

**From:** Canadian Pharmacists Association <advocacy@pharmacists.ca>  
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# The Weekly

Bringing the world of pharmacy together

**August 10, 2022**

**CPhA**

*Limited specialized formula supplies stressful on parents: CPhA*

Most parents in Canada who need specialized formula to feed their babies now have to order formula through a pharmacy due to a voluntary directive by Health Canada aimed at rationing limited supplies amid a nationwide shortage, [reports Global News](#). In June, Health Canada issued recommendations suggesting hypoallergenic baby formula be dispensed by pharmacists “to ensure they can be distributed equally,” according to a statement from Health Canada. Since then, this practice has been adopted across the country, as the availability of certain types of specialized formulas continues to be limited, Health Canada says. Dr. Danielle Paes, chief pharmacist officer with the Canadian Pharmacists Association (CPhA), says the shortage only affects infants who have allergies to regular formula or soy-based products, which is not an overwhelming number of people. But for those families that have been affected, the last few months of limited supplies have been stressful. “It can be highly distressing for parents and caregivers, and so trying to make sure that we have everything in place to support them and making sure that pharmacies and pharmacists have everything that they need to support families and caregivers in navigating through

this is really important,” Paes said. “We’ve been working very closely with Health Canada to make sure that we’re able to get the information to everybody that needs it.” For more information, visit CPhA’s [resource page](#) for pharmacy professionals.

***Resource Round-up supports ongoing learning to enhance the well-being of Indigenous peoples***

On August 9, International Day of the World’s Indigenous Peoples was observed to pay tribute to Indigenous communities everywhere. Intergenerational trauma, health-care disparities and racism in all its forms continue to undermine the health of Indigenous patients and their trust in the health-care system. As a key entry point to our health system, the pharmacy community has an essential role to play in implementing culturally safe, patient-centred care across Canada. It’s important to take this opportunity to reflect on how you can provide more accessible and inclusive care to your Indigenous patients. Our [Resource Round-up](#) has some great information and resources to get you started.

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**Provincial**

***BC pharmacists call on province to allow them to prescribe medications amid doctor shortage***

Pharmacists are calling for the BC government to allow them to prescribe medication for minor ailments, especially as the province’s doctor shortage continues to impact nearly a million residents, [says CTV](#). In Alberta, pharmacists are already allowed to prescribe certain medications, such as drugs for cold sores or urinary tract infections. A similar system is also coming to Ontario. Yoshi Ito, a pharmacist at the People’s Pharmacy in Colwood, BC, says it makes sense for pharmacists to be able to do the same in BC. The solution would cut down on some of the long wait times the province is seeing for doctors, he says. “The BC Pharmacy Association (BCPhA) has been advocating, for years, for its members to be able to prescribe for minor conditions,” said Ito. “It’s also been pushing for them to renew many more medications than they’re currently allowed,” he said. Currently, pharmacists in BC are not allowed to prescribe medicine. However, they can renew certain prescriptions before they expire as long as that prescription has remained stable for approximately 6 months.

***Ontario pharmacists should prescribe medications now: OPA***

There is a push by Ontario pharmacists to move up a plan to allow them to assess and prescribe medication for minor ailments, [reports Zoomer Radio](#). January 1, 2023, marks the date for this change to take place, but given the current health-care crisis in hospitals, members are said to be ready and willing to help now. “We can’t afford to

not move quickly because we have an overburdened health care system, so when we think about prescribing authority, Paxlovid would be a perfect example of where we would have a turnkey solution all in one location, minimize community spread (of COVID-19) exposure by having pharmacists prescribe anti-virals,” explained Ontario Pharmacists Association CEO Justin Bates. Bates also says pharmacists have the education and expertise and should be practicing to the maximum of their scope.

### ***What the shortage of children's Tylenol says about this wave of COVID-19***

The highly transmissible Omicron variant more easily infects children than previous strains, increasing demand for medications, while supply continues to lag, [reports the Toronto Star](#). Jen Belcher, vice-president of strategic initiatives and member relations for the Ontario Pharmacists Association (OPA), said resurging viral infections, including COVID, have likely led to increased demand for over-the-counter medications like Tylenol and Advil. “Now that we have dropped public health precautions that helped limit spread, we’ve seen a return of the common cold, influenza,” Belcher said. “We haven’t been in contact with people in quite some time, so our natural immunity has waned.” According to the OPA, children’s Tylenol has been in short supply in Canada for months, partly because the pharmaceutical companies are dealing with supply chain woes, such as a lack of availability of certain drug components, as well as labour shortages from warehouse outbreaks and resignations. Belcher said the lack of children’s Tylenol is affecting parents across the country. “Uncontrolled fever, especially in younger children, can be medically dangerous. And the shortage can lead to situations where parents who are unaware of the danger may try to turn to adult products and use them inappropriately for a child,” she said. Belcher cautioned any parent considering this to first consult their health-care provider.

### ***Can Quebec pharmacists legally refuse to prescribe the morning-after pill?***

Legal experts say a pharmacist in Saguenay, QC, who refused to prescribe the morning-after pill to a woman was within his rights, but he had an obligation to accommodate her through other means, [says CBC](#). Radio-Canada reported on August 3 that a 24-year-old woman said a Jean Coutu pharmacist in Chicoutimi refused to sell her emergency oral contraception because doing so would not “align with his values.” Ultimately, she went to another pharmacy to get the pill. Asked whether the pharmacist was justified in his actions, human rights lawyer Julius Grey said a person cannot be forced to act against their beliefs. “A person’s conscience should be respected unless there is a completely compelling reason [for it not to be],” he said. “We consider all sorts of other things – equality, fairness, etc. – as more important than conscience. But conscience is a fundamental thing.” Grey said the importance of conscience shouldn’t be understated. But like most freedoms, there may be limits. For instance, Grey said if

this pharmacy were the only one in the region where the pill could be obtained, then the pharmacist may be obligated to prescribe it. “You’re balancing the liberty and equality rights of one person with the liberty and equality rights of another,” Grey said. “But if there is another pharmacy next door or another pharmacist even working with him, he can say, ‘I don't want to do this.’”

***Pharmacist warns of the dangers of poor air quality as fires continue to burn in central Newfoundland***

St. John’s pharmacist Keith Bailey is warning that the effects of poor air quality can be serious and says smoke and extreme heat are a recipe for breathing problems. In an [interview with VOCM](#), Bailey said the elderly can be adversely affected, while those with existing breathing problems, including COPD and asthma, are especially vulnerable. Healthy individuals who spend a lot of time outdoors can also be negatively affected. Bailey said he sympathizes with those who live in the region. He owns a cabin in the Indian Bay area of Bonavista North, which was devastated by massive fires in 1961. He remembers well as a boy seeing the devastation those fires wrought at the time.

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## National

***HealthTab expands with Shoppers Drug Mart***

Avricore Health [announced](#) that the company is significantly expanding the number of Shoppers Drug Mart pharmacies offering its HealthTab point-of-care testing platform under a renewed service agreement for up to 450 locations nationwide. HealthTab has already been deployed in 104 Shoppers Drug Mart pharmacies across British Columbia, New Brunswick, Nova Scotia and Ontario. Additionally HealthTab has its first Alberta location, in the recently announced innovation in health-care delivery, the pharmacist-led primary health-care clinic in the Lethbridge Real Canadian Superstore.

***Hundreds of counterfeit COVID-19 rapid antigen test kits found in Ontario warns Health Canada***

Health Canada is asking Canadians to look out for fake COVID-19 rapid test kits after some were found in Ontario. In a [statement issued August 5](#), the health agency said counterfeit Rapid Response test kits had been sold online. The fake kits seemingly come from 1 manufacturer — “Health Advance Inc.” — whose name and number is stickered on the box. The online distributor selling them was “Healthful Plus.” However, an authentic kit box is sealed with a clear sticker with blue lettering that reads “QC APPROVED.” The manufacturer appears to no longer be making the kits and the distributor’s website is no longer active, Health Canada said.

### ***Majority of household medications are left dangerously accessible to children and youth***

Canadian families have more work to do when it comes to medication storage, education and action around safe medication handling and disposal. A [recent survey](#) from the Health Products Stewardship Association (HPSA) in partnership with Drug Free Kids (DFK) Canada and conducted by Angus Reid in July 2022 shows that 56% of parents do not consider the safe disposal of unwanted medications as essential. It also found that 48% of parents have never talked to their children about how to safely dispose of unwanted medications – a number that goes up to 58% for parents with 11- to 12-year-olds. The study has highlighted a large gap in the general awareness of return programs among Canadian parents and how they apply proper medication handling and disposal practices. An encouraging sign from the study shows that parents are more likely to have conversations about safe disposal with teenagers aged 13 to 19, which is mirrored in the data from the teenagers surveyed. “Parents and guardians need to start open conversations with their children about safe disposal at an earlier age,” said Chantal Vallerand, executive director, DFK Canada. “When parents start to engage with their kids and have meaningful dialogues about drugs, it can make a world of difference in their decision-making. The sooner our children understand the risks and effects of medications, the more we can minimize accidental ingestion at home.”

### ***Canadian pharmaceutical innovators collaborating to produce monkeypox vaccine***

St. Catharines-based injectable drug manufacturer Biolyse Pharma [has signed a memorandum of understanding](#) with Montreal-based biopharmaceutical company PnuVax to mass-manufacture a key vaccine in the battle against monkeypox. Currently, almost 1000 cases of the monkeypox (MPXV) virus have been identified in Canada — the disease is painful, involving lesions and possible hospital visits. It is highly contagious and anyone can be at risk. Together, the 2 companies have synergies to allow for an immediate scaling-up to produce millions of doses domestically in the fight against monkeypox. “We have Health Canada-licensed, Industrial Biosafety Level 2 manufacturing facilities, and all the equipment necessary to produce biologics for a monkeypox vaccine and the cGMP-fill and finishing capacity,” said Brigitte Kiecken, president of Biolyse.

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## **International**

### ***New LGBTQIA+ global think tank for pharmacists***

Global think tank [RxShare](#) (Pharmacists for Sexual and Gender Health Advocacy, Reform, and Equity) is calling on everyone looking for tools to better care for their

LGBTQIA+ patients to join their community, according to [Canadian Healthcare Network](#). (Subscriber access only). Dalhousie University College of Pharmacy Associate Professor Kyle Wilby says the idea for the think tank was sparked with a tweet he sent out seeking advice from others in the pharmacy profession. “I was teaching LGBTQIA+ health in New Zealand to pharmacy students and found myself feeling isolated and alone because it really was quite novel,” he said. “People from around the world started responding and it became an informal way to share information.” A year ago, Wilby and others in the network decided to formalize their think tank by naming it RxShare. In February 2022, they put together a governance model with a 12-member core team. (There are currently another 100 primarily pharmacists from across Canada and the world who have joined the network as well.) “It really started as an education-focused [forum] looking at what people were doing in their programs around the world to address LGBTQIA+ health,” he said. “Then we started meeting [online] about once every few months where identifiers and allies could come together and talk about the issues they were facing.” Wilby believes pharmacists can be “game changers” when it comes to improving health-care experiences for LGBTQIA+ patients by ensuring pharmacy spaces are safe and facilitating community partnerships and connections for referrals or links to access community-based services.

***US: Minnesota pharmacist who refused to fill morning-after pill prescription did not discriminate, jury rules***

A Minnesota jury ruled on August 5 that a pharmacist who refused to fill a prescription for a morning-after pill because of his beliefs did not violate a woman's civil rights under state law, but inflicted emotional harm and said she should be entitled to \$25,000 in damages, [says NBC](#). However the lawyer for pharmacist George Badeaux said Andrea Anderson is not likely to get a dime because the jury concluded she was not discriminated against because of her sex. “We are incredibly happy with the jury's decision,” attorney Charles Shreffler said in a statement. “Medical professionals should be free to practice their professions in line with their beliefs.” Anderson, who filed the civil lawsuit against pharmacist George Badeaux in 2019 after she was forced to make a 100-mile round trip to get the contraceptive, said she intends to appeal the jury verdict to the Minnesota Court of Appeals. “I can't help but wonder about the other women who may be turned away,” Anderson said in a statement. “What if they accept the pharmacist's decision and don't realize that this behavior is wrong? What if they have no other choice? Not everyone has the means or ability to drive hundreds of miles to get a prescription filled.”

***US: Eli Lilly says Indiana abortion law forces hiring out of state***

Eli Lilly, one of Indiana's largest employers, said the state's restrictions on abortion would force the drug maker to “plan for more employment growth outside [their] home



state,” [reports Bloomberg News](#). A growing list of companies, including Citigroup, Apple, Bumble and Levi Strauss, are offering benefits for reproductive-care services in states that have imposed restrictions. But Indianapolis-based Eli Lilly’s announcement marks a swift escalation by a multinational that employs 10 000 people in Indiana, where the drug maker was founded in 1876. On August 6, Indiana became the first US state to pass anti-abortion legislation since the Supreme Court overturned *Roe v. Wade*. About a dozen other states had so-called “trigger laws” pre-approved by legislatures to go into effect in the event that *Roe v. Wade* was struck down. “We are concerned that this law will hinder Lilly’s – and Indiana’s – ability to attract diverse scientific, engineering and business talent from around the world,” according to a statement. “Given this new law, we will be forced to plan for more employment growth outside our home state.”

### ***US: Abortion bans a minefield for pharmacists, doctors and patients***

The sudden imposition of anti-abortion laws has left patients, doctors and pharmacists wading through a minefield of treatment issues and legal and ethical dilemmas related to women’s health care — even in situations that have nothing to do with pregnancy, [says the Washington Post](#). Medicines that treat conditions from cancer to autoimmune diseases to ulcers can also end a pregnancy or cause birth defects. As a result, doctors and pharmacists in more than a dozen states with strict abortion restrictions must suddenly navigate whether and when to order such drugs because they could be held criminally liable and lose their licenses for prescribing some of them to pregnant women.

### ***AU: Critical medicine shortage with more than 300 drugs in short supply***

Australians are facing a critical medicine shortage, with hundreds of drugs in short supply amid supply chain issues and increased demand, [reports 9News](#). According to the [Therapeutic Goods Administration](#), 343 medicines are currently facing shortages. These drugs include antidepressants, high blood pressure medications, diabetes medications, asthma drugs and more. There are reports that popular ADHD drug Ritalin has been totally wiped from shelves.

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## **In Depth**

### ***Monkeypox: a visual guide***

As the monkeypox outbreak in the UK continues to spread and the World Health Organization declares it a public health emergency, the [Pharmaceutical Journal](#) takes a closer look at the infection, how it is transmitted and what steps are being taken to contain it.

This weekly update is compiled by the Canadian Pharmacists Association. 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.

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