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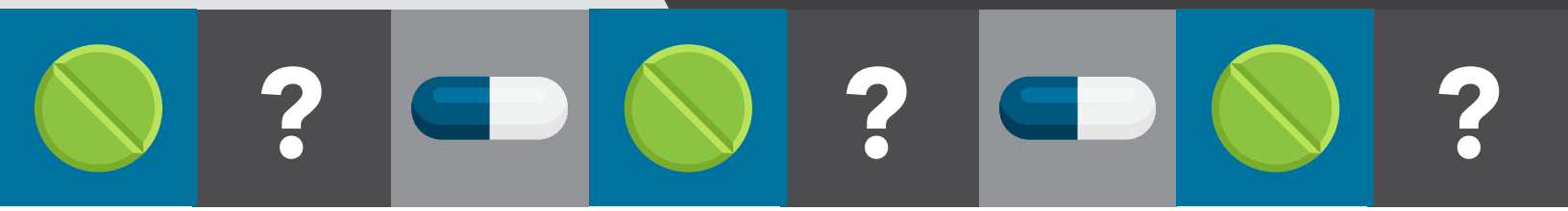
WINTER 2020



WHAT DOES THE LIBERAL MINORITY GOVERNMENT MEAN FOR PHARMACARE?

In the July/August 2018 edition of ***The Inside Story***, we described the background and possibilities for national pharmacare in Canada. At that time, any movement on this issue seemed far down the road – as far as the recent federal election. Now that the post-election pieces are falling into place, let's see where we are...

Promises, promises...

After an unruly and nasty campaign, Canadians elected a minority Liberal government on October 21, 2019. So what does this result mean for national pharmacare? Before we delve into that question, with three of the four national parties offering some version of a prescription drug program, let's review the platforms.

The **Liberal Party**, led by Justin Trudeau, promised to be "guided" by the recommendations of the Hoskins report – which endorsed a drug program that is universal, comprehensive, accessible, portable, and public – and to negotiate with the provinces and territories regarding the design and implementation of universal pharmacare. However, it was unclear whether this would be a completely universal scheme or a hybrid involving private insurance. A $6 billion "down payment" spread over four years was allocated for a number of health initiatives, including pharmacare.[1]

The Liberals also committed to starting a Canada Drug Agency to negotiate drug prices with a goal of making medication purchasing more effective and efficient, and to bring down the cost of high-cost lifesaving drugs through a rare-disease drug strategy.[2] They already moved in that direction in August 2019 via changes to Patented Medicine Prices Review Board regulations for reviewing new drugs coming to the Canadian market.

The **New Democratic Party** (NDP), under Jagmeet Singh, promised a national, universal, public pharmacare program. This was to cover a comprehensive national formulary developed by an arms-length agency that would also negotiate drug prices – which seems similar to the Liberals' Canada Drug Agency.

The NDP program was not to be subject to co-payments, deductibles, or premiums except for a $5 co-payment on brand-name drugs when a generic is available. An annual pharmacare transfer was to be provided to the provinces and territories on the condition that they would provide universal coverage and adhere to the national formulary. This program was estimated to cost $10 billion annually, and the NDP suggested implementation would happen by the end of 2020. Under the NDP plan, private insurance would cover the $5 co-payment for brand-name drugs as well as drugs not included on the national formulary.[3]

Elizabeth May's **Green Party of Canada** also promised national, universal pharmacare – without co-payments or deductibles – through expanding the Canada Health Act to include prescription drugs dispensed outside a hospital. The program was to be implemented by the end of 2020 with $26 billion allocated for the first year. The federal government was to pay the full cost for the first two years, then share costs with the provinces. As well, the Green Party would have created a bulk drug purchasing agency and reduced drug patent protection periods to bring drug costs down.[4, 5]

The **Conservative Party of Canada**, led by Andrew Scheer, didn't offer a universal pharmacare plan in its platform. Instead the Conservatives intended to focus on those who aren't covered provincially or by employee plans to address gaps in order to improve access, but did not propose any strategies.[6] They also pledged to maintain health care transfers to the provinces and increase funding by three per cent per year.[7]

Now what?

The new Liberal cabinet was sworn in on November 20, 2019, with Patty Hajdu as minister of health, Chrystia Freeland as minister of interprovincial affairs, and Bill Morneau as minister of finance. When it comes to pharmacare, these three departments will have to collaborate if a program is to come to fruition.

Regardless of what was said during the campaign, the development and implementation of any kind of pharmacare program presents huge challenges for the federal government. While Canadians appear to support the idea of national pharmacare, it's unclear whether they consider it a priority. Many are perfectly happy with their workplace drug benefit plans, so a program that covers those who do not have access to a private plan may be an acceptable, and certainly less expensive, option for Canadians to embrace.[8] And Bill Morneau has plainly stated that he favours a "fill in the gaps" option.[9]

In the speech from the throne on December 5, 2019, the Liberal government offered little detail on their plans for pharmacare, promising only to take "steps to introduce and implement national pharmacare."[10] The speech did not say what a federal drug plan would look like or provide a timeline. Will more information be forthcoming in the next federal budget? Time will tell.

Challenges (and then some)

The cost

By any account, the cost of providing national pharmacare is multibillions of dollars. Back in 2017, the Parliamentary Budget Officer assessed what was needed to implement such a program. At that time, the endeavour was estimated to come at a net cost of $19.3 billion to the government, and this amount was expected to grow by 2020-21 to $22.6 billion.[11] This is higher than the Hoskins report's estimate of $15.3 billion per year by 2027, and is significantly higher than Trudeau's $6 billion promise.[12] As a reality check, the Liberal government's December economic update noted that the federal deficit is $7 billion greater than predicted, posing further challenges to implementing pharmacare.[13]

On January 13, 2020, Bill Morneau was asked whether he was open to pledging more than the $6 billion Trudeau had promised for pharmacare in his budget for 2020. The finance minister replied that the pharmacare effort's precise financing would "be related to the ability to work together" with Canada's various provinces and territories. "It's premature for me to tell you what the exact approach from a financial standpoint will be, until we've made progress with the provinces in this regard," Morneau said.[14]

The provinces

National pharmacare has always been an issue that pits the federal government against the provinces regardless of the players involved. Currently the provincial drug plans are all different, but are all limited in what they cover, especially when it comes to new products. This creates inequality in drug coverage from province to province.

"Both Ontario and Quebec have spoken out against a national pharmacare program..."

Despite all the promises made by the federal parties during the campaign, nothing can be implemented without provincial cooperation, and both Ontario and Quebec have spoken out against a national pharmacare program.[15] Ontario Health Minister Christine Elliott has publicly stated she doesn't want a full pharmacare overhaul. Rather, she says the focus should be on rare diseases.[16] This leaves Newfoundland and Labrador Premier Dwight Ball as the only premier vocally supporting national pharmacare.[17]

At the premiers' meeting in early December 2019, pharmacare was discussed with all provinces agreeing that they should be allowed to opt out of any federal program. However, they also requested a 5.2 per cent increase to the Canada Health Transfer regardless of the status of pharmacare.[18]

And let's not forget that Premier Doug Ford scaled down OHIP+ immediately after taking office in Ontario. This program was initiated in 2018 by the previous Liberal government and provided universal drug coverage for all children and youth age 24 and under, regardless of family income. OHIP+ acted as the primary payor (whether or not private coverage existed) providing full reimbursement of eligible drugs. In April 2019, Ford's Conservative government changed the program to cover only children and youth under age 25 who do not have private drug plans available. Meanwhile the premiers of British Columbia, Alberta, Saskatchewan, and Quebec contend that they already provide adequate pharmacare programs for their residents.

Working with the opposition

With a minority in parliament, Prime Minister Trudeau has to seek cooperation from the opposition parties to proceed with any priorities and will likely solicit support case by case. Since the NDP platform included pharmacare as a key promise, it's likely that the Liberals will rely on the NDP to support any national pharmacare plans, and Singh has affirmed that national pharmacare is still a priority for his party.

"...could result in a decrease to big pharma's revenue by as much as $4.8 billion a year"

Since the NDP presented far a more specific and immediate plan for pharmacare as part of their platform than the Liberals, it remains to be seen what influence Singh has regarding details of any legislation. The Liberal and NDP platforms differed in several areas, especially around timing and scope. It also remains to be seen whether the Liberals remain committed to using the Hoskins report as a guide. While the Liberals may prefer a "gap-filling" program, the NDP is not likely to be on board without concessions, and the Bloc Québécois won't agree to interfering with the provinces' grip on health care.[19]

Push back from big pharma and insurance

Clearly Canadian pharmaceutical companies could not be happy at the prospect of losing profit and are expected to launch intense lobbying against any form of pharmacare or further strategies to contain drug pricing. It has been reported that universal drug coverage could result in a decrease to big pharma's revenue by as much as $4.8 billion a year by 2027.[20]

The pharmaceutical industry group, Innovative Medicines Canada, has stated that they "believe that any national pharmacare program must ensure Canadians maintain access to at least the same range of cutting-edge medicines they rely on today."[21]

As well, insurance companies will also lobby against any plan that cuts private coverage out of the equation. While Stephen Frank of the Canadian Life and Health Insurance Association expressed support for the previously announced changes that address drug costs, he also said that his organization continues "to believe strongly that any reform should use government resources wisely and build on what works well today."[22]

And there is some indication that politicians may be coming around. The Atlantic premiers discussed the federal government's commitment to national pharmacare at the Council of Atlantic Premiers in early January 2020. The premiers agreed that any federal program must be fully funded, long-term, sustainable, and provide a comparable level of pharmaceutical coverage, including drugs for catastrophic illnesses. The premiers also want to ensure that a federal national pharmacare program recognizes current private sector insurance systems and that all Atlantic Canadians have coverage.[23]

So… what's next?

With a list of competing priorities and deals to make, the government is not likely to make pharmacare its top priority for the next legislative session. By most accounts, climate change and pipelines, including appeasing the western provinces, probably will take the top spots. In sum, this will be a tough file for Trudeau's Liberals. Their budget is tighter than expected, but the real barrier will be from the provinces. So, while some form of a national drug program will likely be passed, we may have to wait a while longer for the plans to be revealed.

WANT TO KNOW MORE ABOUT NATIONAL PHARMACARE AND WHAT THAT COULD MEAN FOR YOUR PLAN?

Don't miss episode 21 of our podcast, "And now for something completely indifferent." We talk to Stephen Frank, president and CEO of the Canadian Life and Health Insurance Association, about what's happening in the industry including his post-election predictions about pharmacare.

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BEHIND THE COUNTER

Pharmacy in Quebec: a little bit different

In this issue, we welcome new GSC pharmacist Nathalie Veilleux to *Follow the Script* and ask her about pharmacy in Quebec.

FOLLOW THE SCRIPT: Welcome to GSC, Nathalie! To update *Follow the Script* readers, you're our newest pharmacist, and you work out of our Quebec City office. When did you join GSC and what are you doing for us?

Nathalie: I joined GSC in January 2019, so about a year ago. As for my responsibilities, we can say that I wear three different hats – the first one involving assessing drug authorization requests and performing reviews for new medications. Second, I have a strategic role for the Quebec landscape in terms of all our strategies and cost-containment programs. And last but not least, I also support all of our Quebec clients from a pharmacy benefit management perspective.

FTS: Tell us about your background.

Nathalie: I have done a number of things. Right before GSC, I worked in the pharma industry at AstraZeneca. I was the market access manager for Quebec on the public payor side – promoting its products inside the RAMQ system and the Quebec health ministry. It was interesting to see how the market access world works, and the job involved lots of government relations too. Before that I was at a public relations firm called National doing all kinds of health-related public affairs. This is where I developed my governmental knowledge and network – like the contacts needed and how things really work within the big governmental "machine." It was a not very common role for a pharmacist! And prior to that I was a teacher at Université Laval while we put together the new pharmacy program, which has become a Pharm. D. I was a mentor for students about many aspects of pharmacy practice and also built the program's international profiles, including arranging internships, since I also served as an intern when I was a student.

FTS: That's an interesting resumé, and you still practise as a pharmacist, right?

Nathalie: Yes, I still work in a store part time – about once a month. I have been practising pharmacy since I graduated in 2002, which doesn't make me look any younger! And I would say that practising part time is tougher than practising full time.

FTS: So why is part time harder than full time – what are the challenges?

Nathalie: Well, one challenge is about keeping your clinical reflexes as accurate as possible – the more you're exposed to clinical situations, the better you get at it. Being exposed to just a few cases, once in a while, you don't get to see the same range of clinical situations, that's for sure. But I can always rely on my almost 20 years of experience to solve more difficult cases – that really helps. Another challenge is being able to keep up with new medications. When you see a higher volume of prescriptions, you see more medications for different illnesses. Experiencing more volume is like continuing medication education. My role at GSC really helps to solve that challenge. In fact, we are always front line to see all new products in the market, so since I joined, I feel more ahead of things when I practise. This also opened the door for me to explore the specialty drug therapies more thoroughly, which I haven't done a lot in the past years.

FTS: It really is "practise," right? It's like practising for a sport – if you don't play you might lose your skills and you won't get better?

Nathalie: That's exactly it. I think practise is a great word to reflect what we do. The more you do it, the better you get. I've done it full time, and I enjoyed it, but I wanted to do non-traditional pharmacy work too, so now I practise part time and work at GSC. For me, it is definitely now my dream combination!

FTS: This may be an unfair question to you because you live and work in Quebec, but for the rest of us across the country there's always been this feeling that things are different in Quebec. Certainly for plan sponsors they are. Is there a difference in being a pharmacist in Quebec?

Nathalie: Well, I have never practised in another province, so it is indeed an unfair question! But from a clinical point of view, I think it's exactly the same practising in British Columbia versus in Quebec or in Ontario. The main differences would be the

governmental environment as well as the regulations. We all know health is regulated provincially, so each province has its own peculiarities. So if I were to practise somewhere else, I would have to get accurate legislative training for the province. Also, pharmacists in Quebec don't perform exactly the same clinical services as they do in other provinces. For example, we can't provide vaccinations. But I'm happy to say that this will be past history in a few months with Bill 31, which will amend the Quebec Pharmacy Act. We will also get a much broader clinical scope – such as adjusting prescriptions based on efficacy, using therapeutic substitution, and treating a wider range of minor conditions. It's a great clinical evolution that will happen in early 2020.

FTS: So why are these changes happening now?

Nathalie: Essentially to improve first-line access to clinical services. The emergency rooms have such long waiting times that we really need to give more latitude to more health care professionals. We need everyone to use their skills to the maximum extent to relieve the physician' burden. I think we have quite a great collaborative climate in Quebec between pharmacists, clinical nurses, and doctors. And now with Bill 31, the government is giving us more prescribing privileges which can only improve the situation. Because I think we all agree that we should use all our available resources and treat patients. Let's make sure that everybody gets treated by the right professional and at the lowest cost, if possible. Seeing a pharmacist at the pharmacy will definitely cost less to the system than having a consultation in the ER, so let's do that.

FTS: Obviously the fact that you have AQPP [the Association Québécoise des Pharmaciens Propriétaires] is different than other provinces. Looking at GSC – we don't offer our specialty drug preferred pharmacy network in Quebec, and we don't do value-based pharmacy in Quebec. As a pharmacist in Quebec, can you explain to us why we don't do those things there?

Nathalie: The preferred pharmacy network relates to one legal article, only present in Quebec legislation. There's one fundamental health care concept in Quebec, which is the liberty to choose your own health care professional and that includes pharmacists. We can't force anybody to go into a specific pharmacy to get a specific product. It's also specifically written in our code of ethics as well, and I have been told that legislation in the rest of Canada isn't written the same way. RAMQ is also monitoring the market, making sure this concept is respected. I'd say that explains why it isn't applied.

FTS: So that's from the Quebec government. But obviously AQPP is strong enough to lobby the government to make that law whereas other provinces don't have that kind of legislation.

Nathalie: Yes, well, AQPP, is a very well-established organization.

FTS: So that leads into our last question as I know we have to let you go. What has been the most eye-opening thing for you in coming to work for us? What didn't you know about our industry or GSC and how we operate that surprised you?

Nathalie: For the industry, even being a pharmacist for a while and seeing a lot of medications on a day-to-day basis, my biggest surprise was to see the actual costs a plan covers. When you put everything together – all the new drugs coming to market, all the high-cost specialized therapies, and so on – it amazed me how expensive the costs are. I really get now that we have to work on efficiencies. As for GSC, what amazes me is how different we are in the industry – it's like innovation is in our DNA. We're not afraid to actually shake things up – to say this isn't the right path, let's take a different one, and I like being part of that philosophy.

FTS: We may not be as well known in Quebec yet, but do you get criticism from the pharmacy world there about us and about those things?

Nathalie: I would say that we are quickly becoming more present and known in the Quebec market, and I'm going to be part of making that happen in 2020. Yes, we get a little criticized about what's being done outside Quebec – the biosimilar policy is still a very heated subject – but it's part of the national debate, right? We are doing the right thing with this policy requiring that patients transition to a biosimilar. Governments are also doing it more and more; the scientific evidence is there. People are just afraid sometimes of taking a different path; it takes courage. But as for our pharmacy world, no, not really. We are an excellent pharmacy benefit manager in Quebec too, we make our clients happy with the level of service they get, also because we are very well aligned with governmental policies… we are known for our cost-containment programs. All in all, it is very interesting for me to get to know this side of the business as well.

FTS: Thanks very much for your time, Nathalie. We'll definitely be talking again.

DRUG REVIEW AT GSC...

To give you an idea of what drugs might impact your benefits plan next, every quarter *Follow the Script* highlights some of the drugs recently reviewed by GSC's Pharmacy and Therapeutic (P&T) Committee.

Vyvanse® chewable tablets (lisdexamfetamine dimesylate) 10mg/20mg/30mg/40mg/50mg/60mg chewable tablet	
CLASS	Central nervous system stimulant
DIN	2490226, 2490234, 2490242, 2490250, 2490269, 2490277
DRUG TYPE[1]	Traditional
COST	**$ (< $1,000)**
COVERAGE[2]	**Open Formulary:** Full benefit **SMARTspend Formulary:** Requires prior approval

GENERAL INFORMATION

Attention deficit hyperactivity disorder (ADHD) is a condition characterized by inattention, hyperactivity, and impulsivity. Without treatment, patients with ADHD may exhibit disruptive behaviour, difficulty focusing on tasks, and sitting still. ADHD is often diagnosed in children between the ages of six and 12 years old.

Vyvanse is a central nervous system stimulant that helps manage ADHD by decreasing hyperactivity, and increasing attention. Although Vyvanse is currently available in a capsule dosage form, the introduction of a chewable tablet helps improve medication adherence for children with difficulty swallowing.

Vyvanse chewable tablets are taken once daily in the morning and are an effective treatment option to help manage ADHD.

Verkazia™ (cyclosporine) 0.1% ophthalmic solution	
CLASS	Immunosuppressant
DIN	2484137
DRUG TYPE[1]	Traditional
COST	**$$ ($1,000–4,999)**
COVERAGE[2]	Full benefit

GENERAL INFORMATION

Vernal keratoconjunctivitis (VKC) is a rare form of chronic eye allergy that can lead to severe visual problems. VKC is more common in males in early to mid-childhood and is characterized by mucus discharge, intense itching, and sensitivity to light.* VKC is thought to be caused by a hypersensitivity response to allergens.**

There are currently no drugs approved by Health Canada for the treatment of VKC. Drugs that are currently being used for the treatment of VKC are being used off label.

Verkazia is an immunosuppressant that is available in the form of eye drops. It was approved by Health Canada for the treatment of severe vernal keratoconjunctivitis in children from four years of age through adolescence and is an effective treatment option to help reduce signs and symptoms associated with VKC.

* Leonardi A. (2013). Management of vernal keratoconjunctivitis. Ophthalmology and therapy, 2(2), 73–88. doi:10.1007/s40123-013-0019-y.

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Envarsus™ (tacrolimus) 0.75mg/1mg/4mg tablet	
CLASS	Immunosuppressant
DIN	2485877, 2485885, 2485893
DRUG TYPE[1]	Traditional
COST	**$$ ($1,000–4,999) to $$$ ($5,000–9,999)**
COVERAGE[2]	Full benefit

GENERAL INFORMATION

Organ transplantation is often the only option for patients with end-stage organ failure. One of the most serious complications is organ rejection; this happens when a transplant recipient's immune system attacks the transplanted organ after realizing the organ is from someone else.

To minimize the risk of organ rejection, immunosuppressants are used. Envarsus is an oral immunosuppressant that is available in an extended release format and is approved by Health Canada to prevent organ rejection in kidney or liver transplant patients. In comparison to existing therapies, Envarsus can be more cost effective and convenient as it is dosed once daily.

Notes:

[1] Traditional generally refers to small molecule compounds derived from chemical synthesis and also includes drugs not listed in Schedule D of the Food and Drugs Act; Biologic refers to drugs produced through biotechnology and listed in Schedule D of the Food and Drugs Act; High-cost refers to drugs subject to GSC's High Cost Drug Policies; Specialty (Tier 5) refers to drugs with an expected annual treatment cost of $10,000 or more (certain drugs approaching the threshold may also be considered if clinically warranted).

[2] Applicable to all formularies unless otherwise noted.