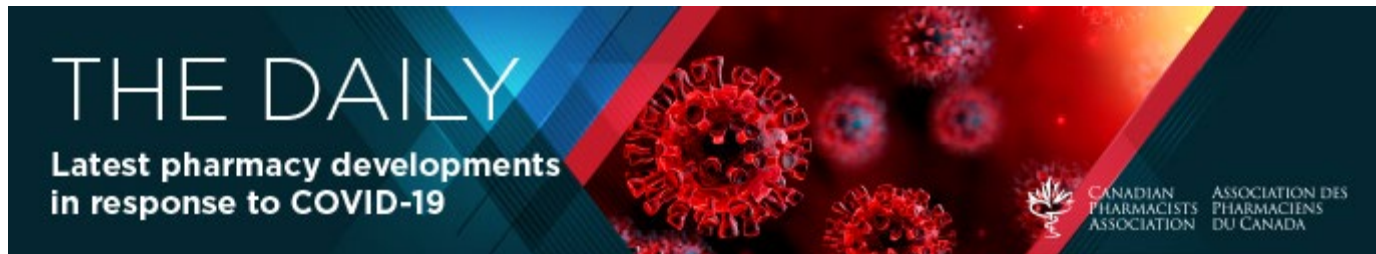


**From:** Public & Professional Affairs Department  
**Sent:** June 2, 2020 3:47 PM  
**Subject:** The Daily: CPhA's COVID-19 Update for June 2



**June 2, 2020**

## **CPhA**

### ***Drug therapy information during COVID-19***

CPhA's expert clinical and scientific editors are constantly reviewing evidence and updating our statements and drug therapy information relevant to COVID-19. Recent updates have been made to information on antiretroviral combinations, DMARDS or other rheumatic medications and treatment of COVID-19 with chloroquine or hydroxychloroquine. Resources are available to all on our website in [English](#) and [French](#).

*CPhA's COVID-19 web pages are being updated regularly at [www.pharmacists.ca/covid19](http://www.pharmacists.ca/covid19) and [www.pharmacists.ca/covid19fr](http://www.pharmacists.ca/covid19fr).*

## **Provincial**

### ***Ontario 30-day limit on prescriptions expected to end by July 1***

A 30-day limit on prescriptions brought in by the Ontario government in the early days of the pandemic in an effort to prevent drug shortages is expected to be lifted within the month, returning to the usual 90-day maximum by July 1, [reports the Canadian Press](#). "It's been a difficult policy," says Justin Bates, chief executive officer of the Ontario Pharmacists Association. "We stand by the policy, we think it was the right thing to do, but I think everybody's hopeful that we can get back to 90 days and to a normal cycle of quantity."

### ***AHS to revisit 30-day issue 'when it is safe to do so'***

While 30-day prescription limits will remain in place in Alberta for the near future, the provincial government is open to revisiting the issue with the Alberta College of Pharmacy and the Alberta Pharmacists' Association (RxA) when the time is right, says Tom McMillan, a spokesperson for Alberta Health in an [article in the Lethbridge Herald](#). "While we are beginning to reopen Alberta, the issue of global drug shortages remains a concern for our province," says McMillan. The Alberta College of Pharmacy agrees the 30-day limit remains appropriate for now in the province, despite what other provinces may decide, stating the "the recommendation is in place to stabilize Alberta's drug supply in an effort to ensure all patients have access to the medicine they need during the pandemic."

## **National**

### ***Health Canada advises Canadians to help support the continued supply of medications***

The COVID-19 pandemic has resulted in significant shifts in the supply and demand of certain drugs. While supply levels may be stabilizing, supply pressures continue for certain drugs, says [Health Canada in a release](#). The statement reads, in part: "Governments, industry, pharmacy organizations, and other health sector partners continue to work together to address supply issues, and are taking measures to conserve the supply of critical drugs. Health Canada has been monitoring the supply situation closely and will take any necessary actions, in collaboration with its partners, to help ensure the continued supply of

medications for Canadians. Patients are advised not to buy more medication than required. This will help ensure that all Canadians continue to have access to the medications they need and to prevent drug shortages.”

### ***CADTH: Does the evidence support the hype? COVID-19 and antiviral treatments***

Pre-exposure prophylaxis and post-exposure treatment with antivirals, sometimes in combination with an antibiotic, have been the subject of public debate and, at times, significant media reporting. [Watch this CADTH webinar](#) for the evidence on 2 specific antiviral treatments that have been widely discussed — hydroxychloroquine (with or without the antibiotic azithromycin) and remdesivir. The webinar also addresses clinical trials underway on the use of antivirals in preventing and treating COVID-19.

## **International**

### ***RPS: Mandatory risk assessments needed for BAME staff***

In a [blog post](#), the Royal Pharmaceutical Society (RPS) is calling for mandatory risk assessments amid COVID-19 for BAME (Black, Asian and minority ethnic) staff, along with assessments for other high-risk groups such as pregnant women or those with underlying health conditions. “The [National Health Service] NHS and employers must make adjustments and re-shape their services if needed to enable people with a BAME background to continue to deliver high quality patient care,” says the post. The blog also notes that in pharmacy, over 40% of workers come from a BAME background and that concerns about BAME issues have been raised with the NHS, Department of Health and pharmacy minister Jo Churchill.

### ***FIP contributes to global health workforce policy around COVID-19 pandemic***

The International Pharmaceutical Federation (FIP) was invited by the World Health Organization (WHO) to review its forthcoming Interim Guidance Note on Health Workforce Policy and Management in the context of COVID-19 pandemic response. The health workforce, which includes the pharmaceutical workforce, is a crucial component of the health system response. The guidance advocates for the role of pharmacists to be optimized by allowing community pharmacists to administer vaccinations and to provide medicines normally supplied by hospital pharmacies to outpatients. It also highlights that enabling pharmacists to have waivers for early and multi-month refills, and to permit therapeutic substitution, helps reduce pressure on the primary health care system and minimize risks of infection. The WHO will publish this Interim Guidance Note in the coming weeks.

### ***Pharmacists being trained to spot signs of mental health issues during pandemic***

There's a new first responder on the lookout for anyone who may be experiencing mental health issues, [reports ABC News](#). “Most people probably see their pharmacists more than their primary care physicians or certified therapists, so pharmacists are in a really good position to be able to notice these early warning signs or risk factors,” says Chad Cadwell, a Walgreens pharmacist. Walgreens pharmacists just finished the first phase of mental health first aid training. The program was developed by the National Council for Behavioral Health. They're taught to look for risk factors and red flags in patients, everything from anxiety and depression to addiction.

### ***Shortage of sertraline due to COVID-19 mental health strains***

One of the most widely prescribed antidepressants in the US has fallen into short supply, as demand increases due to mental health strains caused by the COVID19 pandemic, [Bloomberg News notes](#). Late last week, the US Food and Drug Administration (FDA) added Zoloft, which is sold under the generic name sertraline and was first approved in the US in 1991, to its list of drugs in shortage. The tablet is used to treat a range of conditions, including depression, obsessive-compulsive disorder and post-traumatic stress disorder.

### ***EU regulator promises speedy review of potential COVID-19 drug remdesivir***

The European health regulator has vowed to conduct a speedy review of Gilead Sciences' potential COVID-19 drug, remdesivir, but said it has not yet received an application from the US drug maker, [reports Reuters](#). The European Medicines Agency (EMA) says that its human medicines committee's (CHMP) timeline to assess the drug would be 'reduced to the absolute minimum.' The announcement comes 2 weeks after the EMA head told the European parliament that it may give an initial green light for

sale of remdesivir as a COVID-19 treatment, fast-tracking the drug to market amid tight global competition for resources.

### ***Countries pledge to share coronavirus research, vaccines and treatments***

Led by Costa Rica and the WHO, more than 30 countries have launched an initiative aimed at sharing vaccines, medicines and diagnostic tools to tackle the global COVID-19 pandemic, says a [Reuters report](#). While the development of the COVID-19 Technology Access Pool was welcomed by groups including Doctors Without Borders, a drug industry alliance questioned if it would really boost collaboration or broaden access to COVID-19 medicines.

### ***Sanofi stops 2 clinical trials on hydroxychloroquine***

Sanofi has temporarily stopped recruiting new COVID-19 patients for 2 clinical trials on hydroxychloroquine and will no longer supply the anti-malaria drug to treat the coronavirus until safety concerns are resolved, [Reuters reports](#). The moves come after the WHO paused its large trial of hydroxychloroquine, prompting several European governments to ban use of the drug.

### ***US sends Brazil malaria drug unproven for COVID-19 treatment***

The US sent Brazil more than 2 million doses of hydroxychloroquine, the malaria drug touted by President Trump to potentially protect against and treat COVID-19, even though scientific evidence has not backed up those uses, [the Associated Press writes](#). No large, rigorous scientific studies have found the drug safe or effective for preventing or treating the coronavirus, and some smaller studies have indicated worse outcomes for those taking the drug. Brazil is now the hardest hit country in Latin America.

## **Newsorthy**

### ***Pandemic antibiotics surge will cause more deaths: WHO***

Increased use of antibiotics to combat COVID-19 will strengthen bacterial resistance and ultimately lead to more deaths during the crisis and beyond, the [World Health Organization says](#). WHO director-general Tedros Adhanom Ghebreyesus says that a ‘worrying number’ of bacterial infections are becoming increasingly resistant to the medicines traditionally used to treat them. The UN health agency says it is concerned that the inappropriate use of antibiotics during the COVID-19 crisis would further fuel the trend.

This daily COVID-19 update is compiled by the Canadian Pharmacists Association. To unsubscribe, please reply to this email with “Unsubscribe” in the subject line.

Please note that this publication is meant to inform and is not a comprehensive list of information available. Be sure to check with your provincial regulatory authority or advocacy association for province-specific information. While we aim to ensure all information contained in this update is accurate, the situation is evolving rapidly and CPhA does not take responsibility for the content provided by other organizations and sources.