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Canadian  
Pharmacists  
Association  
Association des  
pharmaciens  
du Canada

# The Weekly

Bringing the world of pharmacy together

June 15, 2022

**CPhA**

## ***Baby formula update: Health Canada decision-tree tool now available***

Given the role of pharmacy in the sale of baby formula and pharmacists' experience in managing supply shortages, CPhA has played a leading role in Health Canada discussions in response to the current supply shortage to ensure pharmacy is represented in the conversations. This includes participation in 2 working groups established to focus on the issues of distribution and communications. To help facilitate decision-making by health professionals, Health Canada has released a decision-tree tool. This new resource—available in [English](#) and [French](#)—was developed to support health-care providers across the country guide treatment decisions and to support families and caregivers in making appropriate formula choices while rationing the use of specialized infant formulas. In addition to CPhA, a broad community of health-care stakeholders participated in its development and review, including the Canadian Paediatric Society, Food Allergy Canada, Canadian Society of Allergy and Clinical Immunology, Dietitians of Canada, The Hospital for Sick Children and McMaster Children's Hospital.

## ***Shawn Bugden named new CPhA chair***

Shawn Bugden, of St. John's, NL, was named CPhA's [new board chair](#) at this past weekend's national pharmacy conference in Ottawa. He is Dean of the School of Pharmacy at Memorial University of Newfoundland and an adjunct professor at the College of Pharmacy at the

University of Manitoba. Shawn has been a CPhA board member, representing the Association of Faculties of Pharmacy of Canada, since 2018. He succeeds Christina Tulk, of Corner Brook, NL, who was honoured at the conference for her leadership in bringing the pharmacy community together over the past 2 years to play a leading role in the fight against COVID-19, launching a new strategic plan and brand, and charting a path to better support the profession into the future.

### ***Pharmacy conference video honours, celebrates pharmacy profession achievements over past 2 years***

Pharmacy professionals have played a monumental role in supporting Canadians through the COVID-19 pandemic. This year's opening session at the Canadian Pharmacy Conference: Pharmacy Rising [took a look](#) at the past 2 years through the eyes of 12 pharmacists from across Canada, telling the story of how pharmacy teams stepped up for their patients and their communities. It's no wonder that CPhA bestowed the 2022 Canadian Pharmacist of the Year award to all pharmacists across the country! Thank you to everyone who joined us in Ottawa for the conference, and to each and every one of you for your efforts and your dedication.

### ***Get to know this year's CPhA Award recipients***

Congratulations to this year's recipients of the CPhA Awards, which were handed out last weekend at the Canadian Pharmacy Conference: Pharmacy Rising. Awards included the *Canadian Pharmacists Journal* (CPJ) Best Paper of the Year Award, the Dean George A. Burbidge Award and Centennial Leadership Awards. [Read more](#) about the best and brightest the profession has to offer.

### ***National Indigenous History Month: Learning opportunities for pharmacists***

June is National Indigenous History Month in Canada—a time to learn about and celebrate the rich history, cultures and contributions of First Nations, Inuit and Métis Peoples, while also recognizing the ongoing trauma and harm experienced by Indigenous peoples and building a path toward reconciliation. The Truth and Reconciliation Special Interest Group of the Association of Faculties of Pharmacy of Canada—a CPhA member organization—is organizing a series of weekly 1-hour information sessions throughout the month for pharmacy professionals, students and faculty. The third session, “Office Hours,” with Jaris Swidrovich, a member of the Sauteaux First Nations from Yellow Quill First Nation and faculty member at the University of Toronto's Leslie Dan Faculty of Pharmacy, and Amber Ruben, an Inuvialuit pharmacist, will take place June 22 at 12 pm ET. Learn more [on the CPhA website](#).

### ***CPhA Recommendation Program brings the world of pharmacy together for better care***

Finding it difficult to choose the right product for your patients? The CPhA Recommendation Program provides reassurance that a product or service meets the stated claims by the partnering company. Products and services approved are recommended based on strict criteria and an unbiased, expert review process that ensures it has been selected because of its direct benefit to the company's practice activities and/or health benefit for patients. Learn about new and innovative treatment methods for your patients [here](#).

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## Provincial

### ***London Drugs decreasing pharmacy hours at dozens of locations in BC amid industry-wide staffing issues***

More than half of the London Drugs locations across BC will soon have decreased pharmacy hours amid industry-wide staffing issues, [CTV reports](#). London Drugs confirmed that a number of locations have already decreased their pharmacy hours and that others would be following suit. The chain described the staffing issues as “multi-layered and complex,” adding that there were challenges even before the COVID-19 pandemic. The crisis led many senior pharmacists to leave their practice over health concerns and burnout, while slowed immigration reduced the number of foreign-trained pharmacists coming into the country. There have also been a number of issues affecting recent graduates, including delayed Pharmacy Examining Board of Canada examinations. In a recent [survey conducted for CPhA](#), 81% of pharmacy professionals said staffing issues are having a “moderate” or “severe” negative impact on their mental health and well-being. A full 92% said they were at risk of burnout, and 72% reported they had considered leaving their job since the start of the pandemic.

### ***Pain relief drug shortages in NL caused by COVID-19 disruptions still frustrating pharmacies, patients***

Many pharmacies in Newfoundland and Labrador aren't able to stock cold and pain relief medications due to supply chain problems caused by the COVID-19 pandemic, and now some prescription medications are also becoming scarce, [according to CBC](#). Robert Doyle, a pharmacist at Neighbourhood Pharmacy in St. John's for over 30 years, said they're still experiencing shortages that began during the height of the pandemic. But while the main concern then was a shortage of prescription drugs, the type of medications they can't keep stocked has changed. “We're finding there's a bit of a shortage right now [on] some of the common items they might expect to find on our shelves like a Tylenol, Benylin and Robitussin for both children and adults,” Doyle said. That's in addition to some blood pressure medications and common pain medications. He said the reasons for the continued scarcity—throughout the province and Canada—are complex, but familiar to anyone experiencing empty shelves during the era of COVID-19. “It's been suggested that some of the manufacturing plants where the medications are being made, perhaps there's issues with the plants or maybe some of the workers have COVID in different countries and the plants are running behind schedule there,” Doyle said.

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## National

### ***Health Canada approval of new ALS drug allows Canadians to get access first***

Health Canada has become the first regulator in the world to approve a new amyotrophic lateral sclerosis (ALS) drug—only the third therapy for treatment of the fatal motor neuron condition to be authorized in 20 years, [the Globe and Mail reports](#) (subscription only). Amylyx

Pharmaceuticals, based in Massachusetts, announced the decision June 13, saying the approval was made with the condition the company will provide Health Canada with further evidence of the drug's safety and efficacy once a larger trial is completed this summer. ALS patients and researchers celebrated the news, highlighting how few treatment options exist for those living with the disease, which progressively robs people of their ability to move, speak, swallow and breathe. Despite the enthusiasm from patient groups, there's been some debate as to whether the clinical results justify approval. The decision to authorize Albrioxa in Canada was made months after an advisory panel to the US Food and Drug Administration (FDA) said there was not enough evidence the drug is effective and therefore should not be approved. The FDA was set to make an announcement on the drug by June 29, but recently announced it would delay the decision until late September.

### ***NACI releases interim guidance on monkeypox***

On June 10, the Public Health Agency of Canada (PHAC) released interim guidance from the National Advisory Committee on Immunization (NACI) on the use of Imvamune in the context of monkeypox outbreaks in Canada. This guidance is based on current evidence and NACI's expert opinion. The [full statement](#) and [summary document](#) are now available online.

### ***Pandemic policy changes in Canada appear to have eased Rx drug shortages***

The implementation of policy measures in March 2020 stemmed prescription drug shortages in Canada—especially for generic drugs—exacerbated by the COVID-19 pandemic, [according to a study published in the \*Canadian Medical Association Journal\*](#). When the pandemic began, supply chain disruptions in China and India—estimated to supply up to 80% of the world's raw ingredients and medications—and a higher demand for COVID-19 drugs, further threatened Canada's drug supply. To help ensure a steady drug supply, the Canadian minister of health allowed the importation of key drugs at high risk of shortage from countries with similarly rigorous regulatory systems. The government also revised the country's *Patent Act* on March 25, 2020, to allow the manufacture and sale of versions of patented drugs without needing to negotiate with patent holders. The changes were made permanent in March 2022. The study team tracked drug shortages from April 15, 2017 to April 1, 2022, to model and determine the significance of pattern changes after the mitigation policies were enacted. Average 30-day moving shortages per 10 000 drug identification numbers peaked in April 2020, at 2345, up from 901 shortages 5 years earlier. But after implementation of the policy measures, shortages fell significantly, especially for generic drugs, to 1611 by March 2021.

### ***Canada's move to add warning on single cigarettes good step but not enough: experts***

Canada's push to add health warnings on individual cigarettes is a step in the right direction, but more measures are needed to cut tobacco use across the country, health experts [tell the \*Canadian Press\*](#). On June 10, the federal government announced its proposal to print warnings on individual cigarettes, cigars that have a filter and cigarette tubes. If implemented, Canada would be the first country in the world to introduce such a mandate. The proposed regulations build on existing requirements to include graphic photo warnings on tobacco products' packaging

introduced in 2000. Geoffrey Fong, a professor of psychology and public health sciences at the University of Waterloo and principal investigator of the International Tobacco Control Policy Evaluation Project, said printing the health hazard warning on each single cigarette greatly extends the exposure to the messaging of the harmfulness of the product. But Robert Schwartz, a professor at the University of Toronto's Dalla Lana School of Public Health and executive director of the Ontario Tobacco Research Unit, said having the same warning all the time on every cigarette may be less effective than having different messages on each stick. The new labelling will make a small difference in getting the message across, but that measure alone is "nowhere near enough" to stop the tobacco use, he said. "If the government really wanted to do something serious, they would decrease the availability of tobacco, it would increase the price of it, and they would slow the pace of its sales," said Schwartz.

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## International

### ***US: Pharmacy groups dismiss lawsuit after big win on direct and indirect remuneration fees***

The National Community Pharmacists Association (NCPA) and the American Pharmacists Association (APhA) [announced](#) they have voluntarily dismissed a lawsuit over direct and indirect remuneration (DIR) fees dating back to the previous administration. The 2 groups were the lead plaintiffs in the federal case against the secretary of Health and Human Services. "Shutting down our legal challenge doesn't end our fight for justice for pharmacies from unfair PBM practices," said APhA Interim Executive Vice President and CEO Ilisa Bernstein. "We know the final rule benefits patients and increases transparency, but time will tell if it also benefits our nation's pharmacists." NCPA filed the lawsuit in the closing days of the Trump administration after multiple administrations had failed to address retroactive pharmacy DIR fees. They were joined shortly thereafter by APhA and several other plaintiffs.

### ***UK: Partnership announced to develop end-of-life care for community pharmacy***

The Royal Pharmaceutical Society (RPS) [has teamed up](#) with the UK's leading end-of-life charity, Marie Curie, to launch a partnership to develop professional standards in end-of-life care for community pharmacy. The standards will be available for pharmacy teams across the whole of the UK and will provide a free, evidence-based framework to help community pharmacies self-assess and continuously improve their end-of-life and bereavement care for patients and carers. They will enable community pharmacy teams to work together to develop their practice. RPS is setting up a professional standard steering group consisting of community pharmacy experts, experts within the field of palliative and end-of-life care, lay members, and health-care professionals who interact with community pharmacy. There will also be an opportunity for interested individuals to help shape the work through a wider reference group.

### ***UK: RPS expresses concerns about hub-to-patient dispensing model***

The Royal Pharmaceutical Society (RPS) has said it broadly supports the introduction of a hub and spoke model across different legal entities but warned the second of 2 systems under

consideration poses potential risks to patient safety, [the Independent Community Pharmacist reports](#). Two dispensing models have been the subject of a consultation that closed last week—one where a patient's prescription is assembled by the hub and sent back to the spoke to make the supply, and another in which the hub supplies the prescription directly to the patient. In its response to the consultation, RPS [called for](#) national guidance outlining what is included in the arrangements between hubs and spokes, with responsibilities and accountabilities clearly defined, while it said hubs needed to be inspected by the General Pharmaceutical Council “and rated in a similar way to community pharmacies and adhere to national minimum standards set by the regulator.”

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## In Depth

### ***Meet the pharmacist expanding access to abortion pills across the US***

If the Supreme Court overturns *Roe v. Wade*, about half of US states are expected to ban or severely restrict abortion. Advocates see medication abortion—a regimen of 2 drugs that can now be mailed directly to patients' homes or to another location of their choosing—as key to the future of abortion access in the United States. [TIME profiles](#) pharmacist Jessica Nouhavandi whose company, Honeybee Health, is a California-based mail-order pharmacy start-up that has become one of the nation's leading distributors of abortion pills.

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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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