



Canadian
Pharmacists
Association

Association des
pharmaciens
du Canada

The Weekly

Bringing the world of pharmacy together

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CPhA

CPhA releases drug shortages recommendations

CPhA has released a series of [recommendations](#) to the federal government, urging it to take action to prioritize drug supply and implement measures to reduce and better prepare for future drug shortages. The recommendations, which include input from a range of pharmacy stakeholders, focus on the need to create an attractive Canadian market for manufacturers and on supporting pharmacists by increasing scope and reimbursement to facilitate the ongoing management of shortages. While CPhA continues to engage on a number of drug shortage files, these recommendations will help inform our activities and advocacy with government on this pressing issue.

New practice resource: Preparing to provide hormonal contraception management

The first resource in our new Sexual and Reproductive Health series is now available! In [this video](#), Nova Scotia pharmacist Colleen MacInnis provides practical tips to help community pharmacists provide hormonal contraception management services. The practice resource is designed to help community pharmacists improve their confidence in providing this clinical service. This

practice webinar was developed with a grant from Health Canada's Sexual and Reproductive Health Fund. Stay tuned for more resources!

CPhA: Pharmacists fear more drugs may fall into loophole that saw Ozempic sent from BC to US

Canada's pharmacists worry that a lack of data about prescription management could see a repeat of the situation with diabetes and weight-loss drug Ozempic, in which thousands of doses have been mailed over the border to Americans. CPhA's vice-president of public affairs, Joelle Walker, [told the Canadian Press](#) that Americans buying cheaper Canadian drugs is nothing new. But she said the current situation with large quantities of Ozempic prescribed to US-based customers, highlights the urgent need for a "national conversation" on how Canada can protect its prescription drug supply against such mass orders. One of the main challenges, Walker said, is that there isn't a strong sense of the prevalence of mass US buying of Canadian prescription drugs because the data isn't available. She said the first step should be securing data on prescription-drug management in Canada, allowing regulators to see where the issues are before being able to address them. "It's very easy when you have a very specific case like Ozempic," Walker said. But without knowing "how many other drugs are being sold and in what quantities . . . in an online fashion to Americans, it's very difficult to come up with the right policy solutions."

Pharmacy on the front lines

Okanagan pharmacy explains how it's navigated methadone shortage

For the last couple of weeks, Vernon, BC, pharmacist Jodi Cunningham has been working to make sure the impact of the Metadol-D shortage is minimized for her patients. Metadol-D is a popular brand of methadone, a medication that is used to help people with opioid withdrawal so they can stop taking toxic street drugs. "We did try to get ahead of it a little bit and make sure we had extra on hand. We tried to source from multiple suppliers," Cunningham [told Global News](#). The pharmacy also asked a few patients to switch to a different formulation of methadone, which, Cunningham explained, is not without risk. "There is always a risk of destabilization when patients are switched formulations," she said. "Theoretically, all of the methadone formulations

should work the same because they are the same drug in the same concentration. Clinically we have seen differences, however, where some people respond better to one formulation than another.” Cunningham said by being proactive, the shortage hasn’t caused any significant destabilization for patients at her pharmacy. “Part of that is we are really closely monitoring, working closely with patients [and] physicians talking to them about the challenges they are having,” said Cunningham.

Provincial

Expanded scope of practice in NL fills in the cracks, creates another access point

With a shortage of family doctors in Newfoundland and Labrador, there is no shortage of people who have fallen through the cracks of the health-care system. But Keith Bailey, owner-pharmacist of Shoppers Drug Marts in Conception Bay South and St. John’s, [told SaltWire](#) that the recent scope of practice change for pharmacists will help fill in some of those cracks. On April 4, the province announced that pharmacists can extend prescriptions for up to a year (previously 90 days) and assess and prescribe for a series of minor ailments, including conjunctivitis, fungal nail infections, shingles and uncomplicated urinary tract infections, with pharmacist fees being covered through the Newfoundland and Labrador Prescription Drug Plan. Bailey explained that a couple of days ago, he helped a patient whose family doctor had left the province and they had no refills left of their antidepressant. Without this change in scope of practice, he said the patient would have had to visit an emergency room, a walk-in clinic or stop the medication. As for prescribing for minor ailments, he said pharmacists are now another option for accessing care. “It’s certainly not to replace any other point in the system,” Bailey said. “Our family doctors are crucial. Our nurse practitioners are crucial. Emergency rooms are crucial. But it does give another access point, especially for people that don’t have timely access to any of those folks.”

National

Stiffer rules could prevent over-prescribing to US patients, federal health

minister says

Federal Health Minister Jean-Yves Duclos said regulations governing medical practice may have to be strengthened in each province to prevent “incompetence” by doctors who could write thousands of prescriptions for drugs that go to patients outside of Canada, [the Canadian Press reports](#). Duclos said that at the very least, regulatory colleges may have to better enforce current regulations so medications such as the diabetes drug Ozempic—also used off-label for weight loss—are available to Canadians who need them. Each province and territory has its own legislation for health-care providers, and those regulations would have to be amended by individual governments. Concern over potential drug shortages arose after a Texas-based doctor licensed in Nova Scotia wrote 17 000 prescriptions for Ozempic over 3 months, but for people living in the United States. Regulatory colleges and provinces should guard against a similar issue arising if access to other medications, such as the abortion drug mifepristone, is restricted in some parts of the United States, Duclos said. “I will be raising this issue with my counterparts, health ministers, because this is one example of possibly future examples,” Duclos said in an interview on April 13. “It’s incompetence,” he said, adding that’s how the College of Physicians and Surgeons also described the actions of the Texas doctor. “The number is completely out of proportion to the reality of what a good physician would need to do according to medical guidelines.”

Canada plans to reduce overdose rates with \$37 million in new funding

Health Canada is taking new strides to help address substance-use-related harms as \$37 million in federal funding is set to go towards “improving health outcomes” for those at risk, [Global News reports](#). Carolyn Bennett, minister of mental health and addictions and associate minister of health, made the announcement at Western University in London, Ontario, on April 14, outlining that the funds will be divided amongst 42 projects across the country through Health Canada’s Substance Use and Addictions Program. “Every day across Canada, including here in London, family members, friends, colleagues and neighbors from all walks of life endure the unspeakable loss of losing a loved one to overdose,” she said. “As part of our bold approach to this crisis fortified by new investments in Budget 2023, our government is supporting communities in their work to address substance use harms.” Budget 2023 proposed an investment of \$359 million in support of a renewed Canadian Drug and Substances Strategy. Of this funding, \$144 million is included to

support community-led and not-for-profit organizations across the country over the next 5 years. The additional \$37 million announced on April 14 includes supporting projects in British Columbia, Manitoba, Nunavut and Ontario and will “help to provide people who use drugs in these regions with greater access to prevention, harm reduction and treatment services.” According to the ministry, this includes people “disproportionately affected” by substance use harms or “who face barriers accessing services such as youth, Indigenous and 2SLGBTQIA+ individuals.”

International

US: Supreme Court poised to rule on abortion pill restrictions

The Supreme Court was expected to act by midnight on April 19 on a request by the federal government to immediately block a lower court ruling that would imperil access to the abortion pill mifepristone, but the decision has been delayed for another 2 days, [NBC News reports](#). In a brief order issued by Justice Samuel Alito, the court said the hold first announced last week would be extended until just before midnight on April 21. The announcement says nothing about how the court will ultimately resolve the case, although the delay could indicate there is division among the nine justices. The Food and Drug Administration (FDA) and Danco Laboratories, which makes the brand version of mifepristone, Mifeprex, are both seeking to put on hold a ruling last week by the 5th US Circuit Court of Appeals that would suspend several regulatory decisions since 2016 that made it easier to obtain the drug. The Supreme Court, which has a 6-3 conservative majority, temporarily blocked the appeals court ruling on April 14 while the justices consider what next steps to take. To win, the Biden administration would need the votes of at least 5 of the 9 justices on the court, which ruled 5-4 last summer to overturn the landmark *Roe v. Wade* ruling, which said women nationwide have the right to obtain abortions. The new case raises different legal issues about the FDA's process for approving drugs, but it will nevertheless test the court's pledge last year that it would leave abortion policy to the states and the federal government.

US: The Biden administration will hang on to some COVID-19 pandemic emergency powers for pharmacists

Even though the Biden administration is ending its highest-profile COVID-19 emergency declaration on May 11, it's still going to hold on to some pandemic-era powers, [STAT reports](#). The Department of Health and Human Services (HHS) gave governors a heads-up on April 14 that it's planning to keep pharmacists' ability to administer COVID-19 and flu vaccines past the end of the public health emergency. HHS is choosing to extend some powers related to a separate law called the *Public Readiness and Emergency Preparedness Act*, which offers extra protections to companies and providers making, distributing, and administering medicines and vaccines in times of emergency. The rules that let pharmacists, pharmacy technicians, and pharmacy interns administer COVID-19 vaccines and tests and seasonal flu vaccines will stay in place through December 2024, according to a letter from HHS to governors. The White House's "Test to Treat" program that allows pharmacists to test people for COVID-19 and prescribe the antiviral Paxlovid will also continue. Normally, pharmacists have the ability to administer some vaccines, but the details of which products they can give patients vary from state to state. HHS' declaration ensures that the policy will be uniform, at least for the next 2 years. The American Pharmacists Association (APhA) applauded the decision [in a news release](#), saying it's "grateful that HHS listened to the concerns of APhA and others in the pharmacy community in expressing a need for HHS to clarify the role of pharmacists and pharmacy teams when the public health emergency expires."

UK: Pharmacy leaders make funding plea as contraception service launch date looms

Pharmacy leaders are warning community pharmacy's funding crisis could hamper the success of the upcoming national contraception service in England, [Chemist+Druggist reports](#). National Health Service England revealed on April 13 that the first tier of the service—providing oral contraception to patients first prescribed the pill via primary care—will commence on April 24 despite insistence from the Pharmaceutical Services Negotiating Committee that it had not agreed to the launch date. At the time, the negotiator reiterated its view that no new or expanded services should be rolled out this year unless the government provides extra funding for community pharmacies. Since then, sector leaders have warned that years of underfunding means pharmacy teams are more concerned with "keeping their business afloat" than rolling out new clinical services. Nick Kaye, vice-chair of the National Pharmacy Association, cautioned that the chances of a successful national rollout of the oral contraception service are "much reduced by a decade of chronic

underfunding, which has brought pharmacies across England to [a] crisis point.” And while the Royal Pharmaceutical Society (RPS) has welcomed the service as increasing access to oral contraception and making “good use of the clinical skills of pharmacists,” it expressed similar reticence about the service’s chances without proper support. “For this new service to be a success, the roll-out must be backed and enabled by appropriate funding and technology,” Thorrun Govind, chair of RPS England, stressed [in a statement](#).

In Depth

Alberta pharmacists lead Canada in filling care gap

As many Canadians struggle to find a family doctor—or even a walk-in clinic—pharmacists in some provinces are stepping up to dispense remedies for minor ailments without the need for a doctor. Newfoundland and Labrador and Ontario are the latest provinces to empower pharmacists to prescribe for minor ailments such as urinary tract infections, shingles and eczema. Most other provinces have granted similar rights to pharmacists over the past 5 years. However, Alberta pharmacists have been able to prescribe since 2006, and have the most comprehensive authority of any province or territory in Canada. Pharmacists in Alberta can prescribe almost any medication except narcotics and provide a useful test case for the rest of the country. [CBC Radio’s “White Coat, Black Art” explains](#).

Why mask mandates are lifting in hospitals across Canada

Mask mandates are lifting in hospitals, long-term care homes and other health-care facilities across the country, marking an end to some of the last remaining public health restrictions against COVID-19 in Canada. British Columbia and Saskatchewan are the latest provinces to lift universal mask mandates in health-care settings, while most other provinces have either previously removed them, left them up to individual hospitals to decide, or will likely soon follow suit. But what [those] changes [mean] for patients and health-care workers may not be clear-cut, as the lifting of mandates doesn’t mean an end to masking altogether—and health officials stress that mandates could return

to health care in the future, if COVID-19 levels take a turn for the worse. [CBC explains](#).

Worth Repeating

“If there is a restriction on [mifepristone] in the US, perhaps the natural tendency is to want to look to a Canadian supply . . . [But] if there is a constrained supply of a drug that’s not available in the US, our concern or worry is that if [demand] spikes in Canada, we want to make sure that there’s enough for Canadians.” —Joelle Walker, CPhA’s vice-president of public and professional affairs, [on the possibility that restricted access to the abortion drug mifepristone in the US could prompt a spike in foreign demand](#), like what’s happened with diabetes drug Ozempic

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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