

# Neighbourhood Pharmacy Gazette

SPRING 2024

 **INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.**

A publication of the Neighbourhood Pharmacy Association of Canada

## Slippery slope

NAVIGATING THE EVOLUTION OF  
PHARMACY BENEFITS MANAGERS IN CANADA



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of the community

Quest for care in world  
of complex diseases



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# Can we do better? Yes, we can.

## **I feel extremely fortunate to be able to call Canada my home.**

My bet is you feel the same way. Knowing that, let's resolve, here and now, to do better by our country.

In our patch of what helps make Canada a great place to live—access to medications, supported by healthcare providers and services to optimize their outcomes—let's resolve to work better together.

Working better together: those words may sound hackneyed due to overuse. But we must move beyond the pep-talk platitude. This is a matter of working smarter together, working more creatively and transparently together and, most important, working accountably toward a common goal.

And by "we" I mean healthcare providers, public and private payors (including their intermediaries, insurers and pharmacy benefits managers, or PBMs), pharmaceutical manufacturers and distributors and, of course, policy makers.

We currently face three tests—three opportunities—to work better together. First, when we consider the evolution of PBMs in Canada, our cover story in this issue ([page 5](#)). PBMs' core role as adjudicators and administrators of both public and private drug plans is hugely important to enable access to medications. At this core level, the relationship between PBMs and pharmacies is perfectly symbiotic. And patients benefit most of all.

Yet we have reached a crossroad, marked by discord. As aptly stated in the cover story, PBMs' growing role comes with growing responsibility. Their evolution has reached a stage that calls for governance to protect not only the public, but also the viability—and interconnectedness—of all the vital participants in the healthcare system.

The other two tests before us are universal pharmacare and a national strategy for drugs for rare diseases. The latter initiative begs our immediate, collective attention, as detailed in the article in this issue ([page 16](#)).

Pharmacare is at the start of a long and winding road. It's not too late to move beyond political ideology and put a framework in place that boldly builds upon our current system of public and private plans. By working better with all involved parties, including private payors and pharmacy, governments can achieve comprehensive coverage of a robust list of drugs for all Canadians, with a focus on those most in need.

In all three of these areas, and others, we must work as partners operating under the same principles in the delivery of care to our collective beneficiaries, be they patients or plan members or, simply, Canadians. Those principles revolve around freedom of choice, timely access, optimal outcomes, cost management and long-term systemic sustainability.

Canada can do better. Working together, we will do better. 🌈



**Sandra Hanna,  
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“  
In our patch  
of what helps  
make Canada  
a great place  
to live ... let's  
resolve to  
work better  
together.  
”



# All on Board

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) is pleased to announce our newly elected Board of Directors under our refreshed governance model, effective January 2024.



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Bayshore Specialty Rx



**Chris Dalseg**  
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Our Board brings together expertise in operations, management, innovation, technology, insurance, supply chain and government relations. It leads the Association's efforts to advocate for pharmacies' role in caring for Canadians, and to advance sustainable healthcare for all stakeholders.



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# Slippery slope

Navigating the evolution of pharmacy benefits managers in Canada



**Erin Callahan has lived with type 1 diabetes for 37 years.**

She uses insulin daily. After starting a new job, she was shocked to learn that her new drug plan would not cover her insulin. Why? Her doctor had prescribed a generic, which required prior authorization. Had she prescribed a higher-cost, brand-name insulin, the plan would have covered it right away.

If that doesn't seem to make any sense, you're right. In Canada, drug plans take the opposite approach. In fact, most automatically replace a brand-name drug with a lower-cost generic if available.

But Callahan does not live in Canada. This is her reality in her hometown of Chicago, and it's the reality of many Americans. Her drug plan, like many others, contrarily favours brand-name drugs over lower-cost generics because that makes more money for pharmacy benefits managers (PBMs) and their insurance-company owners.

Backroom deals on rebates have also led to inflated list prices and out-of-pocket costs for patients that are among the highest in the world. In some cases, patients are better off paying cash than getting coverage from their so-called "insurance" plan. Or they ration their medications and risk poor health.

"In addition to the access barriers and affordability barriers, the most crushing fact about PBMs is they have no duty of care. They're making life-changing and life-threatening decisions based on a balance sheet," says Callahan, COO of the Diabetes Patient Advocacy Coalition and head of the Patient Pocket Protector Coalition.

In addition to patients, pharmacies in the U.S. have also suffered. Over the past 30 years, PBMs have evolved from adjudicators of claims, at no cost to pharmacies, to seemingly monolithic arbiters that steer patients to use their own pharmacies or pharmacies that have signed on to preferred provider networks (PPN). They have imposed convoluted fees, performance measures and audit requirements on PPN and non-PPN pharmacies alike, and claw back reimbursements months after the fact.

"PBMs have become the judge, the jury and the executioner on all things in the drug supply chain," said Doug Hoey, CEO of the National Community Pharmacists Association (NCPA), during an [Advocacy in Action](#) session hosted by Neighbourhood Pharmacies in February.

Ultimately, patients suffer yet again. The rate of pharmacy closures has led to "pharmacy

deserts" that affect more than 25 per cent of the country's geography, according to [research](#) conducted at the University of Southern California. In a pharmacy desert, "patients' accessibility to a pharmacy is nearly impossible," says Hoey, adding that many

of these deserts exist in large cities and in areas with vulnerable patient populations.

### Not in Canada, eh?

Canada's universal healthcare system has, without doubt, so far insulated patients and pharmacies from the extreme actions of PBMs in the U.S. But that doesn't mean PBMs are not growing their influence here as well.

In November 2023, pharmacies snapped to attention when Express Scripts,

Canada's largest PBM, imposed a new

monthly fee on pharmacies for the

use of its online adjudication

system. The fee is the first

of its kind in Canada—and a

shock because, up till now,

the unspoken agreement was

that PBMs needed pharmacies as

much as pharmacies needed PBMs,

and pharmacy's cost-free access to online

adjudication was foundational to their

symbiotic relationship.

Express Script's action is a "wake-up call for the profession that we need to get proactive," says Michael Nashat, board member of OnPharm United, a member of Neighbourhood Pharmacies.

For example, consider prior authorization's potential impact on choice. For all practical purposes, prior authorization gives PBMs the ability to approve or reject reimbursement for drugs prescribed by physicians. PBMs can also directly influence patients' choice of pharmacy.

**“In addition to the access barriers and affordability barriers, the most crushing fact about PBMs is they have no duty of care. They're making life-changing and life-threatening decisions based on a balance sheet.”**



“That’s a powerful stick to have and it is a problem that it is not regulated,” says Nashat.

Pavritha Ravinatarajan, a practising community pharmacist who works for an insurer and consults for the private benefits industry, agrees now is the time for pharmacy to be proactive.

“The PBM industry in Canada is starting to change. We are beginning to see trends in the U.S. come to the Canadian market. Insurers and employers are beginning to own/operate their pharmacies. Formularies, though not quite to the point of the U.S., have evolved for a number of years to ensure cost containment,” notes Ravinatarajan. “It is a grey area with few regulations or mandated guidelines. Now is the time to think strategically about what we want the future to look like and decide what guardrails are needed.”

As in the U.S., PBMs in Canada are growing their role without independent oversight, even though they serve or impact stakeholders—insurers, prescribers and pharmacies—that are heavily regulated.

“They are staking out a no man’s land and it’s critical to clarify their role in the healthcare landscape and from there determine how they are to be regulated,” says Shelita Dattani, Senior Vice President, Pharmacy Affairs and Strategic Engagement at Neighbourhood Pharmacies.

“PBMs have evolved so much from a transactional, administration-and-payment-process model to being an integral part of how healthcare is accessed, funded and delivered. With that greater role comes greater responsibility, and appropriate governance needs to be there to protect the public,” agrees Leanne MacFarlane, Director Pharmacy Affairs and Category Management at Sobeys National Pharmacy Group, a member of Neighbourhood Pharmacies.

## The bigger picture

That said, it’s essential to step back and recognize this as an opportunity for innovation and new ways of working that could benefit the healthcare system, advises MacFarlane.

“They are staking out a no man’s land and it’s critical to clarify their role in the healthcare landscape and from there determine how they are to be regulated.”

“The timing is right to consider how PBMs should participate in a way that helps to drive better care, better access and better health outcomes. With the right governance in place, we unlock an opportunity that could benefit all participants in

the system,” says MacFarlane.

Ravinatarajan could not agree more. In fact, it’s worth remembering that PBMs in the U.S. have achieved what we currently can only dream of in Canada: an unbroken line of sight throughout a patient’s health journey.

“We can aspire to achieve that here in Canada, with several key differences. Access to care and health outcomes need to be the primary goal of this healthcare system. Control must remain in the hands of a non-partial body,” says Ravinatarajan. “We each run businesses in our individual way, but the time is right to set guardrails to ensure that we bring forward a structure where we all take on the burden of care and create an environment of opportunity and patient-centred care.”

The road to governance will undoubtedly be long, and slippery at times.

Perhaps the most important guardrail is patient choice. Quebec’s law that protects patient choice can serve as a blueprint for the rest of Canada, suggests Nashat.

“No providers or payors should interfere with the patient’s choice of provider, whether that’s a pharmacy, a physiotherapist or a dentist,” he explains. “This ensures that agreements between payors and pharmacy respect payors, respect



patient autonomy, and respect pharmacy owners. When each stakeholder considers the other, nobody can do anything on their own.”

More joint efforts between pharmacy operators are also key, Nashat adds. “As a profession we are a long way back from other professions in terms of collaborating on business issues,” says Nashat, citing the suggested fee guides of dentists and optometrists as examples. “We need to have more of a mentality that it’s okay to collaborate... to learn where the lines are between competition and collaboration for the benefit of the pharmacy profession.”

For its part, Neighbourhood Pharmacies’ primary goal these past few months is to raise awareness among its members to prime discussions on where



advocacy efforts need to go from here. A big part of that education is a deeper understanding of PBMs’ rise to power in the U.S.—and how pharmacies and patients there are turning the tide.

### Lessons from our neighbour

Since becoming CEO of NCPA in 2011, not a day has passed without PBM reform on Hoey’s agenda. NCPA’s website includes an extensive list of [resources](#) for education and grassroots advocacy by its members. Its own advocacy efforts have helped garner growing, bipartisan political support at both the federal and state levels, culminating in the introduction of two federal bills in 2023—the PBM Transparency Act and the Protecting Patients against PBM Abuses Act—and a growing slate of new state regulations.



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The tide really began to turn in December 2020, when the Supreme Court unanimously overruled the appeals of PBMs and backed new legislation in Arkansas that allowed the state to have greater oversight over PBMs. Until then, PBMs' legal teams had kept the states at bay by citing federal legislation dating back to the 1970s.

"The Supreme Court narrowed the way that old legislation was being interpreted...and ruled that states do have the ability to oversee entities doing business in their state," says Hoey.

Since then, dozens of states have introduced legislation to regulate PBMs' policies for drug

pricing and payments to pharmacies. "That's the good news. The bad news is that even though states are passing laws, we're seeing uneven enforcement. But at least we are moving in the right direction," says Hoey.

In June 2022, NCPA cheered the start of a long-sought probe of

PBMs by the Federal Trade Commission (FTC).

"It has been heartening to see the FTC finally take an interest in oversight of these bad actors after

**“Much of the PBM problems are due to the FTC not doing what it should have been doing as far as oversight, and even approving some of the mergers that made the situation much worse.”**

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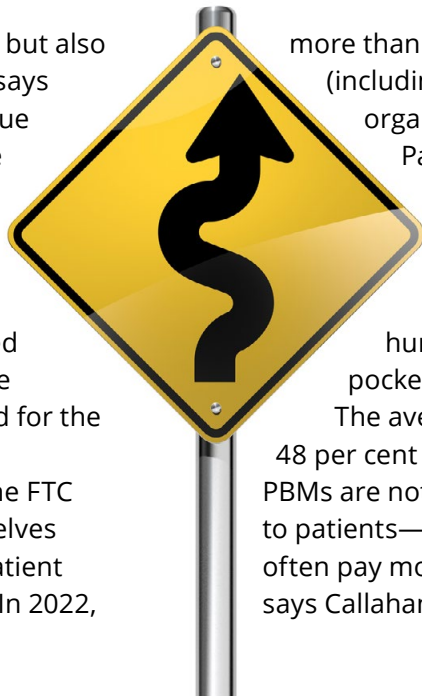
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being complicit—and not only complicit, but also enabling—over the last 20 to 30 years,” says Hoey. “Much of the PBM problems are due to the FTC not doing what it should have been doing as far as oversight, and even approving some of the mergers that made the situation much worse.”

Unfortunately, the FTC recently reported that not all PBMs have complied with its requests for documentation. The release of its report, originally scheduled for the end of 2023, is indefinitely delayed.

Bipartisan pressure likely prompted the FTC to finally act—and the politicians themselves were pushed by a growing number of patient advocacy groups rallying against PBMs. In 2022,



more than 20 national advocacy groups (including NCPA) and state-level patient organizations established the Patient Pocket Protector Coalition. The Coalition is funded by pharmaceutical manufacturers.

Its first priority is rebate reform. “We’re tackling financial toxicity that hurts patients, particularly in their out-of-pocket costs,” says Callahan.

The average negotiated rebate on a drug was 48 per cent in 2022. For insulin, it was 80 per cent. PBMs are not obliged to pass any of those savings on to patients—and the resulting reality is that patients often pay more than the PBM for their medication, says Callahan.

# More of the Gazette

Previous issues of *Neighbourhood Pharmacy Gazette* are available on our web site. [Get them here!](#)



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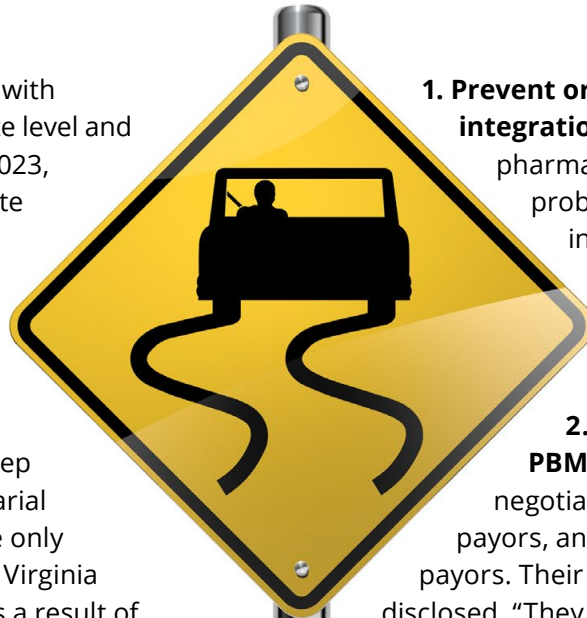
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To start, the Coalition is working with governors and senators at the state level and is currently active in 13 states. In 2023, Arkansas and Indiana passed rebate laws that require PBMs to share rebates with patients. The two states joined West Virginia, the first to pass a rebate law in 2021.

Progress has not been easy. The PBMs' biggest argument was that rebates were necessary to keep premiums down. "In fact, an actuarial report found that rates would rise only minimally, and rate filings in West Virginia and Arkansas show no increase as a result of rebate reform legislation," says Callahan. She adds that their argument "is a bastardization of the insurance system. Insurance relies on pooled risk. It does not rely on taking the money from the unfortunate few to help everybody."

When asked what the U.S. should have done differently—and what Canada can learn from the U.S.—Hoey and Callahan boil it down to five key points:



### 1. Prevent or regulate vertical integration.

"PBMs owning pharmacies was the root of the problem. That's a huge conflict of interest," says Hoey. "And then when the PBMs and health plans got together through mergers and acquisitions, matters got worse."

**2. Pay flat, transparent fees to PBMs.** PBMs act as the middleman in negotiations between pharmacies and payors, and between manufacturers and payors. Their payment arrangements are not disclosed. "They make money off rebates that are a percentage of the list price of the drug. They make

“PBMs owning pharmacies was the root of the problem. That's a huge conflict of interest.”

money on the difference between what they charge the payor and what they turn around and pay the pharmacy. They charge administration fees, and sometimes even part of the consumer's copay goes to the PBM. All those

payments create a web of conflicts of interest and need to be replaced by a flat, transparent fee negotiated by the payor," states Hoey.

## All hands on deck

**On February 28, the Canadian Pharmacists Association (CPhA)** filed an abuse-of-dominance complaint with the Competition Bureau of Canada regarding the "longstanding and exploitative practices of Express Scripts Canada (ESC)."

In its [press release](#), CPhA described ESC's new mandatory fee collected from pharmacies, implemented in November 2023, as "the latest in a series of actions by ESC that exploit its dominant position in the market." CPhA also stated that it seeks to use the complaint to "prompt a thorough examination of the PBM industry as a whole."

CPhA advocates on behalf of individual

pharmacists through its member organizations, which are the provincial pharmacy associations and the Association of Faculties of Pharmacy of Canada.

"The situation with PBMs very much demands an all-hands-on-deck, tenacious approach," notes Shelita Dattani, Senior Vice President, Pharmacy Affairs and Strategic Engagement at Neighbourhood Pharmacies. "We've learned from the U.S. that this is a long and circuitous road with many challenges. As a sector and as pharmacy associations, we must continue to bring forward individual as well as collective solutions to advocate for change."

**3. Control the data.** PBMs' unrestricted use of claims data gives them too much power over manufacturers, pharmacies and patients. "Don't allow your data to be weaponized," warns Hoey. "It needs to be under the control of providers and patients, with restrictions and limitations on how it can be used by third parties."

**4. Prime your legal team.**

"Always read the fine print, and follow the money," says Callahan. Echoes Hoey: "You want to make sure you have really good lawyers reviewing any document put in front of you."

**5. Rally your patients.** Educate patient advocacy groups and even patients in the pharmacy, says Callahan. Raise awareness of the existence of PBMs.

"Our goal is to put patients at the center of care by informing advocates and uniting their voices. If something goes sideways, the patients' voice will ring loudest in governments' ears," says Callahan. Hoey adds that Canada has an advantage on this front, due to a universal healthcare system that promotes and protects patient choice. "If you can get enough patients involved and speaking up, the side of the good will win," he says.

### Way forward in Canada

Until now, pharmacy's advocacy efforts in the private-sector group-insurance space have revolved around the implications of plan-design measures such as PPNs, prior authorization, caps on dispensing fees and markups, and the absence of funding for clinical services. Express Scripts Canada's new fee has galvanized pharmacy advocacy bodies (see sidebar), for reasons far beyond the economic impact.

"The fee was implemented without any approach of collaboration, transparency or positive intent," says Dattani. "Given the history of PBMs in the U.S., how

they exploited the lack of clarity over their role, we very much see this action as a warning sign."

Neighbourhood Pharmacies recently released its [position statement](#) on PBMs, which lays out the main components of its advocacy efforts. A key

recommendation is regulation or oversight by the federal and/or provincial governments to limit the potential for conflicts of interest between patients' needs and profits, and to bring transparency to PBMs' operating practices.

"If left unchecked, the rising influence of

PBMs in Canada could have significant consequences on patient access to medications and the ability of pharmacies to continue to sustain patient care," reads the position statement.

Neighbourhood Pharmacies' position statement also speaks to the need for all stakeholders, including governments, to work together. To start, "we are engaging with PBMs and others in the private sector to build mutual awareness and transparency," says Dattani. "We must better understand each other's perspectives, but with the patient's needs always at the centre of discussions."

Neighbourhood Pharmacies also knows it is critical to generate a sense of urgency. A key message—and motivating factor—is the preservation of patient choice, emphasizes Dattani. "Our objective at Neighbourhood Pharmacies is to advocate on behalf of the sector to tell government that regulation must be introduced now to avoid the terrible consequences experienced by patients in the U.S. That is not where we want to be as Canadians." 🌍

**“If left unchecked, the rising influence of PBMs in Canada could have significant consequences on patient access to medications and the ability of pharmacies to continue to sustain patient care to support these medications.”**



*Karen Welds is a healthcare journalist and has written about community pharmacy for more than 30 years.*

# Stories from the heart of the community

## March is Pharmacy Appreciation Month in Canada!

As we do every year, Neighbourhood Pharmacies asked a few of our members to share how they help make a difference in the lives of patients, in their own words or directly from patients. We thank Bayshore Specialty Rx, BioScript Pharmacy, London Drugs, Pharmacy Brands and Rexall for their contributions this year. And thank you to the Pharmacy Association of Nova Scotia for sharing the testimonials of patients receiving care from one of the province's Community Pharmacy Primary Care Clinics.

Finally, Neighbourhood Pharmacies thanks all pharmacy teams for your dedication to patient care.



## Clearing injection confusion

**I have been a community pharmacist for more than 10 years**, and still feel honoured that patients trust me with their sensitive health information. I remember one instance with a patient who had started self-injectable semaglutide for her Type 2 diabetes at another pharmacy. When obtaining a refill at my pharmacy, she inquired if it was normal to see liquid dripping from the injection site. I reviewed the injection technique with her; she said she was doing all the right steps, but still this was happening. I asked if she could come into the pharmacy at her next injection time and show me in-person.

When she came in and demonstrated, we discovered that she had been removing only one of the two caps from the device. She had never actually received any of the medication since starting it. The patient began crying, embarrassed by this mistake and upset by the wasted medication. I was so grateful to be with her in this moment, to hug her and assure her it wasn't her fault. These five extra minutes cleared up months of confusion. I continue to be involved in her care, and she knows that my pharmacy is a safe space to ask any question or bring up any issue.

*Tasha Porttin, owner and store manager, Jasper mettra Pharmacy, part of the Pharmacy Brands network, Jasper, Alberta*



## Five-star review

**Likely the best** medical service I've ever received. Fast, efficient and friendly!

*A patient of a Community Pharmacy Primary Care Clinic, Nova Scotia*



## Removing bumps in the road

**When I came to you today to receive my medicine,** it turned out that my file from my previous supplier had not been transferred. I was in despair, but one of your employees was very attentive and understanding. She reassured me that she would do everything for me as quickly as possible. In less than one hour I had received my medication for a month. This was a positive solution to a very vital issue for me. My wife and I express our deep gratitude for your service and thank you for understanding and helping those who need it. THANK YOU, a million times.

*A patient of BioScript Pharmacy, Oakville, Ontario, who lives with idiopathic pulmonary fibrosis*



## A safety net in crisis

**This past summer, many people in Yellowknife were displaced due to forest fires** and lived temporarily in Alberta. One day a woman came to the pharmacy for anti-depressant and anti-anxiety medication and was clearly under an extreme amount of stress. She was a mother, living in a hotel indefinitely with her family, who had had to quickly leave everything behind. She was very worried about how to keep getting her medications. We sat down and I reassured her I could take care of it. I spoke with the patient's insurance provider, contacted her pharmacy for her medication history and then was able to prescribe an interim supply of her medications at our location to last until she was able to return home.

While being a pharmacist on the frontlines can be hard, being able to help patients like her, who are visibly stressed when they arrive and smiling when they leave, makes up for the challenges.

*Kim Ceretzke, Pharmacy Assistant Manager, London Drugs, Sherwood Park, Alberta*



## No more waiting

**Thankful for this option in our community.**

It is very beneficial when there is a three-week wait to see my provider. The staff are all excellent and extremely helpful.

*A patient of a Community Pharmacy Primary Care Clinic, Nova Scotia*



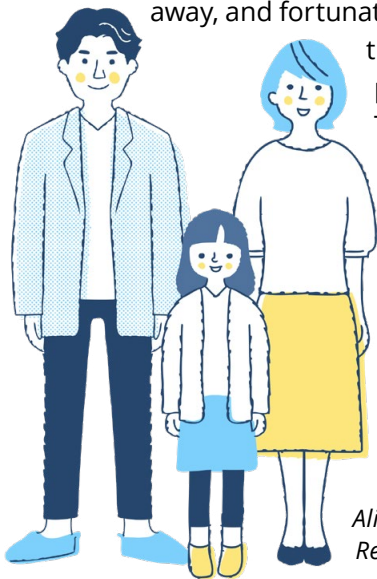
## A team effort for happy patients

**I couldn't do my job if not for the amazing work of my technicians and pharmacy assistants.** Having technicians doing things like compression fittings means I can have more time to focus on medication counselling. One pharmacy technician came to me recently, concerned about the peeling skin and bad rash of the patient she was fitting. She asked what additional advice she could provide. I was so impressed she went above and beyond to seek further information. I provided my recommendations and later the patient expressed just how grateful they were for the extra care.

*Ken Knight, staff pharmacist, London Drugs, Edmonton, Alberta*

## Last line of defence against errors

***I recently received a prescription for a four-year-old who had strep throat.*** It was for an adult dose. I could not fill the prescription as is, but I couldn't reach the doctor to change it. The parents wanted to start the medication right away, and fortunately I was able to persuade



them to allow me to fill the prescription at a lower dose. The next day, the doctor got back to me and thanked me for catching the error. Every day as pharmacists, we can encounter situations like these, and the goal is to build relationships with patients who will trust your judgement. This particular mother was so grateful for mine.

*Ali Al Faqir, pharmacy manager, Rexall, Guelph, Ontario*

## Expanded scope at work

***I was motivated to open my own pharmacy because I wanted to make full use of the expanded scope,*** especially in initiating prescriptions. Practically every day I am testing for strep throat and assessing for UTIs. I provide prescriptions and follow up with all my patients within three to five days to ensure the medication is effective. When it isn't, I'll determine a second course of action. Only once, did I have to refer them to a doctor. I've only been open for a few months but already patients are driving from as far away as Fort Saskatchewan, some 25 kilometres away, for my services.



*Veeral Patel, owner, Sherwood Park Pharmacy Clinic, part of the Pharmacy Brands network, Sherwood Park, Alberta*

# Taking Care of Business



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## More than a pharmacist, also a friend

I thank the good Lord for bringing you into my life. I am a stronger believer that God sends the right people into our lives and I hope that we can take our pharmacist and patient relationship to another level, that of friendship ... I would love to call you my friend.

*A note from a patient and cancer survivor to Nancy Banoub, Certified Specialty Pharmacist, Bayshore Specialty Rx, Markham, Ontario (see profile, page 17)*



## A winning experience

My experience with the Primary Care Clinic was wonderful. Very informative and the pharmacist took the time to talk and listen to all and any concerns. Absolutely amazing service and the professionalism was top notch.

*A patient of a Community Pharmacy Primary Care Clinic, Nova Scotia*

# No action so far on long-awaited strategy

**The one in 12 Canadians with a rare disease and their families (two-thirds of patients are children) have, literally, been waiting for years to see action on a long-promised federal strategy for drugs for their conditions.**

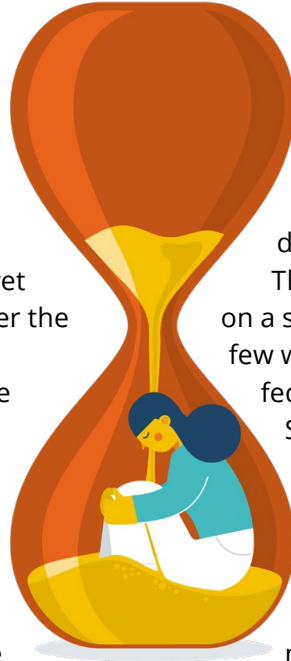
So far, the strategy exists mainly as an unfulfilled promise. Not a single patient has yet received funded access to new medicines after the strategy was promised in 2019.

As a result, Canada continues its unenviable distinction of being one of the few developed countries without a specific regulatory and reimbursement strategy tailored to the particular circumstances and needs of people with rare diseases. The U.S., European Union (EU), Australia and Japan have all had such processes in place for more than 25 years.

What does this mean for Canadians? It means longer review and reimbursement timelines for rare-disease medicines.

An international comparative analysis found that between 2015 and the first quarter of 2021, 63 drugs received an orphan designation in the EU, and were reimbursed in most jurisdictions. By mid-2021, only 44 had received Health Canada approval, leaving a third that will not be launched in Canada at all. Just 24 had completed the two-year odyssey of health technology assessment and price negotiations that all new medicines must complete before public drug plans in Canada will provide reimbursement. In contrast, many European jurisdictions automatically reimburse drugs for rare diseases immediately following regulatory approval.

Canadians with rare diseases, led by the Canadian Organization for Rare Disorders (CORD), have actively pursued the implementation of a comprehensive



strategy for years. CORD presented its proposed strategy to the federal government in 2015—nine long years ago.

Its efforts appeared to be bearing fruit when the 2019 federal budget included an investment of \$1.5 billion over three years for drugs for rare diseases, starting in April 2022. That date came and went without any details on a spending plan. Finally, in March 2023, a few weeks before the end of the fiscal year, the federal minister of health announced a National Strategy for Drugs for Rare Diseases. It spoke of the same \$1.5 billion in spending, of which \$1.4 billion is for bilateral agreements with the provinces and territories to pay for drugs and support early diagnosis and screening for rare diseases. The other \$100 million is for research and other initiatives,

including an evaluation of the plan's effectiveness. Almost a year later, patients are still waiting. The new Implementation Advisory Group of 17 stakeholders, including Neighbourhood Pharmacies, held its first meeting in October 2023, but very little public progress has been made on federal-provincial-territorial bilateral agreements. Other funding is starting to flow for clinical trials and data collection.

The announcements and limited activities initially raised hope that progress would finally be made. However, at the pharmacy and patient level, the federal strategy to improve the availability of the many exciting new treatments for rare diseases for Canadians remains just a longstanding, unfulfilled promise. 🌈



*William (Bill) Dempster is President of 3Sixty Public Affairs, based in Ottawa.*



# Quest for care in world of complex diseases

**Working as a Certified Specialty Pharmacist is not just a job for Nancy Banoub. “It’s my purpose in life,” she says.**

At Bayshore Specialty Rx in Markham, Ontario, Banoub provides ongoing support and compassionate care to people with chronic, complex and/or rare diseases, such as Crohn’s disease, ulcerative colitis, certain cancers, multiple sclerosis (MS), and many more. “Patient care is highly specialized and requires a strong foundation in pharmacology, excellent communication skills, and a deep commitment to the patient,” she says.

Banoub obtained additional certification as a MS Certified Specialist for personal reasons. Her mother, also a pharmacist, was diagnosed with MS when she was in pharmacy school. As a child growing up in Egypt, Banoub recalls she didn’t understand why her mother was always tired or, later, why her mother could not see (due to optic neuritis).

Her mother took a corticosteroid that didn’t seem to do anything except cause side effects. “There was no treatment,” she says. “I have grown up seeing how debilitating this disease can be.”

Banoub also recalls her mother’s perseverance and strength of character, unflagging until her death, from cancer, when Banoub was 16 years old. “My mother has been and will always be my inspiration to empower people living with MS. She is the reason I want to conquer MS, and my passion to learn has kept that purpose on fire.”

In Canada, an estimated 90,000 people live with MS—one of the highest rates in the world, according to [MS Canada](#). Most adults are diagnosed with MS



Part of the team at Bayshore Specialty Rx in Markham, Ontario: Nancy Banoub, Certified Specialty Pharmacist, Tracy Wan Ka-King, pharmacy clerk, Mohuya Akter, pharmacy assistant, Sasha Ablack, pharmacy assistant

between the ages of 20 and 49, and 75 per cent of Canadians living with MS are women.

There is no cure for MS, but in recent years specialty pharmaceuticals have become available to slow the progression of the disease—much more effectively than the corticosteroid that was the only option for Banoub’s mother. However, these specialty drugs require highly trained healthcare providers and properly equipped facilities for safe storage, administration and monitoring.

This is where specialty pharmacies come in.

Bayshore HealthCare has a specialty pharmacy in every province and partners with other pharmacies across Canada, says Karl Frank, Managing Director, Bayshore Specialty Rx. Its divisions provide related services that are required by a specialty pharmacy, such as case management support, financial assistance, distribution, pharmacy services, nursing clinics and support for blood draws and a number of other services to support patient care.

Banoub is an integral part of a large team that coordinates and provides individualized, on-call care. “The pharmacist is involved at the beginning of the treatment

and throughout the treatment as well," she says.

Care starts with the reimbursement team that works with prescribers to complete the paperwork that's part of insurance companies' prior-authorization process for high-cost specialty drugs. Bayshore's reimbursement navigators also help patients access additional financial assistance as needed.

Other team members work out the requirements for shipping, inventory management and delivery to the patient. These requirements can be extremely complex and typically require cold-chain protection. Some compounded medications, for example chemotherapy, allow for mere hours between departure from the manufacturing site to administration to the patient.

Banouh works closely with pharmacy assistants and technicians, who process and dispense the prescriptions. She checks dosage calculations and makes sure the volume and drug are correct. Certified technicians prepare cytotoxic medications under a chemo-hood and Banouh does the final check to make sure the product is clear of particles, and that the label and expiry date are correct. Nurses administer infusions in clinics and train patients on how to administer self-injections.

Banouh's lived experience and knowledge of MS helps her guide colleagues and patients in their understanding of MS symptoms and disease progression. "There are different types of MS, and every patient is different in terms of their experience," says Banouh. Not all patients will have the same symptoms, and some symptoms are common for other diseases, making it difficult to determine the underlying cause and the best treatment.

Specialty pharmacists educate patients on how to manage symptoms both pharmacologically and non-pharmacologically. "We try to provide resources for patients and caregivers and also education about the symptoms of the disease itself," says Banouh.

Understanding a drug's mechanism of action and observing for drug interactions are also important. "It's not just the drug itself, it's also the other drugs that

you have to coordinate and watch for adverse events that occur to make sure the patients get the most out of their treatment," says Frank.

Specialty drugs require ongoing monitoring for adverse events and effectiveness, which may require adjustments in dosing. This can be especially true for cancer drugs. "In a lot of the cases our pharmacists are advising and supporting the oncologist in dosage modification, watching for side effects, titrating dosing

and then informing the oncologist of the adjustments that we're making to make sure the patients continue on therapy," says Frank.

Monitoring requires regular communications

with the patient, not only to assess their symptoms and quality of life but also to ensure that they have gone for any required lab work and tests, such as an electrocardiogram (ECG). Patients remember this ongoing communication and support the most.

Banouh recalls one patient who had just been diagnosed, at a young age, with breast cancer. In addition to providing education about her type of cancer and helping her understand and navigate steps of treatment, a big part of her role was to be a steady, reliable presence.

"Cancer can be very isolating and taking the time to truly listen and respond to her concerns, while also providing positive reinforcement and encouragement to help her maintain her spirits, was very important."

After several years of treatment, the patient sent a note to say she was cancer-free. "She wrote that she wanted to share the news with me because I have been part of her 'inner circle' of care," says Banouh. "This is part of what makes my job so fulfilling, knowing that I have that impact on patients and we're making a difference in their lives." 🌈

**“Cancer can be very isolating and taking the time to truly listen and respond to her concerns, while also providing positive reinforcement and encouragement to help her maintain her spirits, was very important.”**

**“I thank the good Lord for bringing you into my life. I am a stronger believer that God sends the right people into our lives, and I hope that we can take our pharmacist and patient relationship to another level, that of friendship ... I would love to call you my friend.”**

—A note from a cancer survivor to Nancy Banouh, Certified Specialty Pharmacist

# 'Tech' savvy: from services to shortages

**For the most part, pharmacy technicians remain underutilized in community pharmacy.** That translates into huge opportunities to increase efficiencies, reduce costs and improve morale. Technicians are a tremendous asset not only for direct patient care, but also to support the operational and economic challenges that constantly batter pharmacy, such as drug shortages.

In a nutshell, a pharmacy technician can perform many of the technical aspects of dispensing. Hiring a technician to check blister packs, manage inventory, perform final checks on prescriptions, and handle pharmacy calls and appointment bookings all aids in creating more time for the pharmacist.

The pharmacist can use the newfound time to leverage scope of practice and provide additional services that improve patients' health, while also opening the door to new revenue streams that support sustainability, such as appropriate medication reviews, assessments for minor ailments and travel-health services.

For these services, pharmacy technicians can manage appointment bookings, using online tools that include self-serve options. For patients not comfortable with the technology, technicians can book appointments on their behalf. Technicians can also identify patients who may benefit from a service—such as those experiencing long-term side effects or adherence issues—and contact them for an appointment. Some of the available digital tools enable pharmacists to flag patients they'd like booked for appointments, and technicians can follow up on that.

Back-order management due to drug shortages is time-consuming. It is frustrating for patients when they are told, "I'm sorry, it's on back-order, you'll have to find it elsewhere." That is not patient care and leads to



problems at other pharmacies. The pharmacy technician can take the lead on back-order management, which includes proactively monitoring orders to mitigate future shortages. For example, recently rabeprazole 20 mg went on back order and most generics were going out of stock for three months.

The technician can run a report on the pharmacy's average utilization for three months and then order that quantity in before supply becomes totally unavailable.

If the back order persists or alternatives are not available, other action is required. The technician can run reports on which patients will be affected, enabling the pharmacist to take a proactive approach in supporting the person's drug therapy needs while the item is out of stock. The pharmacy technician can also develop and maintain a policy on how to manage patients from other pharmacies looking for options for their back-ordered medications.

The technicians and the tools are out there. Clear policies and defined roles enable both pharmacists and technicians to practice to their full scope. Based on my personal experiences and the transformative changes made at our pharmacy, I can attest that technicians who work to their full potential are key to building a resilient pharmacy workplace environment. Burnout can become a thing of the past. The end result—everyone is happier and healthier, including patients. 🌈



*Sheena Deane is Vice President of the Canadian Association of Pharmacy Technicians, President of the Canadian Council on Continuing Education in Pharmacy and Operations Manager at Kristen's Pharmacy in Southampton, Ontario.*

# Biosimilars prove worth for payors

**The biosimilar switching policies of public and private payors are getting the job done**, as biosimilars rapidly close in on originator biologics in terms of both prescription volume and dollars.

In January 2020, biosimilar options for 15 originator biologics accounted for 10 per cent of the prescriptions dispensed for these drugs. By January 2023, their share had grown to 38 per cent, reports the final 2023 installment of Neighbourhood Pharmacies' *Pharmacy Market Insights* resource, powered by IQVIA Canada.

Total prescription volume grew by four per cent during that three-year period, from 433,000 in January 2020 to 451,000 in January 2023. Biosimilars saw their numbers almost quadruple, from 44,000 to 171,000 prescriptions, while originator biologics dropped by 28 per cent, from 389,000 to 280,000.

Québec experienced perhaps the highest rate of growth. In just one year, since implementing its biosimilar switching policy in January 2022, biosimilars' share of prescription volume grew by 204 per cent. The province's universal drug plan was likely a driver since private drug plans often align with the public plan.

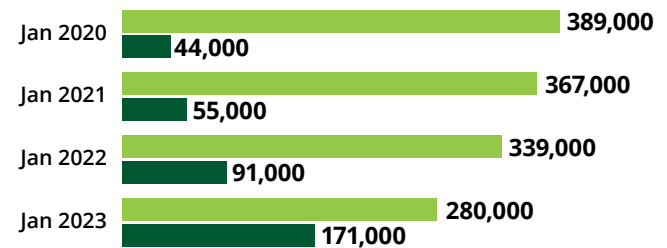
Meanwhile, prescription dollars went the opposite direction. The total market declined by five per cent, from \$306 million in January 2020 to \$290 million in January 2023, against the volume growth of four per cent. This inverse relationship between dollars and volume reflects biosimilars' lower price points and subsequent cost savings to payors.

Lastly on the prescription-dollar front, biosimilars grew their share from nine per cent in January 2020 to

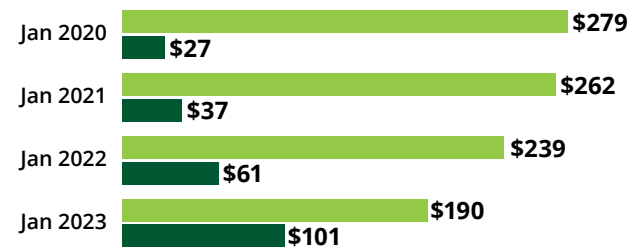
## The breakdown of biologics and biosimilars

■ Biologics ■ Biosimilars

### By prescription volume



### By prescription dollars (millions)



Source: IQVIA Rx Premium, year ending December 2023

35 per cent in January 2023, while originator biologics saw their hold decline from 91 per cent to 65 per cent.

In summary, biosimilars appear to be successfully improving patients' access to biologic medications, evidenced by the growth in utilization, while at the same time improving affordability for public and private drug plans. 🌈

## Understanding the pharmacy landscape

*Pharmacy Market Insights* is a sector-intelligence resource customized exclusively for Neighbourhood Pharmacies' Members and Partners. Powered by IQVIA Canada, this biannual report looks at prescription and pharmaceutical trends, broken down by region and class of pharmacy. Trends in classes of drugs, conditions and patients' age are highlighted and explored, as well as the impact of biosimilar drugs. For more information contact [info@neighbourhoodpharmacies.ca](mailto:info@neighbourhoodpharmacies.ca)

# Sustaining pharmacy for the future

**After several challenging years, pharmacies have finally established themselves as healthcare hubs in the community.** It's a great moment for the profession, but there is still much work to be done.

Without doubt, expansions in pharmacists' scope of practice are propelling the profession in the right direction. However, we need appropriate funding to sustain the gains in positive health outcomes. The pharmacy sector is also grappling with high levels of staff anxiety and burnout, even post-pandemic, which is further proof that the current model is not sustainable.

To keep pharmacists in the profession, it is imperative that work environments support the health of their workforce, today and for future generations.

This aspiration is much more attainable when we are part of an organization like Neighbourhood Pharmacies. As a pharmacy sector, we realize that we are stronger together when it comes to advocating for change.

And now the Association will be even stronger, with a new governance structure that positions us to engage our Members and Partners more effectively. We have established Strategic Councils under three business models: Corporate Retail, Independent Banner and Specialty Pharmacy. These Councils are responsible for identifying risks and opportunities relating to key business areas in order to provide high-level strategy and direction to the Association.

We continue to formally include our Premium Partners in our committee structure to enable more meaningful connections with Members and to gather their perspective to help guide our advocacy initiatives.

We do all of this with the patient foremost in mind. By encompassing all pharmacy business models and gathering more diverse inputs we recognize—and seek to raise awareness of the fact—that patients need accessible advice on drug therapies and disease management throughout all stages of their health journey, in the pharmacy of their choice and that best meets their needs.

In working together, we can leverage our learnings and strengths from across provinces to adopt best practices. We can further educate stakeholders on what is needed to protect sustainability throughout the pharmacy sector—which in turn will contribute to a more resilient healthcare system as a whole.

As the new Chair of Neighbourhood Pharmacies, I'm humbled to follow in the footsteps of such great pharmacy advocates as Rita Winn, our outgoing Chair. I will bring my own perspective to this role, as a non-pharmacist based in Quebec with a background in business transformation. I know that together, we will deliver on Neighbourhood Pharmacies' mission to advocate on behalf of the pharmacy teams at more than 12,000 pharmacies in communities across the country, and in so doing advance healthcare for all Canadians. 🌈



**Marie-Claude Vézina**

BOARD CHAIR  
*Neighbourhood Pharmacy Association of Canada*

SENIOR VICE-PRESIDENT AND CHIEF NETWORK OFFICER, THE PHARMACY DIVISION, METRO

“  
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**Neighbourhood Pharmacy**  
Association of Canada

Association canadienne  
**des pharmacies de quartier**

The Neighbourhood Pharmacy Association of Canada advocates for the business of community pharmacy and its vital role in sustaining the accessibility, quality and affordability of healthcare for Canadians. Through its members and partners, Neighbourhood Pharmacies is driving innovative solutions through advocacy, networking, research and information services.

**The benefits of membership include:**

- Industry-wide representation with governments
- Exclusive business-building networking events
- Informed and independent information-sharing and analysis
- Real-time industry and regulatory updates

**OUR MEMBERS AND PARTNERS**

**OUR ASSOCIATE PARTNERS**

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\*\*Special thank you to PrescribeIT®, Canada's national e-prescribing service, for their support and partnership