

## Pharmacists Manitoba Member Backgrounder on Measures to Prevent Medication Shortages

This document has been developed to assist you and your teams in understanding the background and providing you with assistance and support in your discussions with patients and the public.

### Background

- A key role that pharmacists perform is monitoring the supply of medications, so there is fair distribution to all patients.
- In response to the escalating medication supply crisis, the Manitoba Government limited supply for prescription medications to a one-month supply, to a maximum of a 35-day supply.
- Manitoba Health, Seniors and Active Living consulted with Pharmacists Manitoba, the College of Pharmacists of Manitoba, drug manufacturers and wholesalers before making these decisions. These measures have also been implemented in most other provinces across Canada.
- In exceptional circumstances, pharmacists would rely on their professional judgment if they needed to dispense a larger supply, which would need to be documented.
- This limitation on drug supply in Manitoba is a temporary measure and both the federal and provincial governments continue to monitor the impacts of COVID-19 on drug supply and distribution.
- In response to the supply change, pharmacists have been receiving complaints from patients and the profession is facing negative narrative through some media outlets.
- Despite the negative press and patient complaints, pharmacists continue to work relentlessly on the frontlines, serving patients and their communities and ensuring essential medications continue to be available.

### Why the 30-Day Supply Recommendation? What Drug Shortages?

- The COVID-19 Pandemic has placed additional strain on an already fragile medication supply chain in Canada.
- Drug shortages already present a considerable challenge to Canada's health system. Drug shortages, recalls and discontinuations are a growing problem in Canada. According to a national poll, 25% of Canadians have either personally experienced or know someone who has experienced a drug shortage in the last three years.
- Prior to COVID-19, these shortages were requiring pharmacists to spend at least 20% of their day to manage, decreasing vital patient access to other pharmacist services.
- There are currently over 2000 drugs which are officially on the drug shortage list in Canada. The COVID-19 pandemic has made the existing medication shortage in Canada worse.
- The provincial and Canadian governments have pushed to get the cheapest medication sources and reduce pricing on all levels of medication management and current circumstances are now showing the outcomes of these decisions.

- Pharmacists are working incredibly hard to manage the medication supply needs of patients. However, this is a global issue and wholesalers/manufacturers are not able to fulfill many of the orders and are allocating limited quantities to community pharmacies.
- In this global economy, most active pharmaceutical ingredients are sourced and manufactured overseas. Just like Canada, these countries are facing challenges of their own related to COVID-19.
- There is a shortage of raw materials and subsequent production of medications in countries like China and India as they respond to the impacts of the COVID-19 pandemic.
- There are challenges in transporting and receiving medications due to border restrictions, closures for export of essential supplies and medications, increased pressure on the shipping routes of goods, workflow limitations and even new policies and procedures to contain the spread of COVID-19.
- There is an increased demand by our acute care facilities (hospitals) related to their preparation for pandemic purposes.
- There has been a sudden and significant increase in prescriptions because of public concern, largely as a result of early comments made by health officials urging the public to “stock up.”
- The current drug shortage situation will likely get worse before it gets better.
- There is a strong need to flatten the demand curve for medications in order to give the supply chain and manufacturers time to deal with the backlog.
- This temporary limit is not unique to Manitoba. It’s happening across the country. Once the drug supply returns to pre-COVID-19 capacity, these limitations should be removed.
- There is evidence that the one-month supply directives are working across Canada and the system needs more time to reach anything close to equilibrium.
- Pharmacists are working with patients to find alternate medication sources or to adjust/change prescription therapy as necessary based on the availability of products every day.

## Potential Increases in Prescription Costs

- Providing medications every month may potentially increase the cost to patients as the pharmacy dispensing fee is charged with each preparation. National and provincial pharmacy associations are working with governments and private insurance companies to address this.
- This is NOT price gouging by pharmacists. The professional care provided related to dispensing and fees have not changed. The cost of filling monthly prescriptions is the same pre-pandemic as it is now.
- Pharmacies do not receive any government funding for business operations or patient services.
- Dispensing fees help pay staff wages and keep a pharmacy functioning. The shorter medication supply is not to make pharmacists more money. It creates more work for pharmacists to help protect our first priority: patients.
- These fees cover the costs associated with the assessment of patient care, consideration for health status changes, sourcing of medication supply, technical dispensing of the product and considerations for safe distribution (pickup, delivery, drive-thru). These factors occur every time, regardless of the quantity dispensed and support these activities to ensure patients are receiving appropriate, safe and effective medication therapy.
- Pharmacies are also facing increased costs, including increasing staff hours, extra demand on time, extra supplies, management of increased prescription volume, addition of protective

barriers and personal protective equipment (PPE) for staff, increased cleaning and use of related supplies and increases in deliveries to patients.

- Pharmacies have absorbed the increased costs of home delivery to help patients stay healthy and safe. The volume of deliveries and costs to deliver have increased significantly as a result of the current pandemic.
- Pharmacists and staff are not paid by government directly, as some other frontline healthcare workers are. To suggest that pharmacists should not be paid for their work in a time when they are deemed essential, on the frontline and putting their lives at risk is not right. You would never ask any other healthcare worker to do the same.
- Pharmacies and their fees are regulated.
- For those who are facing exceptional circumstances, pharmacists are considering a patient's ability to pay, on a case by case basis, as part of their responsibility for ensuring their patients have continued access to prescription medications.

## **Pharmacy and Patient Safety and Potentially Increasing Visits**

- Pharmacists are the most accessible community healthcare practitioners providing frontline care in the current state of emergency.
- Pharmacists are essential workers putting their own health at risk by caring for patients during this pandemic.
- Physicians have reduced hours or are only available by phone or video for which they can bill for regular in-person visits. Other healthcare practitioners have also reduced hours or closed. Some are available only by emergency. Some pharmacies have reduced their hours but continue to be open to serve their communities directly.
- Providing one month supplies of prescription medications may result in more visits to the pharmacy. To help address this, pharmacists are investing in solutions such as:
  - offering free delivery for prescriptions
  - operating drive-thrus
  - providing curbside pickup
  - erecting plexiglass barriers between patients and pharmacy staff
  - trying to source personal protective equipment
  - encouraging patients to call ahead
  - investing in technology to provide virtual care
  - proving virtual and phone consultation
  - proactively calling patients and preparing all their prescriptions in advance
  - communicating on best practices through social media posts and sharing with their networks

## Support References

- <https://www.pharmacytimes.com/contributor/jason-poquette/2018/04/turn-an-angry-pharmacy-patient-into-a-calm-customer>
- <https://www.inc.com/rhett-power/6-important-lessons-for-handling-stressed-customers.html>
- [https://www.gov.mb.ca/health/pharmacare/profdocs/covid19\\_30days.pdf](https://www.gov.mb.ca/health/pharmacare/profdocs/covid19_30days.pdf)
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- <https://www.pharmacists.ca/advocacy/drug-shortages/>
- <https://www.pharmacists.ca/news-events/news/covid-19-and-the-responsible-allocation-of-medications-to-patients/>
- <https://helpnextdoormb.ca/>

## Media Related

- <https://nationalpost.com/pmnl/news-pmn/canada-news-pmn/supply-line-disruptions-could-cause-canadian-drug-shortage>
- [https://www.cnn.com/2020/04/04/coronavirus-pharmacies-struggle-to-meet-demand-amid-supply-shortages.html?\\_source=sharebar|email&par=sharebar](https://www.cnn.com/2020/04/04/coronavirus-pharmacies-struggle-to-meet-demand-amid-supply-shortages.html?_source=sharebar|email&par=sharebar)
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