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Canadian
Pharmacists
Association

Association des
pharmaciens
du Canada

The Weekly

Bringing the world of pharmacy together

December 14, 2022

The Weekly is taking a holiday break and will return on January 11, 2023. From all of us, Season's Greetings and Happy New Year.

CPhA

RAPID SURVEY: Supply of key medications in your pharmacy

As respiratory illnesses continue to spike across the country, many pharmacists are reporting shortages and low stock of critical medications. CPhA has been asked by the federal government and Health Canada to share details about the current medication supply issues to help inform solutions such as foreign importation and allocation strategies. Having timely data from the front line will help us communicate accurate information and advocate on your behalf. The survey is anonymous and includes a few quick questions that will help us gauge the supply of key medications across Canada and in different pharmacy settings. The survey closes on December 15 at 12:00 pm ET. Take the survey in [English](#) or [French](#).

Webinar recording available: A look at the importance of the pharmacist's role in COVID-19 outpatient therapies

The most recent session in our COVID Conversations webinar series covers the latest information pharmacists need to know about COVID-19 outpatient therapies, including national and provincial guidelines, eligibility criteria, and how to mitigate the risk of any drug interactions. If you missed the live webinar, [watch the recording now](#). *This webinar was hosted by CPhA and received financial support from Pfizer Canada ULC in the form of an unrestricted educational grant. It is accredited for 1.0 CEU.*

Pharmacy on the front lines

Children's medicine shortage continues on Vancouver Island despite help from federal government: pharmacist

Federal aid in the form of children's cold and flu medicine is trickling into Vancouver Island pharmacies but the resupply is doing little to address shortages, with the medication running out again almost as quickly as it arrives, [CTV News reports](#). "There's definitely way more demand than supply," said Lindsay Dixon, a pharmacist with Heart Pharmacy Group on Vancouver Island. The company has 6 locations in Greater Victoria, and Dixon said each of them have received a couple of shipments of acetaminophen from the federal government to address the national shortage of children's cold and flu medicine. Unfortunately, it's not enough, she said. "When we say shipments, it's like maybe 12 bottles," Dixon said. "So, it's in very, very small supply." As the shortage of children's medicine continues into peak cold and flu season, Dixon recommends that parents consult a pharmacist about alternative options if the preferred liquid medicine is unavailable. "We are often keeping it behind the counter so the pharmacist can counsel the patient and make sure that no one is taking more than 1 bottle at once, because we know that this is in such short supply, and it's needed for the sickest patients," she said.

Provincial

Loblaw to open 4 new pharmacist-led health clinics in Alberta

Following the success of Alberta's first pharmacist-led clinic in Lethbridge, Alberta, Loblaw Companies Ltd. [announced](#) on December 8 plans to open 4

additional locations in the coming weeks. The clinics will be located in traditionally underserved areas of the province—Fort Saskatchewan, Brooks, Red Deer and Edson—and will offer a range of health-care services to patients, including assessment and treatment of common ailments and injuries. “Initial results from the Lethbridge clinic have far exceeded our expectations, with an average of more than 40 patient visits each day. There is an obvious need for these services,” said Jeff Leger, the president of Shoppers Drug Mart. Through their expanded scope of practice, pharmacists in Alberta can assess patients and prescribe medications for minor illnesses and injuries, administer vaccines and other medications by injection, support chronic disease management and order and receive lab results. “Optimizing the role of the pharmacist unlocks the potential of tens of thousands of highly trained health-care professionals across the country. And by making certain services available from a pharmacist or in a pharmacist clinic setting, we can help address some of the gaps that have emerged in primary health-care systems, providing patients with more options and ultimately better outcomes,” Leger added.

Ontario pharmacists now allowed to prescribe COVID-19 treatment Paxlovid

Ontario pharmacists can now prescribe the antiviral COVID-19 treatment Paxlovid to patients in a change Health Minister Sylvia Jones said is “another step to make it more convenient and faster for Ontarians to access care,” [CTV News reports](#). Until the change came into effect on December 12, about 4000 pharmacies had been dispensing the drug, but patients required a prescription from a doctor or clinical assessment centre in order to access the medication. “By increasing access to these treatments in more convenient ways, we are helping to keep people healthier and reduce COVID-19 related hospitalizations,” Jones told reporters on December 8. It is unclear how many pharmacies will participate in the voluntary program. “While it is a voluntary program, we are quite optimistic that there will be many pharmacists that choose to do this because it is another pathway for them to assist their patients directly,” Jones said. Justin Bates, president of the Ontario Pharmacists Association, said the expectation is that the majority of pharmacies will participate. Bates added that this will reduce barriers to the medication and ensure patients can get the treatments they need.

Facing waves of armed robberies, Ontario pharmacies look to time-delay

safes for narcotics

Pharmacists may soon be storing their narcotics supplies in time-delayed vaults as the industry tries to stem the rising tide of armed robbery in the Greater Toronto Area and across the province, [the Toronto Star reports](#) (subscriber access only). On December 12, the board of the Ontario College of Pharmacists voted to begin the process of requiring all community pharmacies to have a time-delayed safe. An implementation plan will be submitted to the board for final approval in March and the safes would be required within a timeframe to be determined after that meeting. Data from the Toronto Police Service shows a 131% increase in armed pharmacy robberies this year compared to 2021—from 49 to 113. In the Peel region, a report to the college board said there was a 430% increase from last year. “There is statistically strong evidence that time-delayed safes and other security measures, including associated signage, significantly reduce pharmacy theft by up to 94%,” Jane McKaig, the college’s director of pharmacy practice, told the board on December 12. The hope is that the presence of the time-delayed feature would deter robbery altogether, as appears to be the case in other jurisdictions where it is required.

Quebec to offer free antiviral flu drug in pharmacies

With flu season in full swing, Quebec’s health ministry will soon make an antiviral drug freely available at pharmacies in the hopes that it will help take the pressure off crowded doctor’s offices and emergency rooms, [CTV News reports](#). Health Minister Christian Dubé announced on December 13 that all pharmacies will offer Oseltamivir for free “in the coming days.” The oral drug, also known under its brand name, Tamiflu, is prescribed for people who are at risk of serious complications from the flu. To get the treatment, patients will have to take no less than 3 tests and obtain a prescription from a pharmacist, doctor or nurse practitioner, but Benoit Morin, the president of the Quebec Association of Pharmacy Owners, said it’s worth the effort. “It’s quite effective to prevent complications, hospitalizations . . . and it’s good to treat people who are at risk,” Morin said. Those who are otherwise healthy are also eligible for the treatment if they live with others who are in high-risk groups, like seniors and people with chronic illnesses.

National

Trudeau says he's not willing to kick health-care reform down the road any longer

The federal and provincial governments appear deadlocked in their negotiations on the future of health care in Canada, and Prime Minister Justin Trudeau's latest comments suggest he will not be the one to blink first. In a year-end [interview with the Canadian Press](#) on December 12, Trudeau said he's not willing to kick health-care reform down the road any further, even as provincial premiers clamour for more federal funds to bolster their ailing health systems. "It wouldn't be the right thing to do to just throw more money at the problem and sit back and watch the problem not get fixed because we didn't use this moment to say, 'No, no, no, it's time to improve the system,'" Trudeau said. The problem goes back to more than a year ago, when provinces first demanded a sit-down with the prime minister to talk about long-term and sustainable funding increases after pandemic strain left them with large backlogs and a burnt-out workforce. They want to see Ottawa cover 35% of health-care costs across the country, up from the current 22%, by increasing the Canada Health Transfer. Trudeau told them those discussions should wait until after the pandemic but dedicated \$2 billion in one-time funding to tide them over during the Omicron wave. Now, the prime minister says the system needs reform, and he's not going to give up the money unless the provinces commit to change.

Health Canada approves first bivalent booster for kids ages 5 to 11

On December 9, Health Canada approved a COVID-19 vaccine booster for children that targets more recent variants of the coronavirus, along with the original strain, [the Canadian Press reports](#). The Pfizer-BioNTech "bivalent" shot protects against the most prevalent subvariants of Omicron, BA.4 and BA.5, and is the first approved for use in children ages 5 to 11. After a thorough review, Health Canada said in a press release that it found the vaccine is safe and effective, and its benefits outweigh any potential risks when used as a booster dose. The child-sized dose is about a third of the dose that is approved for people over the age of 12. The National Advisory Committee on Immunization (NACI) [strongly recommends](#) children with weakened immune systems or underlying medical conditions be offered a dose of the new vaccine at least 6 months after they receive their first 2 COVID-19 shots. The

recommendation for other children in that age group is more discretionary, and NACI suggests the bivalent booster “may be” offered.

Most Canadians believe supervised drug-use sites save lives, poll says

A majority of Canadians believe supervised drug-use sites save lives, but almost half say resources would be put to better use treating addiction, according to a new poll conducted for [the *Globe and Mail*](#) (subscriber access only). The Nanos Research study found that 74% of Canadians believe or somewhat believe such sites are doing what they are intended to do, with 36% supporting an expansion of the harm-reduction measures. But the poll also found that almost half of respondents (48%) would prefer cutting back on such sites to put more resources into addiction treatment. At the legally sanctioned sites, people are allowed to use drugs such as cocaine or heroin—generally obtained elsewhere—under the eye of staff trained to provide assistance in the event of an overdose. The poll was conducted after federal Conservative Leader Pierre Poilievre said offering addicts access to an untainted supply of illicit drugs—as is the case in Vancouver—is a “failed experiment” introduced by “woke Liberal and NDP governments.” He said he would expand addiction services instead, making his case in a video shot in Vancouver.

International

US: Mark Cuban Cost Plus Drugs Company takes another step to compete with pharmacy giants

The Mark Cuban Cost Plus Drug Company is teaming up with EmsanaRx, a pharmacy benefit manager focused on employer plans, to make lower-cost prescription drugs more accessible to patients through their employers, [according to a news release](#). The program, EmsanaRx Plus, is described as “a standalone pipeline” for employers to supply drugs to employees through Cost Plus Drugs—an online pharmacy that offers hundreds of the most in-demand generic medications at significantly marked-down prices. “Like Cost Plus Drugs, EmsanaRx is working to disrupt the current pharmacy supply chain to eliminate the unnecessary markup and profiteering that is burdening businesses and consumers with high drug costs,” Cuban said in a press release. Cost Plus Drugs is a direct-to-consumer prescription drug company that aims to eliminate middlemen by buying drugs directly from manufacturers

and selling them at a cost with a fixed 15% margin. The partnership with EmsanaRx would enable the company, which currently does not accept insurance, to serve the 156 million Americans covered by employer-provided health-care insurance, and compete more directly with pharmacy giants like CVS, Rite Aid and Walgreens.

US: Opioid crackdown restricting some mental health prescriptions

A crackdown by US drug wholesalers in response to the opioid crisis is preventing some pharmacists from dispensing a combination of stimulants and sedatives routinely prescribed by psychiatrists to help patients manage conditions like anxiety and attention deficit hyperactivity disorder (ADHD), [Reuters reports](#). The 3 main US pharmaceutical wholesalers—AmerisourceBergen Corp ABC.N, Cardinal Health Inc CAH.N and McKesson Corp MCK.N—tightened monitoring of suspicious orders from pharmacies in July as part of a US\$21 billion nationwide opioid settlement with attorneys general from 46 states, the District of Columbia, and 5 territories. Five independent pharmacists in 5 different US states told Reuters that in recent months they were notified by the wholesalers that they would be cut off from the distribution of all controlled substances after filling prescriptions for psychiatric drugs such as the stimulant Adderall—used to treat ADHD—and anti-anxiety drug Xanax. These psychiatric drugs are regulated by the federal government as controlled substances that have a high potential for abuse and addiction but are not opioids.

UK: Local pharmacies 'close to the edge' as nurses strike adds pressure and funding remains limited

Pharmacists have warned the sector is “close to the edge” amid reports they may have to step in for striking National Health Service (NHS) nurses, [according to Sky News](#). Members of the Royal College of Nursing will take industrial action on December 15 and 20 across England, Wales, and Northern Ireland. But pharmacists say if they are expected to help plug gaps that may be caused by the NHS strikes, they will need financial help to make ends meet. More than 90% of community pharmacies get their income via NHS contractual funding, which has faced real term cuts of 25% since 2015, the December 2022 Pharmaceutical Services Negotiating Committee community pharmacy briefing showed. “Our experience from COVID shows that when other parts of the system shut down, people go to where is still open, and that’s pharmacies,”

said Malcolm Harrison, CEO of Company Chemists' Association at Boots pharmacy. "The problem we have got is that more and more people coming in puts more and more pressure on the pharmacy teams, and there is no money there to fund it, or to get more people in to deal with that pressure."

UK: Pharmacists forced to pay £11 for course of antibiotics

Some pharmacists are being forced to pay £11—the equivalent of nearly \$19—for a course of antibiotics after a spike in demand, in part caused by Strep A infections, a senior pharmacist [told the Independent](#). Reena Barai, a community pharmacist contractor and National Pharmacy Association board member, said staff "are very frustrated" by a shortage of drugs and are being forced to pay inflated prices for antibiotics, which normally cost £2 (about \$3). This comes after Health Secretary Steve Barclay said last week that the Department of Health was not aware of any shortages of antibiotics, though he suggested stock could be moved around if general practitioners were struggling. Pharmacy representatives have repeatedly warned that they cannot fill all the antibiotic prescriptions coming their way, amid a spike in demand for antibiotics used to treat Strep A infections. "What we saw last week was a very frustrating week for us in community pharmacy, where we were seeing lots of prescriptions coming through for antibiotics," Barai said. "Most of us had some stock to kind of complete those prescriptions, but towards the end of the week, we came to a situation [where] we were struggling to order any antibiotics in and all our wholesalers were telling us they're out of stock."

Australia: Antibiotics in short supply as doctors call for fix to 'increasing problem'

Medicine shortages are an "increasing problem" for Australia and antibiotics are among the most commonly prescribed drugs currently in short supply, Dr. Nicole Higgins, the president of the Royal Australian College of General Practitioners, has said. The country's drug regulator, the Therapeutic Goods Administration (TGA), [told the Guardian](#) on December 12 that amoxicillin, cefalexin and metronidazole—the 3 most commonly prescribed antibiotics, which are used to treat a range of bacterial infections, including pneumonia and other chest infections, skin infections and urinary tract infections—are in scarce supply across the country. To see patients through the shortage, the TGA has authorized pharmacists to provide alternative antibiotics without approval from the prescribing doctor. "Many of these medicines have

alternatives available,” the TGA said in a statement. “Your pharmacist may be able to give you a different brand, or your doctor can prescribe a different strength or medicine with similar spectrum of activity.” According to a TGA spokesperson, most of the antibiotic shortages are “caused by manufacturing issues or an unexpected increase in demand.” The spokesperson added that supply is expected to return to normal within the next 3 months.

In Depth

Why Canada ran short of children’s Tylenol—and why it could happen again

Last spring, Canada started experiencing a shortage of children’s Tylenol, which soon morphed into a shortage of children’s ibuprofen. As children spiked dangerously high fevers, many parents had no option but to race to emergency rooms—where there was no Tylenol or fever reducers. Mina Tadrous, assistant professor at the University of Toronto’s Leslie Dan Faculty of Pharmacy, [tells the Financial Post](#) how the incident put a new strain on Canada’s health-care system.

Heads up, Canada: Colorado wants your drugs

Colorado is the latest state to apply for a licence to import medicines from Canada, the most recent development in a politically sensitive cross-border issue. Last week, the state announced that it asked the US Food and Drug Administration (FDA) for permission to import 112 medicines from Canada, including EpiPens and drugs for cancer, asthma, multiple sclerosis, diabetes and other ailments. Because those drugs are cheaper in Canada, the state projects that importing them would save Coloradans an average of 65% per drug. [According to CBC](#), the reason this matters to Canadians can be summed up in 9 letters: shortages.

Worth Repeating

“Even if it’s not something we can deal with under our scope of practice, what we can do is direct you where to go. Also, maybe communicate with your other

health-care providers and that circle of care to help you get care quicker.” —
Fort Saskatchewan, Alberta, pharmacist Rajan Bharadia, [on one of the patient benefits](#) of the recently opened pharmacist-led walk-in clinics announced in the province

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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