adults and children ages 5 and older.  
                • All publicly-funded vaccinations:  
                   • Influenza, diphtheria, pertussis, tetanus, polio, hepatitis A, hepatitis B, meningococcal disease, pneumococcal disease, measles, mumps, rubella, chickenpox, influenza, HPV. | $10           |
Immunizations - influenza

B.C. pharmacists were given the authority to provide flu shots in 2009 after the H1N1 swine flu pandemic. Popular choice for public.
Immunizations - MMR

During the recent 2019 outbreak of measles, B.C. community pharmacists administered more than 1,000 MMR vaccines in one week.

Many patients had difficulty accessing public health unit came to pharmacies to find out information on boosters and vaccine.
Modernized RDP

With changes to Reference Drug Program (RDP) in 2016, BCPhA launched a training program to help community pharmacists overcome barriers to therapeutic substitutions. Therapeutic substitutions increased by almost 70 per cent from fiscal year 2015/2016 to 2016/2017.
Take Home Naloxone kits

• BCPhA worked with BCCDC to have publicly-funded THN kits accessible to eligible British Columbians from pharmacy.

• Program launched in 2017 and, to date, more than 600 community pharmacies are a THN kit location.
Plan W transition

• Oct. 1, 2017, FHNA patients in B.C. joined PharmaCare to receive drug benefits services through a tailored program designed specifically for First Nations called Plan Wellness (Plan W).

• BCPhA has developed training materials and conducted community engagement sessions to members in ensuring a smooth transition for pharmacists and continuity of care for patients

• Sessions held in a number of First Nations communities across B.C. with elders, community members and pharmacists. The project was so successful that FNHA has renewed contract.
Filling the primary care gap: Examples from other provinces
What other provinces are doing

• In 8 provinces, pharmacists are able to prescribe for what are called “minor ailments” or common conditions.

• These conditions include, but are not limited to:
  • Emergency and ongoing contraception
  • Urinary tract infections
  • Cold Sores
  • Acne
  • Pink eye
  • Sore throat
  • Hemorrhoids
  • Headaches

• Studies from other provinces show positive impact to their health-care system and to patient access.

• A recent study by the University of Waterloo found that almost one-third of non-urgent ER visits in Ontario were for conditions that could potentially be managed by pharmacists.
Saskatchewan

- Has introduced a program through which pharmacists are trained to treat (i.e., diagnose conditions and prescribe for) patients with minor ailments.
- From February 2012 to June 2016, there were more than 40,000 pharmacist-patient interactions for minor ailment prescribing in Saskatchewan.
- This number shows a potential to avoid up to 40,000 visits to doctors’ offices for minor conditions.
New Brunswick UTI project

• A 2018 study in New Brunswick looked at outcomes of UTI management by pharmacists.

• Study conducted in 89 pharmacies with 750 adult patients enrolled.
  • Patients enrolled if presented with symptoms of UTI with no current antibacterial treatment or if came with Rx from other health-care provider.
  • Excluded if complicating factors, red flags or symptoms of kidney infection.

• Pharmacists either:
  • prescribed antibacterial therapy
  • modified antibacterial therapy
  • provided education only
  • or referred to physician, as appropriate
New Brunswick UTI project – Findings

• Clinical cure was achieved in 88.9% of patients
• Those that didn’t have sustained symptom resolution, most (5.5% overall) had symptom recurrence after completion of therapy.
• Patient satisfaction survey showed very high levels of satisfaction for the care they received and accessibility

Study Conclusion:
“Pharmacist management of uncomplicated UTI is effective, safe, and patient satisfaction appears very high”
What British Columbians think
Recent polling by BCPhA

BCPhA fielded an Ipsos poll of 1,000 adult British Columbians conducted online using Ipsos’ household panel between January 11 and 21, 2019.

The regional distribution was as follows:

• 500 interviews in Metro Vancouver (53% of population)
• 200 interviews in Vancouver Island (17% of population)
• 200 interviews in Southern Interior (23% of population)
• 100 interviews in North (7% of population)
Q: Five Canadian provinces (AB, MB, NB, NS, PEI) allow pharmacists to consult with patients and if needed provide prescriptions in some limited situations. Do you support or oppose allowing British Columbia pharmacists to consult and prescribe in some limited situations?

- Support strongly: 35%
- Support somewhat: 47%
- Oppose somewhat: 7%
- Oppose strongly: 2%
- Don’t know: 9%

Base: All respondents (n=1,000)
### Support for Allowing BC Pharmacists to Prescribe in Specific Situations

<table>
<thead>
<tr>
<th>Condition</th>
<th>Total Support</th>
<th>Total Oppose</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold sores</td>
<td>90%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>88%</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>Travel medicine (e.g. for malaria or other tropical diseases)</td>
<td>88%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Acne</td>
<td>88%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Bacterial conjunctivitis (pink eye)</td>
<td>85%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>All adult vaccinations</td>
<td>84%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>Hemorrhoids</td>
<td>83%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Birth control</td>
<td>83%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>Migraine headaches</td>
<td>80%</td>
<td>13%</td>
<td>7%</td>
</tr>
<tr>
<td>Shingles</td>
<td>79%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Strep throat</td>
<td>79%</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Urinary Tract Infection (UTI)</td>
<td>74%</td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td>All child vaccinations</td>
<td>74%</td>
<td>16%</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Q:** Would you support or oppose allowing British Columbia pharmacists to consult and prescribe for each of the following conditions?

**Base:** All respondents (n=1,000)