



#1530-1200 West 73rd Avenue • Vancouver, BC • V6P 6G5 • T: 604.261.2092 • F: 604.261.2097 • [www.bcpharmacy.ca](http://www.bcpharmacy.ca)

# International Pharmacy Services

## Revised Position Statement

Board Approved • December 5, 2003

**Note re. Revised Statement** — *The BCPhA Board adopted a position statement on International Pharmacy Services (IPS) in June 2003. That statement indicated the Board would be monitoring developments on this issue. Monitoring activity has indicated that negative effects of IPS are now apparent, and consequently, that the policy should be revisited and revised.*

### The Issue

The practice of supply of prescription drugs by B.C. pharmacies to non-Canadian patients through Internet and telephone contact is a major issue facing pharmacy in our province. It is growing in magnitude and in significance as a public policy issue.

For BCPhA, the question must be how the existence and growth of IPS accords with the values and goals of BCPhA. The mission of the BCPhA is to:

- Support and advance the professional and economic well being of its members in relation to the vision, and
- Support the practice and profession of pharmacy in order that members may provide better health care for their patients.

As representatives of the British Columbia Pharmacy Association, the Board of Directors has examined a number of concerns related to the above question in light of this mission statement, and has a number of suggestions to make related to those concerns.

### 1: Professional Issues

The foreign patient being served by IPS Pharmacists is not seen face to face — a key requirement to being able to establish a clinical patient/pharmacist relationship, which is the first step in pharmaceutical care.

- We are assured by the College of Pharmacists of B.C. (CPBC) that with each prescription sent to a foreign patient, in the facilities that they have inspected, a pharmacist is following up with a phone call to that same patient. The pharmacist is educating the patient on medications and disease states, assessing for any drug related problems, and giving appropriate advice and directions for use. In cases where there is a problem identified, the pharmacist is then following up with a call to the prescribing physician. The BCPhA encourages the CPBC to continue to rigorously monitor the quality of pharmaceutical care being delivered by B.C. pharmacies.

The IPS business model is perceived to be primarily focused on distribution of product, and not on distribution of knowledge, increased scope of practice issues, and working as a member of a therapeutics team with other health professionals. This business model is thought to be denigrating to progressive pharmacy practice and delaying the progress of the profession into these areas — a prime focus of the BCPhA in the last few years.

position statement

- We believe that patient focused care should be a priority in all B.C. pharmacies. We encourage IPS and other high volume pharmacies to use their creativity, innovation and patient communication technology to lead the profession in making patient focused care a reality, no matter where the patient is located. Innovative solutions developed by these pharmacies could be useful to many B.C. community pharmacies who mail or deliver prescriptions, for one reason or another, to their patients in various parts of B.C. and Canada.

Beyond the issues of appropriate patient care connected to IPS dispensing, there is also an issue of fragmentation of care for the foreign patients. IPS dispensing is not suitable for dispensing certain therapeutic classes such as antibiotics, and it is not legal for other classes, such as narcotics. This means for many patients, their pharmaceutical care will be fragmented between different pharmacists operating with systems in different countries.

- The BCPhA feels that this is a relatively minor, but still significant drawback to the IPS model of pharmaceutical care. In this case, the disadvantages of fragmented care are magnified by the fact that the various pharmaceutical care providers the patient is using are operating in different medical systems in different countries.

## 2: Economic Issues

The BCPhA is concerned with the possibility of medication shortages for B.C. patients, due to the large and increasing volumes of medications being sent to foreign patients.

- There is increasing information and anecdotal evidence that the larger international drug manufacturers are taking steps to restrict the flow of their products to pharmacies that are supplying U.S. residents through IPS. Product allocation effects are being felt in B.C. and are restricting the availability of needed drugs for B.C. residents.

- Another related concern is that knowledge of the potential for Canadian drug prices to undercut those in the U.S. may restrict the introduction of new drugs to the Canadian market by manufacturers. This would be a serious drawback for B.C. (and other Canadian) patients in getting access to new breakthrough medications.

The BCPhA is concerned with the possibility that pharmaceutical companies, uncomfortable with the price differences found in their products in the U.S. and Canada, may decide to equalize these prices on both sides of the border. This is not likely to reduce U.S. prices, but is almost certain to raise Canadian prices, thus negatively affecting B.C. patients.

- There is currently little sense that price convergence is occurring. There have, however, been some price increases in patented products in the recent past.

The BCPhA is concerned with the increased possibility of litigation by foreign patients against B.C. Pharmacists, which, if successful, could affect the insurance premiums of all B.C. Pharmacists.

We are informed that IPS pharmacies can purchase extra liability and malpractice insurance to cover any foreign liability issues. We encourage those pharmacies involved in this type of business to review their insurance and ensure that they are adequately protected.

## 3: Social Issues

The BCPhA is concerned that an increasing number of pharmacists in B.C. are being recruited by IPS pharmacies, thus worsening the already acute shortage of pharmacists in B.C.

- As with the issues around potential drug shortages, and potential increases in drug prices in Canada, the essence of this question is whether or not we feel that provision of high quality pharmaceutical care to British Columbia patients is more relevant than care to foreign patients. We believe that B.C. community pharmacists do feel that their priority is to provide a high level of

service to residents of this province. This is not to say that visitors to B.C. should not be treated according to the same high standards as residents. It is to say that scarce resources should not be diverted to providing care to residents of other jurisdictions, when those practices threaten the cost and availability of care to B.C. residents.

The BCPhA is continuing to monitor these developments, and asks other concerned groups and organizations to do the same. While the current hard evidence of negative impacts is not strong, the trend is towards an increasing sense of threat to pharmaceutical care for B.C. residents. We also note that because information sources on these issues are not well developed, there is little likelihood of seeing compelling evidence one way or another in the foreseeable future.

#### 4: Legal / Ethical Issues

The BCPhA is concerned with the implication that B.C. pharmacists who fill prescriptions for patients who live in the U.S. are accommodating illegal activity.

- For pharmacists to provide and to mail prescription medication is not illegal. If it is illegal for U.S. citizens to import medication, then we ask that U.S. authorities step in to police these actions.

The BCPhA is concerned with the implication that B.C. Pharmacists who fill prescriptions for international patients, written by Canadian physicians who may not have had direct contact with these patients, are behaving in an unethical and unprofessional manner.

- For pharmacists to fill a legally written prescription from a licensed Canadian physician is both legal and ethical. If the physician has chosen to write that prescription without seeing his patient, we agree that this is unwise. If the physician has also never met the patient, then we agree with medical regulatory authorities who have stated that the physician is acting unethically. We suggest that the appropriate

medical authority review this type of action by their members and undertake to solve this problem.

- Once the prescription has been filled properly, and prior to delivery, the BCPhA expects that the pharmacist filling the prescription will undertake to contact the patient, review the medications, check for adverse effects, and assess the patient's compliance and response to the medication, as required in the B.C. College of Pharmacy Standards of Practice.

The BCPhA encourages the appropriate regulatory and legislative authorities in Canada and in the U.S. to work together to find acceptable solutions to the legal issue of U.S. residents importing medication, and to the ethical concerns associated with Canadian licensed physicians writing prescriptions for foreign patients that they have not seen.

#### BCPhA Position

It is the position of the BCPhA that the IPS care model is compromising quality pharmaceutical care for B.C. residents through lack of availability of drug products, diversion of pharmacist resources and upward pressure on drug costs. These are contrary to the mission of the BCPhA, which is to support and advance the profession of pharmacy, and to support the practice and profession of pharmacy in order that members may provide better health care for their patients.

BCPhA recommends that both federal and provincial governments strengthen their data collection on the frequency and nature of IPS activity, and analysis on the consequences of that activity for pharmaceutical care of Canadian residents. They must also prepare to avoid and/or mitigate any negative impacts for Canadian residents.