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Canadian  
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# The Weekly

Bringing the world of pharmacy together

**May 25, 2022**

**CPhA**

***CPO conversations: On the mental health and well-being of the profession***

Mental health and well-being are deeply personal and there are no easy answers to the question of how we can take better care of ourselves and each other. CPhA's Chief Pharmacist Officer, Danielle Paes, [reflects in her latest blog post](#) on some of the things she has seen, heard and experienced as she discusses how we all need to work together to shift our mindset.

***CPhA releases pharmacy-insurer principles of engagement***

Pharmacists and patients rely on private insurers to provide access to medications in a timely and affordable way. Working in collaboration with a range of stakeholders, CPhA has developed [the Pharmacy-Insurer Principles of Engagement](#) to increase collaboration and engagement with insurers to address major pharmacy pain points and to provide more seamless patient care.

***Updated resource helps manage ongoing hydrocortisone shortage***

CPhA and MedSask have collaborated on [a resource](#) to help pharmacists manage the ongoing shortage of hydrocortisone (Cortef) 10mg oral tablets in Canada. The updated document includes conservation strategies and information related to use in adrenal insufficiency.

## Provincial

### ***Only in BC can you still buy cigarettes in a pharmacy***

Thousands of people have signed a petition demanding BC join other provinces across Canada in banning the sale of tobacco in pharmacies and stores with pharmacies, [the Vancouver Sun reports](#). BC is the only province or territory in Canada that allows tobacco to be sold in pharmacies after Manitoba banned such sales in 2013. More than 6 years ago, the College of Pharmacists of BC had proposed a new bylaw that would deny a licence to pharmacists working in pharmacies where tobacco was sold. It dropped the proposed ban in 2014 because it's the provincial government's role to regulate the sale of tobacco products, as has happened in other provinces, a spokesperson for the registrar said in an email statement. A spokesperson for Rexall said the chain stopped selling tobacco 3 or 4 years ago. The other main pharmacy chains, including Shoppers Drug Mart and Pharmasave, no longer sell cigarettes. London Drugs is the last remaining drug store chain that continues to sell tobacco.

### ***Pharmacies in SK authorized to prescribe Paxlovid***

Saskatchewan dramatically expanded access to a key COVID-19 medication in an apparent effort to get it more quickly off shelves and into patients' hands. The Ministry of Health will now allow select physicians, nurse practitioners and 170 pharmacies across Saskatchewan to prescribe Paxlovid, an antiviral medication reserved for vulnerable patients, [according to the Regina Leader-Post](#). "It is about making the medication available to those who qualify for it as soon as possible, as easy as possible," Saskatchewan Pharmacists Association CEO Michael Fougere said. The medication was previously only prescribed via a central team at the Saskatchewan Health Authority (SHA). Dr. Satchan Takaya, an infectious disease doctor helping lead the province's COVID-19 therapeutics work, said the new model will help prescribe the medication quicker. It needs to be administered within 5 days of symptoms starting. She said the SHA needed time to learn how the new drug works, particularly since it can't be combined with a list of other common medications. "A lot of people were wanting quick access—that's the key. It's really important to get that in the first 5 days," Takaya said.

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## International

### ***US: Plant closure portends drug shortages: report***

The newly formed End Drug Shortages Alliance (EDSA) [warns in its first analysis](#) that the recent closure of a troubled Teva Pharmaceuticals manufacturing plant in Irvine, California, could affect the availability of 24 generic sterile injectable drugs, including 5 essential medications for which the company had an over 15% market share. Teva—one of the world's largest generic drug producers—closed the plant after receiving the latest in a string of warning letters from the US Food and Drug Administration about observations of contamination, dirty changing rooms and scrubs, and a years-long lack of sterilization and testing of equipment. The EDSA report, released last week, involved a market analysis of the potentially affected drugs, which include those used to treat cancer, adult and pediatric diabetes and pancreatic neuroendocrine tumors.

The injectables produced at the closed plant most vulnerable to shortages were the vasodilator alprostadil, the antibiotic amikacin, the chemotherapy drugs bleomycin, dacarbazine, idarubicin, ifosfamide, mitoxantrone, streptozocin and topotecan, and the hormone octreotide.

### ***US: Inequity to COVID-19 Test to Treat access: Pharmacists can help if permitted***

An American Pharmacists Association (APhA) [analysis of COVID-19 Test to Treat locations](#) shows that underserved and vulnerable communities do not have equitable access to care in the current program. According to its analysis, there are over 28 000 community pharmacies located in federally recognized underserved communities today, yet only 700 Test to Treat sites have been established in those communities. Tapping the pharmacies in these areas could increase access to treatments by about 3900%. At Test to Treat locations, patients who test positive for COVID-19 and have a high risk for progression to severe COVID-19 disease can receive a prescription for an oral COVID-19 medicine and conveniently fill that prescription at the same site of care. Throughout the COVID-19 pandemic, pharmacists have expanded access to testing and vaccination services but currently cannot order these medicines because of Food and Drug Administration limits, despite being authorized to prescribe oral COVID-19 therapies. By allowing pharmacists to order oral COVID-19 treatments, access to prescriptions for these products could expand far beyond the 2313 Test to Treat sites available nationwide at the time of the analysis.

### ***US: Pharmacy benefit managers' profits targeted by new bill***

Senators Maria Cantwell, chair of the Commerce Committee, and Chuck Grassley, the top Republican on the Judiciary Committee, introduced a bill on May 24 that would give the US Federal Trade Commission (FTC) more power to rein in pharmacy benefit managers, which administer pharmaceutical plans, [Reuters reports](#). The high cost of medical bills of all kinds, including soaring prices for older drugs like insulin, have prompted concern from lawmakers from both parties. The bill would ban unfair pricing schemes and require reports to the FTC about such things as spread pricing, when the pharmacy benefit manager (PBM) pays the pharmacy one price but charges the person's health plan a higher rate and keeps the difference. Nearly 80% of the prescription drug market is controlled by 3 PBMs, according to Cantwell's office. An aide to the senator said that they were referring to UnitedHealth Group's Optum unit, CVS Health's CVS Caremark and Cigna Corp's Express Scripts. PBMs maintain lists of drugs covered by health insurance plans and negotiate prices with manufacturers.

### ***UK: RPS tells MPs support for workforce is crucial***

Ravi Sharma, the director for the Royal Pharmaceutical Society in England, [spoke to MPs](#) in Parliament on May 24 at the Health and Social Care Select Committee's inquiry on workforce. Alongside a panel of professional leadership bodies, he highlighted the vital contribution of pharmacy teams during the pandemic and called for action to support the current and future workforce. "With pharmacy teams at risk of burnout, I'd urge the government and National Health Service (NHS) to address the key drivers behind staff wellbeing, alongside better workforce data to inform a comprehensive workforce strategy. Pharmacists will play a key role in the future NHS, including supporting patient access to primary care, which must be backed by long-term

investment in education and training,” he said. “We’re about to see new generation of pharmacists independent prescribers that will make a huge difference to the clinical role of pharmacists to support patient care, but this must be underpinned by protected learning time and a more ambitious approach to commissioning new services to use their skills,” he added.

### ***UK: Pharmacists must be central to the pharmacogenomics revolution***

The Royal Pharmaceutical Society (RPS) has [issued a position statement](#) calling for pharmacists to play a leading role in the fast-approaching pharmacogenomics revolution which is set to transform prescribing and patient outcomes. RPS wants to see an expansion of the National Health Service (NHS) genomic testing program to speed up patient access to the benefits that personalized medicine brings. Pharmacogenomics uses an individual’s genetic information to determine how well that person will respond to a medicine. This information can be used to predict if a medicine will be effective or not for them, and if they are likely to experience side-effects from it. Pharmacists have a key role to play in advancing the pharmacogenomics revolution by using genomic testing to optimize the use of medicines in patients. “Pharmacists have the pharmacological understanding to optimize the use of genetic test results for better patient care,” said Sophie Harding, RPS lead for pharmacogenomics. “They also have the skills to provide individualized doses and ongoing monitoring of how well the medicines are working through their clinical knowledge and patient counselling skills.”

### ***Pfizer says 3 COVID-19 shots protect children under 5***

Three doses of the Pfizer-BioNTech COVID-19 vaccine offer strong protection for children younger than 5, [the companies announced](#) on May 23. Pfizer plans to give the data to US regulators later this week in a step toward letting the littlest kids get the shots. The news comes after months of anxious waiting by parents desperate to vaccinate their babies, toddlers and preschoolers, especially as the number of US COVID-19 cases is rising once again. The 18 million children under 5 are the only group in the US not yet eligible for COVID-19 vaccination. Health Canada has not yet approved mRNA COVID-19 vaccines for children under 5. Pfizer [told CBC](#) that they are in discussions with Health Canada regarding a vaccine for children under 5, but cannot comment on timelines.

### ***Monkeypox outbreak won’t be next COVID-19 pandemic, thanks to vaccines, therapeutics***

An unusual wave of monkeypox cases in non-endemic regions has raised the possibility of another global health crisis even as COVID-19 persists. But 2 groups of biopharma experts argue monkeypox likely won’t escalate into another pandemic that humans struggle to contain, [says FiercePharma](#). While COVID-19 was caused by a novel coronavirus, the world already has vaccines and therapeutics against the monkeypox virus, according to Berenberg analyst Zhiqiang Shu and GlobalData analyst Emily Martyn. Existing countermeasures suggest “the potential spreading can be effectively halted without implementing draconian containment measures that may hurt the global economy,” Shu wrote. Bavarian Nordic has a live attenuated vaccine, called Jynneos in the US and Imvanex in Europe, for both smallpox and monkeypox. Emergent BioSolutions also has smallpox shot ACAM2000. Though not commercially available,

the 2 shots are included in the US government's strategic stockpile. A smallpox vaccine could also protect against monkeypox because of the similarities between the 2 viruses, according to the Centers for Disease Control and Prevention (CDC). Past data from Africa suggests that a smallpox vaccine can be at least 85% effective in preventing monkeypox, the CDC says.

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## In Depth

### ***Monkeypox Q&A: How do you catch it and what are the risks? An expert explains***

The latest outbreak of monkeypox has reached 17 countries with 110 confirmed cases and a further 205 suspected cases as of this writing. It's a fast-moving story, so if you need to catch up on the latest, here are answers to some of the most pressing questions from [the Conversation](#).

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## Worth Repeating

"Taking baby aspirin daily at age 40 is very different than at age 70; and taking a drug for years or decades can also have consequences. In short, the environment changed, our knowledge evolved, and our behaviour needs to follow suit." —the *Globe and Mail*'s André Picard [examines the new recommendations](#) of the influential US Preventive Services Task Force on taking a daily low-dose aspirin

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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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