



Canadian
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The Weekly

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CPhA

A reminder for pharmacy professionals on Bell Let's Talk Day

A reminder for pharmacists on [Bell Let's Talk Day](#): Self-care isn't selfish! You do so much for your patients and communities. We know you're tired, struggling and burnt out. While taking a moment for yourself today won't change everything, it may help. Here are some [practical ideas and tips](#) and [a special message](#) from CPhA's Chief Pharmacist Officer, Dr. Danielle Paes.

It's not too late to register for the Canadian Pharmacy Heart Failure Symposium!

The [Canadian Pharmacy Heart Failure Symposium](#) is just over a week away! Coming to you virtually on February 4, the first-ever Canadian heart failure conference aimed specifically at pharmacy professionals in all practice settings 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. For just \$50, you can earn up to 5.5 CEUs as you learn about heart failure diagnosis and assessment, the role of the pharmacist, guideline updates, patient perspectives, and more. If you can't attend, the session

recordings will be available, and you can earn CEUs until February 18.

[Register now!](#)

Pharmacy on the front lines

'It's a little bit of a challenge': Waterloo region pharmacists adjusting to new prescribing powers

Ontario pharmacists' new powers to prescribe have been welcomed by many, but the transition hasn't been without some bumps in the road, [CTV News reports](#). Managing newly expanded care and patient expectations has created some challenges for independent pharmacies in the Waterloo region. It has now been 3 weeks since the province allowed pharmacists to prescribe medication for 13 minor ailments meant to alleviate health-care backlogs. "It's something pharmacists have been sort of trained to do so it was nice to get the authority to do that," said Michael Pe, a pharmacist at Apothecare Pharmacy in Kitchener. For some pharmacists like Pe, the transition has been smooth. Other independent pharmacists say the new powers have come with new questions and concerns. "I think the challenge for independent, rural and stand-alone pharmacies is that onus is completely on you," said Pavithra Ravi, a pharmacist at Northfield Pharmacy in Waterloo. "There has been support, but it does fall a little bit more on the owner and staff to take that onus on, so in that sense, it's a little bit of a challenge."

Provincial

Expanding and funding pharmacy services pitched to ease health-care crisis in NS

With strain on Nova Scotia's health-care system worsening, the Pharmacy Association of Nova Scotia (PANS) is asking the government to expand and provide more funding to pharmacy services in the province, [CityNews reports](#). "We could avoid a lot of trips to the ER," said Allison Bodnar, CEO of PANS. Recently, the province has expanded the scope of practice for pharmacists in Nova Scotia. Pharmacists can renew prescriptions for most medications, provide contraception management and provide other services that were

previously restricted to doctors. “The problem isn’t scope,” Bodnar said. “The problem is funding.” A typical assessment at a pharmacy costs \$25. “It’s not a ton of money, but it’s still a barrier for many,” she added. Bodnar wants to see the contract between pharmacies and governments amended to better fund these services. By doing this, Bodnar said she believes pharmacists can provide more “access points” for people needing health care in the province.

Ozempic shortage hasn’t reached Manitoba, experts say

Manitobans who are worried that the Ozempic shortage impacting the United States will reach the province have nothing to worry about, at least for now, according to experts. Over the last few months, reports have surfaced that Ozempic—the brand name of the drug semaglutide—has been difficult to find in certain parts of the world, including the United States, Australia, Singapore and Southeast Asia. The reason for this shortage has to do with the fact that Ozempic shows results in terms of weight loss. “The surging worldwide demand of this product due to how effective it is for both diabetes, cardiovascular protection and weight loss have made it very difficult for the manufacturer to keep up with this demand,” Tim Smith, pharmacy practice advisor with Pharmacists Manitoba, [told CTV News](#). “There have been intermittent shortages, most in other jurisdictions [other than Canada].” Smith noted the demand for Ozempic is just a lot higher in other parts of the world, particularly in the United States. “I know the manufacturer is directing a lot of resources to the United States, but why that hasn’t trickled over into more impact here, I’m not sure,” he said.

London, ON, man without medication after SDM systems issue

A technical issue for Shoppers Drug Mart (SDM) left a London, Ontario, man without medication for days, [Global News reports](#). Roy Steinbach said he went into his local Shoppers on January 14 to get his various prescriptions filled and was turned away due to a systems issue. Loblaw, the parent company of SDM, confirmed on January 19 that the pharmacy had been experiencing issues with drug prescriptions for several days. A spokesperson for Loblaw said intermittent issues have impacted some locations’ ability to fulfill prescriptions. The company said most stores are back online and working through the resulting backlog. It added there was no systems or data breach. Steinbach received his medication from SDM on January 19.

National

Trudeau will host premiers Feb. 7 to hammer out health-care funding deal

Prime Minister Justin Trudeau has announced that he will host a first ministers' meeting in Ottawa on February 7, as his government looks to finalize a deal on health-care funding with the provinces, [CBC reports](#). The federal government and the provinces have been in protracted negotiations for months over an increase to the Canada Health Transfer. The premiers have been demanding a face-to-face meeting with Trudeau to press him for a multibillion-dollar increase to the funding. The federal government has said Trudeau would not meet with his provincial counterparts until officials had negotiated some of the finer points of a deal. "Let's be clear—providing money is certainly part of the solution. But funding alone won't solve the issues we're seeing," Trudeau said on January 25 at an event in Hamilton, Ontario. Trudeau added there will be bilateral talks on the sidelines of the February 7 summit, which will offer opportunities to craft province-specific deals.

Noting transmissibility of 'Kraken' COVID-19 subvariant, officials again urge booster shots

As the first pandemic-response guidelines of the year were released in Canada, public health officials warned it's "too early" to relax COVID-19 measures, noting the spread of the subvariant known as XBB.1.5, or Kraken, [CTV News reports](#). At a news conference in Ottawa on January 20, Chief Public Health Officer Dr. Theresa Tam said the country's health-care sector is still recovering, and while levels of influenza and respiratory syncytial virus have returned to seasonal norms, COVID-19 cases still fluctuate across Canada. "For this reason, it is still important to do everything we can to prevent severe illness," Tam said. She and Health Minister Jean-Yves Duclos used the news conference as an opportunity to echo just-released advice from the National Advisory Committee on Immunization (NACI) urging the continuation of booster doses of vaccines against the disease. The [latest guidance from NACI](#), Tam said, includes that bivalent boosters "remain one of our best defences" against the most severe outcomes of COVID-19.

International

US: Amazon launches a subscription prescription drug service

Amazon is adding a prescription drug discount program to its growing health-care business, [the Associated Press reports](#). The retail giant announced on January 24 that it will launch RxPass, a subscription service for customers who have Prime memberships. Subscribers will pay a flat fee of US\$5 a month to fill as many prescriptions as they need from a list of about 50 generic medications, including the antibiotic amoxicillin and the anti-inflammatory drug naproxen, Amazon said. “Any customer who pays more than \$10 a month for their eligible medications will see their prescription costs drop by 50% or more, plus they save time by skipping a trip to the pharmacy,” John Love, the vice-president of Amazon Pharmacy, [said in a statement](#). Amazon already sells a range of generic drugs through its pharmacy service, which launched in 2020, costing as little as US\$1 for a 30-day supply. Those on government-funded Medicaid and Medicare coverage are not eligible for RxPass, and neither are those in states with specific requirements for prescription drug deliveries like California, Texas and Washington.

US: Pharmacist-administered vaccinations show increase since onset of COVID-19 pandemic

In 2020 and 2021, more Americans were receiving immunizations at their pharmacy than at a physician’s practice, according to the results of a report published by the Global Healthy Living Foundation (GHLF). The results showed that across all vaccines for adults, regardless of income, location or sex, most of the administration took place in a pharmacy. The most common vaccines administered by pharmacists compared with physicians included COVID-19, flu and shingles, with human papillomavirus (HPV) and pneumococcal vaccines also trending higher, [Pharmacy Times reports](#). “Our research shows that immunization rates improve when pharmacists and pharmacy technicians are authorized to vaccinate adults,” Robert Popovian, the chief science policy officer at GHLF, said in a statement. The report also showed that approximately 60% of adult vaccinations during the flu season took place at pharmacies. “Broadening vaccination authority in pharmacies will increase immunization rates, reduce overall health care costs, and save lives, laying the groundwork for a better, stronger, and fairer health care system for

all,” Seth Ginsberg, president and co-founder of GHLF, added in the same statement.

UK: Pharmacists can treat minor illnesses, MPs say in bid to tackle patient backlogs

Pharmacists could treat patients with minor illnesses for half the price the National Health Service (NHS) is paying general practitioners to do the same work, a report by the All-Party Parliamentary Group on Pharmacy (APPG) reveals. The cross-party group is calling on the government to “harness the power” of pharmacies to tackle COVID-19 backlogs and surging demands on the health-care system, [the Daily Mail reports](#). This could free millions of doctors’ appointments for those with more serious diseases and allow funding for other front-line services, the APPG said. The [“Future of Pharmacy” report](#) cites evidence from the Pharmaceutical Services Negotiating Committee that transferring minor ailments services to pharmacies as part of a Community Pharmacy Consultation Service would save the NHS £640 million a year (the equivalent of about CAD\$1 billion), which could be reinvested elsewhere. The APPG also urged ministers to take action to relieve funding pressure on local pharmacists at risk of closure.

UK: Scottish pharmacotherapy service ‘undermines’ pharmacist role, RPS warns

The Royal Pharmaceutical Society (RPS) Scotland and the British Medical Association (BMA) have called for improvements to Scotland’s pharmacotherapy service, highlighting the need for a better use of pharmacists’ skills and improved information technology enablers for the service, [Chemist+Druggist reports](#). Some pharmacists are “undertaking work that would often be more appropriately provided by pharmacy technicians, pharmacy support workers or practice administrative staff, resulting in an under-use of pharmacists’ clinical skills,” the RPS and BMA said [in a joint statement](#) released on January 13. The statement added that pharmacists should be “focused predominantly on patient-facing clinical roles and responding to medicines-related enquiries from [general practitioners].” The groups urged that “inadequate funding and workforce shortages are a real threat to the pharmacotherapy service” and have asked the Scottish government to reconsider its decision to reduce funding for training pharmacy technicians. “We want to see pharmacists using their pharmaceutical expertise and independent prescribing skills to deliver clinical medication reviews, support

safer use of high-risk medicines and improve complex pharmaceutical care,” RPS director for Scotland Clare Morrison said.

Ireland: Pharmacists can help overburdened health-care system, IPU says

As Health Service Executive managers scramble to find solutions to record levels of overcrowding in hospital emergency departments and general practitioners face busy clinics, the president of the Irish Pharmacy Union (IPU) says pharmacists could provide solutions with a minor ailments scheme. “Ireland’s 1900 pharmacies are located in practically every community. They are easily accessible and should be among the first line of defence for our health system,” Dermot Twomey [told the Irish Times](#). For pharmacists to be able to play a greater role in alleviating the workload of general practitioners, in particular, Twomey said a minor ailments scheme would allow patients to visit their local pharmacy for certain prescriptions. “This would allow pharmacists to prescribe medicines to patients on medical cards and be paid for the drugs and the consultation by the State. If pharmacists could manage patients with minor conditions such as indigestion [and] heartburn, athlete’s foot, coughs and cold, this would take pressure off GPs,” he said.

In Depth

Pharmacists address questions over new prescribing powers in Ontario

Since new legislation came into effect on January 1 allowing Ontario pharmacists to assess and write prescriptions for minor ailments such as pink eye and uncomplicated urinary tract infections—a regulatory change that brings Ontario in step with 9 other provinces and territories—some doctors and students have questioned the move in opinion columns and social media posts, suggesting pharmacists could potentially miss a more serious diagnosis or that their new powers could lead to an overprescribing of antibiotics. Jen Belcher, vice-president of strategic initiatives and member relations at the Ontario Pharmacists Association, said most of the discussion has been happening on social media, but the association also has had “productive” one-on-one conversations with physicians to answer their questions. [The Canadian](#)

[Press](#) asked Belcher and other pharmacy experts to respond to the 3 most common questions they've been getting.

Accessible mental health services continue to be out of reach for Canadians: advocates

On this Bell Let's Talk Day, 3 years after the emergence of COVID-19, Canadians continue to feel the impact of the pandemic on their mental health. They report high levels of mental distress as they endure ongoing challenges like periods of isolation, difficulties with relationships, and working remotely or on the front lines. Despite the high number of people needing support, many cannot find and afford access to mental health services. The lack of preventative resources and treatment for Canadians adds pressure on hospitals, results in police responding to crises and increases demand for social services like housing and substance use programs, advocates [tell CTV News](#).

Worth Repeating

"I want our health partners to know we are here for you. We're proud to help our health system and you—to take some of the pressure off so that you can focus on the patients who need you most." –Tim Brady, chair of the Ontario Pharmacists Association, on how pharmacist-led assessment and treatment of minor ailments in Ontario is [one way pharmacists can help](#) ease the health-care crisis

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.