

Office of the Chief Executive Officer

May 30, 2008

Ms. Helen Stevenson
 Assistant Deputy Minister and Executive Officer
 Ontario Public Drug Programs
 Minister of Health and Long Term Care, Ontario
 Hepburn Block, 9th Floor
 80 Grosvenor St
 Toronto ON M7A1R3

Dear Ms. Stevenson,

RE: Proposed Regulations to Amend Ontario Regulation 935 under the Drug Interchangeability and Dispensing Fee Act (DIDFA) and under Ontario Regulation 2-1/96 under the Ontario Drug Benefit Act (ODBA).

This is to provide recommendations from the Ontario Pharmacists' Association (OPA) with respect to the regulations cited above, specifically under Section 18 of the ODBA dealing with decisions on more frequent dispensing of medications.

There are situations where the professional judgment of pharmacists is necessary and sufficient to permit less than 30 day dispensing of medications to some patients. Examples include, but are not limited to instances where patients do not have a family physician; for patients being treated for addictions or mental illness; for patients requiring the provision of emergency medication extensions and for those chronic medications having less than a 30 day supply. We suggest modifications to the proposed regulations be considered which we believe have clinical value with respect to patient wellness, and which appropriately recognize the role and obligation under the Pharmacy Act of pharmacists to dispense drugs in safe quantities, toward the goal of best care for patients with respect to medication therapy management. We welcome the opportunity to discuss these situations with you.

It is our opinion that the changes we propose will consider both the Government of Ontario's need to control costs of delivering the Ontario Drug Benefit Plan as well as its desire to keep patients, particularly seniors and others at risk, able to cope at home and in the community as much and as long as possible, rather than episodically in acute care facilities or in long-term care, both situations that have associated high costs of intervention.

Summary of Proposed Changes:

- Authorize payment for daily dispensing initiated by a prescriber, or in collaboration with a pharmacist. Pharmacist to maintain prescriber's authorization on file.
- Authorize payment for dispensing more than a one days' supply (i.e., on a weekly basis) by a pharmacist, who will continue to



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exercise his/her professional judgment to determine the need for such frequency, and will maintain standardized documentation on file.

- Authorize pharmacists to directly charge ODB patients who insist on compliance packaging despite not requiring it in the pharmacists' or physician's professional judgment.

Background:

The Ontario Pharmacists' Association advocates for the profession of Pharmacy in Ontario no matter where the over 10,000 pharmacists practice – in community retail stores, family health teams, long-term care facilities, hospital clinical settings, or in education, business and government:

- We are committed to promoting the practice the profession in a manner that maximizes our positive impact on the wellness of patients, while seeking adequate recognition and compensation for our skills, training and experience.
- We work collaboratively with governments, trade associations, advocacy groups, professional associations, insurers and the pharmaceutical industry to ensure pharmacists contribute at the highest possible level of their abilities to help deliver health care for Ontarians.
- We provide continuing education on the practice of Pharmacy, champion application of enabling technologies to assist our professional practice, and we are the leader in the provision of credible Drug Information to assist health professionals in the delivery of patient care related to medication management.
- We value and protect the trust placed in us by the public, and specifically patients and other health care professionals, as medication management experts, and we communicate directly with patients both individually and through media to build and reinforce that trust.

With these core values of our professional association, and the daily experience of over 7,000 member pharmacists practicing in over 3000 community retail, and other clinical settings, we feel we are appropriately positioned to comment.

Considerations and Recommendations:

Many, if not most patients are capable of adhering to correct dosing (quantities and intervals) without difficulty when dispensing a monthly supply of medications, even multiple medications. There are situations where compliance is difficult, particularly among some seniors, and among some at-risk patients (those with cognitive impairment, mental illnesses, addictions, or other specific situations). A recent member survey by OPA in April 2008 showed that the majority of respondent pharmacies (over 90%) provide compliance packaging for a small number of their patients, on average between 11 and 25 per store, on a regular basis. We believe



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compliance services are an enabling tool for pharmacists and other caregivers to utilize for patient adherence and persistence of therapy.

Compliance dispensing normally utilizes compliance packaging of different types. Medications are organized by day of the week or date and time of day within this packaging to facilitate the patient's proper use of multiple medications, and also to allow for audit from caregivers to visually and physically confirm adherence. This service often includes dialogue with caregivers on methods to improve compliance. The pharmacist may also adjust dosing times and schedules to accommodate patients' lifestyles, address adverse effects, and avoid drug interactions. Mid-pack corrections are common events, necessitating the adjustment of current packaging. Also, acute medications are often added to ensure the ability to comply with short-term as well as long-term therapy. This process organizes complicated regimens into easily managed and auditable treatment plans.

The preparation and dispensing of medications in smaller quantities should be authorized by Pharmacists under the OBDA for specific situations, and appropriately reimbursed. Specifically, Section 18 of the ODBA Regulations should encompass the following exceptions:

1) Daily dispensing:

Dispensing a medication on a daily basis should be limited to those patients whose prescriber has explicitly requested this, in writing. The request needs to be auditable, and only be applied under certain circumstances, which must take into account not only the medication being prescribed, but also the individual patient. We would like the opportunity to develop criteria with you prior to the release of the Regulations.

2) Weekly dispensing:

Weekly dispensing in compliance aids is helpful for patients who rely on ongoing medication therapy to continue residing in their community, including certain elderly patients, those living with mental health challenges, or physical barriers, and those otherwise incapable of managing their own medication. Published evidence suggests that a pharmacy care programme utilizing more frequent dispensing and compliance packs (i.e., blister packs) does indeed improve ongoing medication adherence, and more importantly improves patient clinical outcomes.¹

- The requirement for compliance packaging needs to be assessed on an individual basis, with additional input from caregivers (family members, home care advocates), if available.
- A pharmacist exercising his or her professional judgment has the authority to dispense a patient's medications at a specific interval in a compliance aid, and should be paid for this service. Documentation of this decision would be kept on file.



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¹ Lee *et al*, JAMA, vol 296, no. 21, 2006.

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- Authorization by a prescriber should be either verbal or written (sign a statement/complete a form) that a patient's medications be dispensed at a specific interval in a compliance aid. There should not be a requirement for a prescriber to write this on every prescription for a patient's chronic medication regime.
- OPA is willing to discuss how to ensure consistent record keeping at the pharmacy level, and is open to working with software providers and other stakeholders to meet this goal.

The provision of medication in weekly compliance aids is a requirement for pharmacies providing services to certain private retirement and nursing homes. These are distinct from Long-Term Care facilities that are mentioned in the proposed regulations as they are not funded by public dollars; however their staff and patients face similar challenges, and also benefit from compliance services.

3) In addition to the above recommendations, we would like to see a change to the regulations whereby pharmacists can directly charge an ODB patient the fees for medications dispensed in less than 30 days' supply when the patient or their caregiver insists on a lesser quantity which is not warranted in the pharmacists' or the prescriber's professional judgment. Under Section 9 of the *Drug Interchangeability and Dispensing Fee Act*, the pharmacist is expressly obligated to honour the patient's request for a lesser supply and, accordingly, must be reimbursed for this service.

We are also aware of submissions to your office from related stakeholders: the Canadian Association of Chain Drug Stores and the Canadian Pharmacists Association. All three organizations complement one another in advocating for the advancement of community pharmacy for the benefit of the patients it serves, and I hope our input will be seen in a comparable way. We believe that our recommendations to the proposed regulations will ensure patients who truly need this intervention in medication therapy management will continue to have access to its benefits. OPA welcomes the opportunity for further dialogue and development of these regulations with you.

Sincerely,



Dennis A. Darby, P.Eng.
Chief Executive Officer

Attach.

c.c. : Hon. George Smitherman, Minister of Health and Long-Term Care
Mr. Ron Sapsford, Deputy Minister, MOHLTC
Mr. K. Burns, Chair, OPA Board of Directors

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