



Canadian
Pharmacists
Association
Association des
pharmaciens
du Canada

The Weekly

Bringing the world of pharmacy together

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CPhA

CPS: Drug Information goes digital only; last print edition to be published this year

CPS: Drug Information, the most trustworthy drug information publication in Canada, which has been in print for more than 60 years, will publish its last print edition this year. *CPS* will continue to be updated and available online and on mobile devices, and other CPhA publications will continue with print editions. *CPS* contains information on more than a thousand products, including monographs for drugs and vaccines, and clinical tools and directories of drug and health-care information. To get your collector's print edition of *CPS* 2022, order [here](#).

CPhA CPO featured in podcast on the future of health care

In partnership with the People Before Patients health-care reform movement, Teva Canada has launched a [series of podcasts](#) featuring health-care thought leaders who share their vision of a future health-care system that supports patients and caregivers in all stages of life. Dr. Danielle Paes, chief pharmacist officer (CPO) at CPhA, is featured in an episode posted April 12. "I am so excited to be part of this important conversation about what the future of Canada's health care should look like from all perspectives," Paes said. "It's about leading change with an understanding of our common humanity and a desire to collaborate on our health journey."

Pharmacists on the front line

Pharmacist shortage: Many pharmacies in regions around Quebec on edge

Pharmacist owners in the Lac-Saint-Jean region of Quebec are at a loss as to how to recruit new pharmacists, [CTV reports](#). One owner is even offering a \$50,000 hiring bonus, while others are having to fill all the time slots in their pharmacy. That's the case for Marc Savard and André Auclair, co-owners of the Accès pharma counter at Walmart in Alma, QC. "I've been advertising at the pharmacy school in Quebec City for at least 6 months, but we can't find anyone," said Auclair. "As a result, the 2 pharmacists have to be in the office 7 days a week, all the time. Holidays? We forget about it." The same problem has been noted at the Alma Pharmaprix, where they have decided to use all available means. For the past few weeks, the pharmacy has been offering nothing less than a \$50,000 hiring bonus in the hope of attracting a new pharmacist.

Provincial

Alberta relaxes COVID-19 rapid test program requirements for pharmacies

Alberta's health minister, Jason Copping, is dispelling rumours that the COVID-19 rapid test program is coming to an end after billing changes to pharmacies were announced, [according to CTV](#). Although pharmacies are receiving less compensation from the province for giving out kits, demand for the self-administered tests remains. Last month, pharmacies could bill more than \$500 for distributing a box of 108 rapid test kits. "As of now, we are just getting a one-time fee for a box of 100 testing kits. It's \$60," said Shawn Liu, pharmacist-owner of Access Pharmacy in Edmonton. Copping said the drop in compensation is due to the government lessening the administration workload associated with distributing the COVID-19 tests. "We eliminated almost all the administrative work for pharmacists who are providing these test kits to Albertans," Copping said. "The previous process was time-consuming and some pharmacists chose not to participate because of it."

Barriers remain to COVID-19 treatment in Niagara, despite expanded access: pharmacist

Although patients typically have a prescription in their hands when they stop into a pharmacy to pick up medication, a Niagara pharmacist said it might make more sense for patients to contact their pharmacy first if the medication they need is Paxlovid, [the St. Catharines Standard reports](#). Donnie Edwards, co-owner of Boggio & Edwards IDA Pharmacy in Ridgeway, ON, and an Ontario Pharmacists Association board member, said this is because time is of the essence when using the coronavirus-fighting drug. "The sooner you get this drug after symptoms, the better," he said. Edwards said the drug only works within 5 days of the onset of symptoms, and the earlier the drug is taken the more effective it is. Edwards said pharmacists first assess if patients qualify for Paxlovid, including anyone over 70 who tests positive for the virus, people 60 and up with fewer than 3 vaccine doses, and people 18 and over who are immunocompromised, or have had fewer than 3 vaccine doses and have at least 1 risk condition such as pregnancy, obesity, diabetes, heart disease or developmental disabilities. If patients qualify, he said pharmacists will then contact the patient's doctor or primary health-care provider and ask the physician to write a prescription. Pharmacists can also assist patients who do not have a family doctor. Edwards said Paxlovid can interact with at least 100 other medications, "and we want to

make sure it's safe for people to take.”

NB pharmacies prepare for second boosters for those aged 50 or older

Second booster doses of the COVID-19 vaccine became available April 19 to New Brunswickers aged 50 or older, if at least 5 months have passed since their last dose. But shots might not be available at all 190 participating pharmacies right away, the president of the New Brunswick Pharmacists' Association [told CBC](#). “Each individual pharmacy would be different and unique in regards to their plan to offer the vaccine,” said Andrew Drover. “Some will do it by appointment only, while others will do it on a walk-in basis, and then others will do it specific days of the week, where they have clinics,” based on their staffing levels and workflow. Drover, who owns Harrisville Pharmacy in Moncton, said demand for second boosters has been “quite high.” He administered about 30 shots on April 19 and is already fully booked through Saturday, with an equal number of appointments booked each day. “I’m very, very happy and encouraged to see the enthusiasm of people to get another dose of the vaccine,” he said, noting some pharmacies have 3 or 4 pharmacists on duty and higher capacity.

National

Health Canada approves Evusheld, COVID-19 prevention drug

Canada has approved a drug designed to protect people with compromised immune systems against COVID-19, marking the first time that federal health officials have authorized a prophylactic pharmaceutical for the coronavirus, [according to the Globe and Mail](#). On April 14, Health Canada approved Evusheld for people aged 12 and over, so long as they meet certain criteria. The Evusheld authorization gives vulnerable citizens, including transplant patients, a degree of protection that may be unavailable to them through vaccination. Prospective patients must be unlikely to mount an adequate immune response to COVID-19 vaccines or be among the few for whom vaccination is not recommended. Unlike existing treatments, the drug is approved only for those who are not infected with COVID-19 and have not had recent contact with an infected person. Health Canada noted AstraZeneca’s Evusheld is not a substitute for vaccines. The company must continue to submit the drug’s safety and efficacy information against current and emerging variants of concern.

Experts concerned that only 47% of Canadians have received a COVID-19 booster shot

Many health experts say they are increasingly concerned by the slow uptake of first booster shots across the country, warning that 2 doses of a COVID-19 vaccine don’t offer sufficient protection against the Omicron variant and that many Canadians may be unknowingly at risk as a result, [the Globe and Mail reports](#). Only 47% of the population, or 57% of those 18 and older, have received a booster shot so far, according to the Public Health Agency of Canada. This is a growing concern, experts say, because mounting evidence shows that 3 mRNA COVID-19 vaccinations are necessary to provide adequate protection against the Omicron variant. Last week, Health Canada reported that nearly 1.5 million COVID-19 vaccines have expired since January, indicating that uptake of both primary series shots and boosters have experienced

major decline. Complicating matters is the fact that the National Advisory Committee on Immunization (NACI) urged jurisdictions to focus on the “rapid deployment” of second booster shots to high-risk individuals, including older seniors in the community and all long-term care residents. While second boosters are important to protect those vulnerable individuals, some experts say they’re becoming more concerned about the consequences of so many not receiving their first booster.

PMPRB drug pricing regulations officially coming into effect this July

After multiple delays, the amendments to the Patented Medicines Review Board (PMPRB) regulations will finally come into force on July 1, 2022, [according to Benefits Canada](#). Health Minister Jean-Yves Duclos announced last week that the federal government will proceed with the amendments to provide the PMPRB with new tools to protect Canadians from excessive prices for patented medicines. The changes, which were originally proposed in 2019, are the first significant update to the regulations in more than 30 years. After consulting with stakeholders in March, Health Canada will be moving forward with the implementation of the new basket of comparator countries and reduced reporting requirements for those medicines at lowest risk of excessive pricing. The federal government said it won’t proceed with the amendments related to new price regulatory factors or with the requirements to file information on all price adjustments.

ISMP Medication Safety Self-Assessment for Community Pharmacy updated

The updated version of the Medication Safety Self-Assessment for Community Pharmacy from the Institute for Safe Medication Practices Canada, containing changes to a total of 116 items in 7 sections, is now available. A cross-reference table is included for people who wish to track content from the 2006 version. The program can be accessed in [English](#) and [French](#), and access to the previous version [remains available](#).

International

US: U of Florida, APhA to offer test-and-treat certificate program

The University of Florida College of Pharmacy and the American Pharmacists Association (APhA) [announced](#) a new partnership to offer one of the first national pharmacy-based test-and-treat certificate programs. The training will expand a pharmacist’s ability to provide on-the-spot testing services for several non-emergency issues at their local pharmacy. Pharmacists will be able to test and initiate therapy for influenza, strep throat, urinary tract infections and other minor, noncomplicated health conditions in accordance with their state practice. This expansion of pharmacy-led services will significantly improve a patient’s access to care.

US: FDA authorizes breath test for COVID-19

The future of COVID-19 testing could be as simple as blowing up a balloon, [Healthing reports](#). The US Food and Drug Administration (FDA) has granted emergency use authorization to the InspecTIR COVID-19 Breathalyzer, a device that can detect the presence of chemical compounds associated with the virus by analyzing a person’s breath. The test, which produces

results in less than 3 minutes, was able to accurately identify more than 91% of positive COVID-19 samples and just under 100% of negative samples in a recent study. According to the FDA, positive results will still need to be confirmed by a PCR test. While Health Canada has not yet received an application for the test, according to Global News, experts are eager to get their hands on any innovation with the potential to slow the spread of the virus, particularly in high-risk settings.

Australia: Push to donate COVID-19 vaccines and expand eligibility as shots expire

Pharmacists and general practitioners say action needs to be taken on the wastage of COVID-19 vaccines, as thousands of doses have expired amid dwindling numbers of people getting boosters and children being vaccinated, [the Sydney Morning Herald reports](#). The Australian Department of Health estimates that there are more than 13 million COVID-19 vaccines “on hand at sites” across the country, including 11.5 million at pharmacies and general practitioners. The figure factors in a wastage rate of roughly 10%. About 300 000 COVID-19 vaccine doses are administered every week. Pharmacy Guild of Australia president Trent Twomey said he has contacted the department to ask that the eligibility criteria for “winter booster” doses be expanded so that vials would not be left to expire. Under recommendations by the Australian Technical Advisory Group on Immunisation, non-Indigenous Australians aged 65 and over, Aboriginal and Torres Strait Islander people aged 50 and over, aged and disability care residents, and people who are severely immunocompromised are eligible for a second booster 4 months after their first shot.

In Depth

What do I need to know about Paxlovid?

The sixth wave of COVID-19 has seen an increase in hospitalizations and more ICU admissions. What’s different this time is that we have a new medication called Paxlovid that can keep at-risk people out of hospital. In [CBC’s The Dose](#), we hear all the details on Paxlovid from Kelly Grindrod, a pharmacist and associate professor at the University of Waterloo’s School of Pharmacy.

Worth Repeating

“I’ve had 80-year-olds that have come in, as recently as this past fall and winter looking for their first dose, and I’m going to open that vial for that person, because this very well may save their life.” —Jen Belcher, Kingston, ON, pharmacist and vice-president at the Ontario Pharmacists Association, [on situations](#) where pharmacists have had to weigh wasting doses with making sure someone high risk has protection.

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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