



British Columbia
Pharmacy Association

British Columbia Pharmacy Association (BCPhA) 2019 Budget Consultation Submission

October 15, 2018

1.0 INTRODUCTION

The British Columbia Pharmacy Association (BCPhA) is a not-for-profit association that represents more than 3,200 pharmacists and more than 900 pharmacies in the province. Our mandate is to support and advance the professional role and economic viability of our members so that B.C.'s community pharmacists may continue to provide enhanced patient-centred care.

Our mandate includes advocating for government policies that ensure:

- Pharmacists are recognized as an integral part of the health-care team and are appropriately compensated for the full range of services they are able to provide; and
- Pharmacy is recognized and treated as an integral part of the interdisciplinary health-care team and vital to the planning and provision of health care to the public; and
- Pharmacists are able to practice the profession of pharmacy at the highest levels and fullest extent.

The BCPhA works with government to deliver practical solutions that will bring about better health care for British Columbians and provide savings in service delivery.

2.0 FILLING THE GAPS IN CARE

B.C. faces growing demands on health resources and services due to an aging population, continued barriers in accessing family physicians, and challenges in recruitment and retention of health professionals in remote and rural areas of B.C. At the same time, in 2018-2019, total health care spending is forecast to rise 3.5 per cent to \$19.75 billion.¹

The BCPhA believes community pharmacists are the most underutilized health-care professionals within the health-care team.

Successive provincial governments have examined but fallen short in fully leveraging the health human resources and infrastructure that is currently available in community pharmacies. As a result, the province has an opportunity to both better serve the needs of patients and generate savings in the health-care budget.

Pharmacists are trained to do more than dispense pills. By expanding pharmacists' scope of practice, and using their expertise and their accessibility, B.C. can realize more value from our health system.

B.C.'s community pharmacists support the Government's objectives of tapping into the potential offered by building integrated primary care teams. We appreciate that there are plans to bring teams together in common places where patients can interact with their primary care team.

¹ Government of British Columbia. (February 2018) Budget 2018 Working for You. Budget and Fiscal Plan 2018/19 – 2020/21. http://bcbudget.gov.bc.ca/2018/bfp/2018_Budget_and_Fiscal_Plan.pdf

3.0 MANAGING THE IMPACT OF HIGH COST DRUGS

The BCPhA recognizes the pressure placed on government to pay for an increasing number of high cost drugs. We are aware of the impact that even a single medication can have on the PharmaCare budget and how high drug costs can compromise other areas of health-care delivery where funds could otherwise be invested.

We worked with the Ministry of Health to support a cost containment measure related to the retail mark-up on Hepatitis C drugs. We also were a partner with the Ministry in advancing changes to the *Modernized Reference Drug Program* (RDP) that was launched in 2016. The prescription adaptation training we provided pharmacists enabled them to support patients transitioning to new medications that deliver ongoing savings to the government. **Adaptation rates since the training program launched saw an initial increase of more than 400 per cent and then maintained a nearly 50 per cent increase.**

We understand drug cost containment is a priority for the government. And while community pharmacists have no ability to directly impact drug pricing, they can work with patients to help them transition to less costly, equally appropriate medications.

The BCPhA knows there are challenges in how the government can manage appeals for small numbers of very high cost medications.

For how government accommodates coverage for very high cost medications to treat rare diseases and how coverage eligibility policies are developed, the Ontario Trillium Fund represents a potential prototype worth exploring. In brief, the Trillium Fund is a drug manufacturer-supported entity that provides coverage of high cost drugs for patients. In B.C., we believe such a fund could be established with the intent of covering all or some of medication costs for patients with rare conditions requiring highly specialized medications. An arms-length organization that sets coverage policy and financial support guidelines along with providing financial assistance could greatly assist the government in managing the impact of what seems to be a growing need for patients to be treated with medication that can cost multi-thousands of dollars a month.

The BCPhA is keen to work with the government to address these issues.

4.0 HYDROMORPHONE AND SUBOXONE: TOOLING IN ADDRESSING THE OPIOID CRISIS

With a \$322 million commitment to the response to the province's fentanyl crisis in 2017 and a recent announcement of \$72 million in shared emergency funding from the federal and provincial government, the B.C. government has made it clear that providing supports to addiction and mental health services are a top priority.

Pharmacies continue to be an important partner in these efforts and would like to continue to support the government in addressing this significant issue.

Having implemented take-home naloxone kits in pharmacies in 2017, the BCPhA sees an opportunity to continue to support this vulnerable patient population through two initiatives: an ability to prescribe

hydromorphone tablets to patients with opioid use disorder and the ability to initiate Suboxone to patients needing immediate access to opioid agonist treatment (OAT).

Community pharmacists have a long history of working with patients with addiction and mental health issues. While the Methadone Maintenance Program had a small number of pharmacists who have rightly drawn high-profile criticism, the vast majority of B.C.'s community pharmacists are well-trained and committed. They are an under-used resource in dealing with the crisis and much needed addiction prevention efforts.

The BC Pharmacy Association has been pleased to work with the Pharmaceutical Services Division to develop a new pharmacist Opioid Agonist Training program which, when launched, will be the most comprehensive in the country.

4.1 Hydromorphone a tool to combat overdose epidemic

In May 2017, the BCPhA Board was asked to hear a presentation from Dr. Mark Tyndall from the BC Centre for Disease Control (BCCDC) on the potential to have community pharmacists dispense injectable hydromorphone. Since that presentation, the Association staff sat on the Overdose Emergency Response Centre's pharmacy working group and brought forward our suggested solutions.

While dispensing injectable hydromorphone through community pharmacies is likely to be a limited opportunity, there is every reason to believe that a program that dispenses non-injectable hydromorphone could be widespread and a real tool in delivering clean drugs to people dealing with addiction to street drugs. Our conversations on this have been productive and this is an initiative that can be started immediately. No legislative or regulatory changes are required.

4.2 Pharmacist initiated Suboxone therapy

On June 5, 2017, the new provincial guidelines for the clinical management of opioid use disorder produced by the BC Centre on Substance Use (BCCSU) was released. It recommends that buprenorphine/naloxone (Suboxone) may be considered as a first-line treatment and methadone as an acceptable alternative first-line option in certain cases. The BCCSU further recommends to transition patients, when appropriate, from methadone to buprenorphine/naloxone for a number of advantages (e.g. less risk of overdose due to the partial agonist effect, reduced risk of injection, diversion and overdose and more flexible-take home dosing schedules).

Patients in addiction care have daily, if not frequent, contact with their pharmacist. In many of these cases the pharmacist may be the most regular support for patients in situations where their physician or health-care provider sees them irregularly, such as in remote or rural areas, or does not provide more extensive support. Clearly, the pharmacist's role involves much more than simply dispensing opioid agonist therapy (OAT) to patients. Similar to that for methadone, when dispensing buprenorphine/naloxone and slow release oral morphine, it includes client engagement and assessment for signs of intoxication or overdose; ongoing communication with the client providing them with necessary information and detailed instructions; liaising with the

prescriber, reviewing and updating PharmaNet profiles/database, reviewing and evaluating prescriptions, as well as supervising for ingestion of dose to ensure adherence and minimize possibility to diversion.

The BCPhA welcomed the partnership between B.C. and the federal government to provide more resources to fight the province's opioid epidemic. The September announcement of nearly \$72 million in emergency funding shows the continued focus being placed on the opioid crisis.

This funding invests in 'hope' initiatives that connect people at a local level to treatment options. The government has stated a focus is helping individuals who have asked for help to get them to treatment and supports as soon as possible.

Nowhere is there a more local and accessible health-care provider than a community pharmacist. There are nearly 1,300 pharmacies serving 153 out of 160 communities across the province – in locations remote and urban – who have largely been overlooked by those working to contain the crisis.

The BC Pharmacy Association proposes working with the government and the College of Pharmacists of BC to allow pharmacists the ability to initiate Suboxone to patients when they ask for help.

As part of this program we would propose appropriate training to provide this much needed service. B.C. has trained pharmacists for increasing their scope of practice to ensure they deliver care safely and conveniently. These include the Modernized RDP program and providing flu injections, which soared to more than 660,000 flu shots delivered by pharmacists last year.

Training pharmacists to initiate Suboxone could be done just as successfully.

5.0 MEDICINAL CANNABIS

B.C.'s community pharmacists were pleased to see that the Solicitor General will ensure that any retailer of recreational cannabis will not be able to call themselves a "dispensary" or other terms generally associated with regulated organizations that dispense medications to patients who have a prescription from a legitimate prescriber.

We encourage the Government to take the additional step of adding assurance by passing the appropriate measure to ensure that only professionals regulated under the *Health Professions Act* can identify their business as a dispensary. We have long been concerned that there is a public perception that illegal retailers of cannabis operating across the province sell a medical product. In our view it is important to reset public perception as we move into the new era of widely available recreational cannabis.

In our submission to the Cannabis Secretariat in 2017, we also advocated for the B.C. government to press the federal government to move up the arbitrary timeline it set to re-open the review on the distribution of medicinal cannabis through the *Access to Cannabis for Medical Purposes Regulations (ACMPR)*. B.C. represents a unique challenge in terms of having such a vast number of retailers of "medicinal" product. It is impossible to speculate if all those current retailers will seek to apply to

become recreational sellers or whether some will continue to market to the “medical” consumer base. If even some attempt to remain in the medical cannabis business that will add to the already highly confusing situation that currently exists where many think medicinal cannabis is widely available.

We are aware that the federal government has indicated a willingness to reconsider its original timeline regarding the distribution of medicinal cannabis if there is support from the provinces. It is our understanding that at least two provinces have urged the federal government to move much more quickly on this issue.

As is widely known, community pharmacists believe they are best positioned to handle distribution of medicinal cannabis.