Call for improved monitoring and prescribing practices

Among the recommendations are a call for a standardized pan-Canadian surveillance system that tracks the nature and extent of the harms associated with prescription drugs and for all provinces and territories to establish prescription monitoring programs within the next 2 years.

The strategy also recommends promotion of appropriate prescribing and dispensing practices among health care practitioners and expanded access to a range of effective treatment options for pain and addictions.

“In terms of prescribing, we can act as gatekeepers,” says Ms. McCulloch. “We already do that but that role can grow, so that we more frequently

reinforce the risks with patients and in communication with the physicians who are prescribing opioids and other potentially harmful drugs.”

Only some provinces in Canada currently have extensive prescription drug monitoring programs. They include British Columbia, Alberta, Saskatchewan and Nova Scotia; Ontario recently introduced its own drug monitoring database.

The system in Saskatchewan is very comprehensive and that model could be useful in other jurisdictions, says Ms. McCulloch. A consultant pharmacist works with the Prescription Review Program at the College of Physicians and Surgeons of Saskatchewan to help identify potential addicts and warn physicians about patients at high risk.

Alberta government moves without warning to dramatically cut generic pricing to lowest level in the country

Pharmacy stakeholders in Alberta used words such as “shocked” and “blindsided” in response to the province’s budget of March 7, 2013, which unexpectedly announced a reduction of all generic drug prices to 18% of brand-name rates, effective May 1.

It was a move that came without consultation and without advance warning. “We knew things were tight with the deficit in the province,” Byron Bergh, president of the Alberta Pharmacists’ Association (RxA), told *CPIJ*. “But we weren’t prepared for anything like the announcement in the budget.”

At the time of the budget, pharmacists were still attempting to adjust to the changes of July 2012, when the Alberta government lowered generic prices to 35% of brand-name levels from an average of 50%. Additionally, in early 2013, Alberta joined most other provinces in announcing plans to impose an 18% cap on 6 widely used generics, beginning April 1.

“The cuts are so deep and so fast, it will be impossible for me to react quickly enough to ensure the sustainability of my pharmacy,” said Rimby pharmacist Patrick Rurka, in an RxA news release on March 8.

In its new release of March 13, the Canadian Association of Chain Drug Stores called the

budget measure “another broken promise” and criticized Alberta for cutting prices in the absence of a properly funded program of pharmacy services. Both CACDS and RxA had been discussing service enhancements with the province in the months before the budget.

“We were working with them. That’s why we were shocked when the Alberta government blindsided broader pharmacy by unilaterally cutting generic prices by 50%,” Denise Carpenter, president of the CACDS, said in the release.

In a statement released to media, Jim Keon, president of the Canadian Generic Pharmaceutical Association (CGPA), called the cuts “a betrayal of our industry” and a threat to the drug supply: “The slashing of generic prices further jeopardizes the supply of cost-saving medicines for Albertans. In the face of these dramatic cuts to reimbursed prices, our industry plans to contact Health Canada to inform them of generic pharmaceutical products that may no longer be viable.”

Existing pharmacy services can’t replace lost revenue from price cuts

The Alberta government estimates the pricing changes will save \$180 million a year in public drug-plan costs. As Mr. Bergh of RxA points

“A large portion of the savings is coming right out of pharmacy”

—Byron Bergh,
President, Alberta
Pharmacists’
Association

out, the same amount will be saved by private drug payers, which adopt government pricing.

“A large portion of the savings is coming right out of pharmacy,” he says. “It doesn’t take too much to figure out that with hundreds of millions of dollars spread out over 1100 pharmacies, it is a huge hit.”

In July, government and pharmacy did put in place a new clinical services framework, but according to RxA, the revenue from those services can’t replace the hit from the price cuts—particularly at this stage. It takes time for pharmacies to train staff and get the processes in place to deliver services, notes Mr. Bergh. Meanwhile, he says, dispensing fees in the province have increased by only \$0.52 since 1991.

“Ironically, the government wants pharmacists to help with access to health care with injections, refill authorizations and care plans but these price reductions are forcing a lot of pharmacy owners to re-examine staffing and wage levels, so that starts to defeat the purpose of the services framework, without proper planning.”

Pharmacists hold protest rally and province adds 30-day washout period

Around 300 pharmacists and pharmacy students communicated their displeasure with the government’s generic policies at a demonstration in front of the legislature on March 21. During that week, RxA held meetings with government in an effort to find ways to ease the transition.

On March 28, Health Minister Fred Horne announced that pharmacists would be given a 30-day “washout” period (until May 31), in which they would be reimbursed at the previous, higher levels for pharmaceuticals in their stockpiles. This reprieve is somewhat helpful, says Mr. Bergh, but the association doesn’t consider it a major concession.

“A washout period is standard practice and there’s no reason why it wasn’t put in place in the first place,” he says. “It’s really a stop-gap measure.”

Meanwhile, the tensions between the province and pharmacists rose further in early April, when the government launched a radio and newspaper advertising campaign that touted the fact that beginning May 1, “Albertans will pay the lowest price in Canada for generic drugs” and stated the province was “supporting pharmacists to provide you with many services to keep you healthy.”

Claiming the campaign told only one side of the story, the pharmacists’ association criticized the province for spending \$400,000 on an ad campaign, while claiming it had to cut costs. A letter from Edmonton pharmacist Jasbir Singh Bhui, written to his MLA, was posted on the RxA website. “If the primary objective of the budget is to balance the books, why would the government take money from the backs of the pharmacists and waste it in advertisements to buy votes for your next election?” the letter asked.

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BC pharmacists propose new clinical services to save millions in health care budget

In the lead-up to a hotly contested provincial election, the BC Pharmacy Association (BCPhA) presented MLAs and candidates from all parties with proposals for 7 new clinical services the association would like to see delivered by pharmacists.

As British Columbians prepared to go to the polls on May 15, 2013, the association made the case for significant expansion of pharmacists’ scope of practice—saying the new services would increase access to primary care and reduce the province’s swelling health care budget.

Health care has been one of the key issues in the election campaign; in its February budget, the Liberal government announced plans to curb growth in health care spending to its slowest rate in almost a decade.

“We felt it was essential for pharmacists to be part of the public discussion on health care in a way that we perhaps haven’t been in past campaigns,” says Geraldine Vance, CEO of the BCPhA. “Whatever government is elected needs to have a serious look at better using pharmacists in the system.”