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The Weekly

Bringing the world of pharmacy together

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CPhA

CPhA: Call for provincial, territorial and federal governments to work together to increase investments in community-based care

As Canada's First Ministers gathered July 11–12 to seek increased Canada Health Transfers from the federal government amid a rise in COVID-19 cases, CPhA was in attendance and [called for](#) investments in community-based care networks. "With hospitals over capacity, Canadians are increasingly seeking COVID-19 care and basic health services in the community. Making investments now is essential to ensuring that no one goes without necessary services and care," said Dr. Danielle Paes, chief pharmacist officer. New investments in community-based care will help reduce the stress on the overall health-care network across provinces and territories and improve access to care for Canadians. For example, allowing and funding pharmacists to provide point-of-care testing and prescribe COVID-19 treatments such as Paxlovid would increase uptake of COVID-19 treatments, while reducing the burden on hospitals. "Pharmacist-prescribed Paxlovid is just one example of the kind of innovative community care that will reduce the strain on our hospitals while expanding access to the services and care Canadians rely on," Paes said.

Pharmacists across Canada should be enabled to provide prescribing and dispensing of Paxlovid for high-risk patients

The US Food and Drug Administration (FDA) gave state-licensed pharmacists the green light to prescribe Pfizer's COVID-19 pill—also known as Paxlovid—to eligible patients. In Canada, only some provinces allow this, but CPhA says pharmacists in every jurisdiction should have the authority to recommend the antiviral treatment to those who need it. “Pharmacists in every jurisdiction should be enabled to provide the necessary COVID-19 testing, prescribing and dispensing of Paxlovid for high-risk patients,” Dr. Danielle Paes, CPhA's CPO, [told Global News](#). “Authorizing pharmacists to prescribe can improve access to equitable care and encourage faster initiation of [COVID-19] treatment by streamlining the whole process within pharmacy—screening, assessing, prescribing, dispensing.” Currently, only pharmacists in Quebec, Alberta, Saskatchewan and Newfoundland and Labrador have been authorized by provincial health authorities to prescribe the antiviral treatment.

Keeping up with TwitterRx conversations

When scrolling on Twitter, it's hard to avoid the hot topics sparking conversations among pharmacists in the #TwitterRx community. CPhA was [featured](#) in QID Pharmacist Network's highlights of recent trending tweets. CPhA's [statement](#) on abortion access affirming pharmacists' key role in ensuring equitable health-care access for vulnerable populations, including pregnant persons, was supported by a number of active Canadian pharmacists on #TwitterRx, including [@BrettBarrettRPh](#) and [@grahamcmackenzi](#).

Upcoming webinar on preventing COVID-19 in high-risk patients: Are pre-exposure monoclonal antibodies an option for patients unlikely to respond to vaccines?

COVID-19 vaccines have been foundational in reducing the number of infections and severe outcomes associated with SARS-CoV2 infections. Unfortunately, a portion of individuals with immunocompromising conditions do not respond to these COVID-19 vaccines as well as healthy individuals. Join us on July 19 from 12:00–1:00pm ET as our panellists, Michael Boivin and Dr. Brian Conway, discuss Tixagevimab/Cilgavimab—a monoclonal antibody treatment that has been approved to be used to prevent COVID-19 infections in patients who are unable to mount an adequate immune response to COVID-19 vaccinations. *This webinar is being hosted by CPhA on behalf of AstraZeneca and is not accredited.* [Register now.](#)

Pharmacy on the front lines

Saved by a pharmacist during Rogers service interruption

Denise Bourque's life could have taken a tragic turn without the help of Sherbrooke, QC, pharmacist Kristel Gagné, [Noovo Info reports](#) (original article in French). Bourque had a severe allergic reaction to new medication, but the septuagenarian couldn't call 911 on July 8—her mobile phone was out of service due to the cross-country Rogers outage. On an impulse, she hopped in her car and drove to the Jean Coutu pharmacy 100 metres from her residence. Upon entering the pharmacy, employees quickly realized that their regular patient was in crisis. Without wasting a moment, pharmacist-owner, Kristel Gagné, injected her with an EpiPen. "I saw that her reaction was increasing in severity. She had difficulty breathing, and the EpiPen was my only option," she said. Gagné also praises Bourque for having had the foresight to go to the pharmacy. "She really is the heroine in the story. I think any pharmacist would have done what I did."

Provincial

Cough and cold medications in short supply in Ontario, other provinces

Heightened demand and supply chain constraints are fuelling a shortage of cold and flu medication in Canada, [CTV reports](#). Jen Belcher, vice-president of strategic initiatives and member relations at the Ontario Pharmacists Association (OPA), said that a variety of factors are at play, resulting in increased demand. For instance, more people are developing respiratory tract infections and disruptions in the supply chain are affecting different stages of cold medication production. "If you go to pharmacies across Ontario and other provinces, you're likely to see a number of different gaps on our shelf," Belcher said. "Cough and cold medications aren't the only medication we've been struggling with, but definitely over the last couple of weeks we've seen that be exacerbated and we're definitely trying to pivot to find other products that we can help people manage their symptoms with." The relaxing of public health restrictions also is a factor, Belcher [told CTV last week](#), with some viruses

becoming more common as COVID-19 measures started to ease.

Not enough pharmacists in Quebec to address shortage of staff

Quebec has more pharmacists than ever before, but their professional order says there still aren't enough of them to meet the needs of the public, [the Canadian Press reports](#). The Ordre des pharmaciens du Québec (OPQ) reports that the demand for pharmacists remains high, mainly because of the aging population, which could see another 200 pharmacists placed in seniors' homes and long-term care facilities. There are currently 5158 pharmacists in community settings, 2008 pharmacy owners, 1853 pharmacists in health care facilities and 973 pharmacists in non-traditional practice. As of March 31, there are 10,019 pharmacists in Quebec, 67% of whom are women—1.6% more than in 2020-2021, which is an increase similar to previous years.

Nevertheless, 5 regions— Saguenay Lac-Saint-Jean, Côte-Nord, Abitibi-Témiscamingue, Estrie and Lanaudière—have lost pharmacists compared to the previous year. The OPQ proposes expanding the reach of Quebec's pharmaceutical programs and increasing the number of admissions to the pharmaceutical qualification program, which is intended for foreign graduates who wish to practice in Quebec.

NS pharmacies not worried about future COVID-19 vaccine rollout

The Pharmacy Association of Nova Scotia (PANS) says they have the tools to administer routine COVID-19 vaccines for the long term. CEO Allison Bodnar [told radio station 101.5 the Hawk](#) that pharmacists have a lot of experience after serving as the primary vaccinators for more than a year now. "The systems work really well that Nova Scotia has invested in, with the CANImmunize Central booking and the way we order and deliver vaccines," Bodnar said. "So it's a pretty efficient vehicle here in the province. I'm not too worried about how this likely will turn into a periodic vaccine similar to the flu shot."

NS pharmacists eager to help amid health care delays

Pharmacists are eager to help those experiencing lengthy delays to see a doctor, [radio station 101.5 the Hawk reports](#). Allison Bodnar, CEO of PANS, said she doesn't believe you can "fix" an outdated health-care system, rather

it's about finding new solutions. "What I want people to think about when they think about the issues we're having in the ERs or in doctor shortages, or nurse shortages, is that we can't keep trying to fix the system, which was designed 60 years ago," Bodnar said. "If we think about any other industry, nobody operates the way they did in the 1960s. We really need to take a holistic view of how we offer health care in the future." Pointing to a variety of trained practitioners who can fill the gaps in care, including pharmacists, nurse practitioners, emergency health personnel and nurses, she said collaboration between health-care teams can help reduce bottlenecks in the system. Bodnar reminds Nova Scotians that sometimes a trip to the pharmacy is all it takes to avoid the emergency department or a trip to a doctor's office. "If you're a woman who has regular urinary tract infections, you can skip the emergency room, and go directly to your pharmacist," Bodnar explains. "If you have prescription renewals, and you've not had significant changes in your health care, it's just what I'll call your 'average renewal,' you can go to your pharmacist." Pharmacists can also write prescriptions for minor ailments such as rashes, eczema and thrush.

National

SDM among retailers to roll back pandemic protocols as mandates lift

Shoppers Drug Mart (SDM) is one of a number of retailers to remove or roll back COVID-19 protocols introduced during the peak of the pandemic as government-mandated restrictions have eased across the country, [the National Post reports](#). In an email, parent company Loblaw Companies Ltd. said removal of plexiglass barriers from SDM stores began in early June after a small pilot, and included taking down the barriers at cash registers. It said the dividers were a temporary solution, implemented at the peak of the pandemic, to provide a barrier when social distancing could not be maintained. "We've heard from store teams and customers that the dividers often make interactions more difficult," the company said. While masks aren't required for customers, the company said pharmacy staff are still required to wear masks while other employees are "encouraged" to wear them.

Canadian cannabis retailer ShinyBud plans to acquire pharmacies

Cannabis store chain ShinyBud is expanding its retail portfolio with a plan to acquire independent pharmacies and aspirations to synergize those pharmacies with its adult-use stores, [according to MJBizDaily](#). Aspects of ShinyBud's approach would require certain regulatory changes, but, if successful, the strategy could serve as a novel model for diversification in the Canadian cannabis retail sector. ShinyBud, which is planning a name change to Shiny Health & Wellness, hopes to be able to sell cannabis health products over pharmacy counters when Canadian regulations allow and eventually install separate adult-use cannabis stores within some pharmacies. The company is targeting 5 to 10 pharmacy acquisitions by the end of January 2023, according to a regulatory filing. Canadian pharmacies are currently not allowed to sell medical cannabis in its plant form or over-the-counter cannabis health products, although they may dispense cannabis-containing pharmaceuticals such as Sativex.

Caution needed as Canada enters summer wave of COVID-19, experts say

As summer festivals get underway across Canada, so too has another wave of COVID-19, experts warn. "There is a potential for things to get substantially worse if we're not a little bit careful and don't take some basic steps to try to mitigate the spread of these variants," Dr. Christopher Labos, a Montreal-based epidemiologist and cardiologist, [told CTV](#). The more infectious BA.4 and BA.5 Omicron subvariants are expected to make up a larger share of all COVID-19 cases in Canada. Labos said people may be more vulnerable if more time has passed since their last vaccine dose. He also noted Canada's provinces and territories have lifted many of their public health restrictions, including masking requirements. "If you're going to be indoors with a bunch of other people breathing the same air, I don't know why you wouldn't want to wear a mask at this point, because it's going to prevent the spread of the virus and it's a low-cost, low-risk way to do that," Labos said.

Feds won't buy tobacco company's stake in Medicago to free up COVID-19 vaccines: minister

The federal government isn't considering putting up money to help buy shares in the only domestic manufacturer of COVID-19 vaccines, but it is "working on a solution" with Medicago's parent company, [according to the Canadian Press](#). While Innovation, Science and Industry Minister Francois-Philippe Champagne was in Japan meeting with the presidents of Mitsubishi Tanabe Pharma and

Mitsubishi Chemical, which owns a 79% stake in Medicago, Champagne says there were discussions about the company's future as a global vaccine manufacturer. Its biopharmaceutical vaccine has been rejected by the WHO because tobacco company Philip Morris is a minority shareholder, and the UN agency has a strict policy about engagement with the tobacco industry.

International

US: Drugmaker seeks US FDA approval for over-the-counter birth control

For the first time, a pharmaceutical company has asked for permission to sell a birth control pill over the counter in the US, [the Associated Press reports](#). HRA Pharma's July 11 application sets up a high-stakes decision for health regulators amid legal and political battles over women's reproductive health. The company said the timing was unrelated to the US Supreme Court's recent decision overturning Roe v. Wade. Hormone-based pills have long been the most common form of birth control in the US, used by millions of women since the 1960s. They have always required a prescription, generally so health professionals can screen for conditions that raise the risk of rare, but dangerous, blood clots. Reproductive rights advocates want to see other prescription contraceptives move over the counter and, eventually, for abortion pills to do the same. That potential for a precedent-setting decision once again places the US Food and Drug Administration (FDA) under an intense political spotlight. Late last year, the agency was condemned by abortion opponents and praised by women's rights advocates when it loosened access to abortion pills. The agency faced similar political pressures in 2006 when it approved over-the-counter use of the emergency contraception pill Plan B.

UK: RPS welcomes plans for PrEP in Wales and calls for further action

The Royal Pharmaceutical Society (RPS) has [welcomed](#) proposals from the Welsh Government to increase access to pre-exposure prophylaxis (PrEP) via community pharmacies for people at risk of HIV. The new [HIV Action Plan for Wales](#), published for consultation by the Welsh Government on June 14, proposes a shared care model between primary care and specialist sexual health services to improve access to PrEP. Crucially, this would involve enabling PrEP to be provided by community pharmacies across all health

board areas. "Increasing access to the medicines has been a long-standing issue of concern for us at RPS and we're therefore delighted to see the proposals outlined by the Welsh Government to develop a model which will enable PrEP to be provided by community pharmacies across Wales," said Cheryl Way, the chair of RPS in Wales. "Community pharmacists and their teams are trusted and accessible health professionals. They will undoubtedly be a great additional asset in extending reach beyond the sexual health clinics already in place that are supplying PrEP. This will especially be the case for many in rural areas and groups who traditionally avoid such clinics."

Australia: Pharmacists urge free rapid test extension

Vulnerable Australians will be most at risk if the government stops providing free rapid COVID-19 tests for low-income earners, medical and health experts say. [According to the Yass Tribune](#), the federal government plans to scrap the program, which provides 10 free rapid antigen tests every 3 months, at the end of July. The Pharmaceutical Society of Australia (PSA) said ending the free rapid test program sends the wrong message about the risk of COVID-19. "The pandemic is not over and the threat of serious illness is still there for many vulnerable people in our communities," said PSA president Dr. Fei Sim. "Governments should be encouraging more testing, not less." Sim added that people needed to show a positive test result from a rapid or PCR test to access antiviral COVID-19 treatments. "We cannot simply remove the main method of testing that's accessible to these vulnerable groups. The result will be a lot of people not testing at all," she said.

Australia: UTI pharmacy pilot extended

The Pharmaceutical Society of Australia (PSA) [welcomed](#) the Queensland government's announcement that the urinary tract infection (UTI) pharmacy pilot will be extended. PSA president Dr Fei Sim said that pharmacists have proven their expertise and professionalism during the Queensland pilot. "PSA is proud to continue working with the Queensland Government to extend the pilot. This pilot allowed thousands of Queensland women to get timely access to treatments for uncomplicated UTIs from their local pharmacist," she said. The Queensland University of Technology's final report on the pilot found that pharmacists have the appropriate skills, competencies and training to manage the empiric treatment of uncomplicated UTIs in the community pharmacy.

In Depth

Who is eligible for a 4th COVID-19 vaccine dose?

As a 7th wave of COVID-19 begins sweeping across Canada, with the Omicron BA.5 subvariant driving transmission, some provinces are expanding eligibility for a 4th dose of the vaccine. CBC has [gathered](#) eligibility guidelines from every province and territory.

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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