



Canadian
Pharmacists
Association

Association des
pharmaciens
du Canada

The Weekly

Bringing the world of pharmacy together

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CPhA

Health Canada secures additional supply of children's acetaminophen products

On November 14, Health Canada [announced](#) it has secured a foreign supply of children's acetaminophen that will be allocated to community pharmacies. CPhA expects the supply to start arriving on pharmacy shelves in the next week or so, and to provide some relief over the coming weeks and months. CPhA Editor-in-Chief Dr. Barry Power spoke to CTV News following the announcement to discuss the shortage and the supply situation. Since the beginning of the shortage, CPhA has been working collaboratively with Health Canada to inform them on pharmacy-related issues and to identify mitigation strategies. This includes securing an exemption to regulations related to compounding and providing them with a pharmacy perspective on labelling requirements. CPhA continues to update its [Q&A resource for pharmacy professionals](#) to keep you updated on these new developments.

Save the date: The Canadian Pharmacy Heart Failure Symposium

The first Canadian heart failure symposium aimed specifically at pharmacy professionals in all practice settings—the Canadian Pharmacy Heart Failure

Symposium—is coming February 4, 2023. The 1-day virtual event will provide you and your team with an overview and update on the latest information and evidence you need to support your patients living with heart failure. This symposium supports the Heart and Stroke Foundation’s Heart Failure Call to Action initiative and is jointly hosted by CPhA, the Canadian Society of Hospital Pharmacists and the Canadian Cardiovascular Pharmacists Network. Save the date and watch [our website](#) for more information as speakers and sessions are confirmed.

Pharmacy Check-in: Meet Esmond Wong

November is [Diabetes Awareness Month](#), and we recently caught up with Certified Diabetes Educator (CDE) Esmond Wong to discuss the role pharmacists play in the prevention, screening and management of diabetes. “I think having the knowledge required to pass the CDE exam results in better recommendations to patients which enhances outcomes and patients feel more confident in your recommendations and therefore are more likely to follow your recommendations when they hear that you are a CDE,” Wong said on the value of having a CDE pharmacist at the pharmacy. [Read more about Wong](#) and his work in diabetes care.

Pharmacy on the front lines

Pharmacists adapting to meet demand for children’s cold and flu medications

While pharmacy shelves may not be stocked with children’s cold and flu medication as Canada deals with a national shortage, local pharmacists say parents have other options to help their children get the medicine they need. For months, the children’s versions of branded Tylenol and Advil, along with their generic equivalents containing the same drugs of acetaminophen and ibuprofen, respectively, have been challenging to come by. “We’ve never seen something like this on this kind of a scale,” Shawn Liu, a pharmacist at Access Pharmacy in Edmonton, [told CTV](#). Liu said that an unusual surge caught many suppliers off guard, with many still struggling to catch up with pent-up demand. “Our shelves have been sitting empty for at least the past 2 months,” Liu said. “It’s really hard to say when they will be available again . . . At least until the surge in respiratory virus starts to decline, that might be late spring or early

summer.” It’s forced his pharmacy and others to adapt, since so many concerned parents have been seeking alternative options for safe anti-fever medications for young children.

Provincial

Pharmacists could lessen pressure on health-care system, OPA says

As the health-care crisis deepens in the province, the Ontario Pharmacists Association (OPA) is advocating for change it says could lessen the load for an already overburdened system. The organization has long been calling for an expansion of the scope of practice for pharmacists. Early next year, Ontario pharmacists will have the authority to prescribe medication for minor ailments. It’s a move OPA is applauding, although it would like to see more growth. “Fully utilizing our medication management expertise would create a lot of capacity and take a lot of burden off of the other providers within the system,” Jen Belcher, vice president of strategic initiatives with OPA, [told Global News](#). It comes at a time when a number of Ontario hospitals are grappling with worsening wait times. “A lot of the conditions that we’ll be able to manage in pharmacy can really be well managed in that lower acuity setting, and will be able to keep people out of emergency departments, walk-in clinics and so forth,” Belcher said.

“Human error” led to mislabelled children’s acetaminophen sold in BC drug store

Parents in Metro Vancouver have been warned that mislabelled children’s acetaminophen was on sale for 5 days earlier this month at a Shoppers Drug Mart, [CBC reports](#). The College of Pharmacists of BC issued a warning this week saying the mislabelled compound was sold between November 2 and 6 at the drug store at Cambie and No. 5 roads in Richmond. In an emailed statement, a spokesperson for Loblaw Companies, which owns Shoppers Drug Mart, said no adverse reactions have been reported. “This was a case of human error during the labelling process. As soon as the pharmacist realized the error, we took every possible step, including issuing the consumer advisory, to make sure the 9 patients who purchased the product were aware,” Catherine Thomas, vice-president of communication, said. The pharmacists’ college says it’s looking into what happened and whether further investigation

is necessary. Anyone who purchased the product is advised to stop using it immediately and return it to the store.

National

Federal-provincial fight over health transfer percentage points is ‘futile’: Duclos

Health Minister Jean-Yves Duclos says the provinces’ focus on dollar amounts and health transfer percentages is “a futile fight,” and Canada’s premiers should instead focus on achieving results, such as recruiting and retaining health-care professionals, and getting care to people, [CTV News reports](#). The first in-person meetings in 4 years between Duclos and provincial health ministers last week ended in a stalemate, with the latter saying—before the talks wrapped—that “no progress” had been made. Canada’s premiers have been calling for the federal government to increase health-care transfers—the long-term, predictable funding the federal government gives to the provinces and territories, called the Canada Health Transfer—from 22% to 35%. The federal government, for its part, has agreed to send more money to the provinces and territories, but under certain conditions, namely expanding the “use of common key health indicators,” and building “a world-class health data system,” according to a statement from Duclos’ office.

StatsCan data points to imbalance in medication access

Almost 1 in 5 (21%) Canadians reported not having prescription insurance to pay the cost of medications in 2021, [according to new data from Statistics Canada](#). The study—titled “Pharmaceutical access and use during the pandemic”—found this absence of coverage occasionally resulted in patients missing or postponing their prescribed treatments due to financial hardships or increased out-of-pocket expenditures, [Wealth Professional reports](#). Among those without prescription insurance coverage, 17% said they could not adhere to their prescribed treatments because of cost, compared to 7% of those with coverage. Prescription drug coverage is not universal in Canada, and the eligibility requirements, costs and medications covered by public drug programs can vary widely from province to province. In 2021, the share of people reporting no coverage ranged from 14% in Nova Scotia to 26% in BC.

IMC calls for suspension of PMPRB guidelines consultation process

Innovative Medicines Canada (IMC) is [calling on](#) Health Canada to direct the Patented Medicine Prices Review Board (PMPRB) to suspend its current Guidelines consultation process. The association, which represents Canada's pharmaceutical industry, has warned that Canadian patients will be deprived of potentially life-saving new medicines if the PMPRB's revised draft guidelines are implemented, as planned for the beginning of 2023, without substantial changes. "The uncertainty caused by the proposed Guidelines will result in fewer clinical trials, delayed drug launches, and decreased investments in the life sciences sector. Canadian patients and their families want and deserve better," it wrote in a statement dated November 10. "To ensure Canadians get better access to new medicines, IMC is requesting that the current abbreviated and inadequate consultation process be replaced with a whole-of-government approach. A broader approach will allow all stakeholders—government, industry, patient groups and others—to properly assess the impact of the revised draft Guidelines on patients in Canada."

International

US: APhA praises FTC intent to challenge anticompetitive behaviours

The American Pharmacists Association (APhA) [welcomes](#) the Federal Trade Commission's (FTC) renewed commitment to fair and equitable competition, which APhA says will help stop anticompetitive business practices by pharmacy benefit managers (PBMs) and ensure patient access to prescription drugs. The FTC declared in a November 10 [statement](#) that it will "exercise its full statutory authority" against companies that use unfair tactics to gain an advantage, often by reducing competition in the market. "The heavily consolidated PBM marketplace has created an unequal playing field in the marketplace that disadvantages patients, pharmacists, and communities," said Ilisa Bernstein, interim CEO and executive vice-president of APhA. "We look forward to working with the FTC to restore equity and promote a more consumer-friendly marketplace by stopping PBMs' anticompetitive business practices that reduce patients' access to medicines and services at their local pharmacies, including independent, chain, or those associated with health systems."

US: Walmart to pay \$3.1 billion to settle opioid lawsuits

Walmart has agreed to pay US\$3.1 billion to settle opioid-crisis lawsuits brought by several US states and municipalities, adding to a landmark settlement with rival pharmacy chains, [according to the Wall Street Journal](#) (subscriber access only). The agreement, which will require significant improvements in how Walmart pharmacies handle opioids, resolves a collection of lawsuits brought by states, cities and Indigenous peoples. Earlier this month, CVS Health and Walgreens Boots Alliance agreed to pay roughly US\$5 billion apiece to settle the lawsuits. The companies did not admit wrongdoing. Each state, local government and Indigenous tribe will need to decide whether to participate in the settlement.

UK: RPS encourages nationwide 'antibiotic amnesty'

Ahead of World Antibiotic Awareness Week, which runs from November 18 to 24, the Royal Pharmaceutical Society (RPS) is [encouraging](#) local National Health Service organizations to set up an “antibiotic amnesty” to ensure unwanted antibiotics are returned to appropriate settings for safe disposal. RPS has created an [antibiotic amnesty toolkit](#) to help local providers run a campaign to encourage people to return antibiotics to places like community pharmacies and veterinary surgeries to remove them from circulation. Unsafe disposal can contaminate the environment and increase the spread of resistance genes among bacteria, putting human and animal health at risk. “We’re committed to tackling antimicrobial resistance and improving antimicrobial stewardship in partnership with providers across the healthcare system,” RPS President Claire Anderson said in a news release. “Returning antibiotics that are out of date or no longer required for safe disposal is an important way to reduce antimicrobial resistance.”

Australia: NSW pharmacists to prescribe contraceptives, antibiotics under health shake-up

New South Wales (NSW) pharmacists will be able to prescribe medications including the contraceptive pill and antibiotics, scrapping the need for a doctor’s visit, under major reforms to ease pressure on the state’s health-care system, [the Sydney Morning Herald reports](#). Premier Dominic Perrottet said the expanded role of pharmacists across the state means they will be able to administer a wider range of public health and travel vaccinations starting

November 14. The government will fund a 12-month trial to allow pharmacists to prescribe medication such as antibiotics to treat uncomplicated urinary tract infections, mirroring a similar trial run in regional Queensland. The statewide pilot program will enable appropriately trained pharmacists to prescribe hormonal contraception and medications for certain conditions such as skin ailments and ear infections. “Pharmacists can do more, they have the expertise and experience to do that,” Perrottet said. “This . . . will make a real difference to families, to seniors, to people right across NSW getting the health care [they need].” The Pharmacy Guild of Australia also said the reforms will ease the burden on the health system and ensure people will have access to necessary health care.

In Depth

‘Immunity debt’: Why experts say this new term promotes COVID-19 ‘misinformation’

The term “immunity debt” is circulating widely online as an explanation for a significant surge in respiratory illness in Canada, but infectious diseases experts say the term and the narratives around it are “dangerous” and can promote COVID-19 “misinformation.” In recent weeks, 2 variations of how “immunity debt” is being interpreted has emerged, as emergency departments and children’s hospitals across the country have been swamped with more patients sick with respiratory viruses than they can handle. [Global News](#) explains.

Tracking overdose deaths in BC: Who’s dying and what’s killing them

On April 14, 2016, BC’s provincial health officer declared a public health emergency in response to rising drug overdoses and deaths. At the time, an average of 2.4 people were dying each day from drug overdoses. More than 6 years later, nearly 6 people in BC die every day from an overdose—the result of pandemic restrictions and an increasingly toxic drug supply. To better understand the public health crisis of overdose deaths facing the province, [the Vancouver Sun](#) is tracking the latest data from the BC Coroners Service and other government agencies, which publish new information monthly.

Worth Repeating

“Isn’t it worth a few minutes of inconvenience to mask up if you are able in order to better protect yourself and those around you? We don’t need to wait for governments to tell us to wear masks. We already know it’s one of the best things we can do.” —A [SaltWire editorial](#) urging Canadians to wear masks to stop the spread of influenza, respiratory syncytial virus and COVID-19

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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