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Canadian  
Pharmacists  
Association

Association des  
pharmaciens  
du Canada

# The Weekly

Bringing the world of pharmacy together

**April 26, 2023**

**CPhA**

## ***National Immunization Awareness Week***

It's National Immunization Awareness Week (NIAW)—the annual event that highlights and recognizes the importance of immunization! This year's theme is catching up on routine vaccinations with the confidence that immunization keeps the public safe and protected against vaccine-preventable diseases. On the tail of the largest vaccination campaign in our history that saw pharmacy teams administer over 25 million COVID-19 vaccines, awareness and confidence in the safety and effectiveness of immunization has never been more important. Check out our [webpage](#) for a round-up of information and resources related to immunization, including our latest Pharmacy Check-in Q&As with 3 experienced immunizers—[Molly Yang](#), [Bob Mattice](#), and [Jaelee Guenther](#).

## ***IPPC Indigenous Pharmacy Scholarship: Deadline extended to June 15***

The deadline to apply for the Indigenous Pharmacy Professionals of Canada's Indigenous Pharmacy Scholarship has been extended to June 15. With both PharmD and technician scholarships available for the 2023/2024 academic year, this funding will help reduce financial barriers for Indigenous students

interested in pursuing a career in pharmacy. Thank you to our founding sponsors, Johnson & Johnson, Shoppers Drug Mart, Green Shield Canada and Sobeys National Pharmacy Group, for their generous support of the IPPC Indigenous Pharmacy Scholarship. [Apply now](#).

***Upcoming webinar on addressing health worker mental health: A toolkit, its application and leader-focused commentary***

To kick off Mental Health Week, the Canadian Health Workforce Network (CHWN) is hosting a webinar on May 1 from 12–1 pm ET on addressing health worker mental health. The webinar will feature pharmacist Katrina Mulherin, a member of [CPhA's Pharmacy Wellness Task Force](#), and explore how the task force is utilizing CHWN's health worker toolkit to identify and highlight selected interventions to develop a wellness toolkit of its own that specifically supports the pharmacy workforce. [Register here](#).

***CPhA: How the latest US abortion pill attacks may have ripple effects in Canada***

Canadian pharmacists have been keeping a close eye on the mifepristone case in the US, as restrictions to access the abortion pill could throw into question Canada's mifepristone supply, especially if more Americans cross the border to access abortion services. Joelle Walker, CPhA's vice-president of public and professional affairs, [told Global News](#) that a potential spike in demand for the drug with more Americans turning to Canada is a "huge concern." "A sharp demand for Canadian drugs would be a challenge for our supply here in Canada," she said. Prior to the US Supreme Court's ruling on April 21 to preserve access to the drug, Walker said pharmacist groups were planning "proactively" with provinces to make sure the supply in Canada is not "jeopardized." Each year, roughly 50 000 to 80 000 doses of Mifegymiso—the brand name that packages mifepristone and misoprostol—are used in Canada, according to Walker.

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## Provincial

***More than 21 000 Islanders access Pharmacy Plus PEI in first 6 months***

In the first 6 months of the Pharmacy Plus PEI program, more than 21 000 Islanders have visited their community pharmacists to access care for common ailments or renew eligible prescriptions, [according to a news release](#) from the province. Through the program, pharmacists can assess and prescribe, free of charge, for 32 common ailments, and renew eligible prescriptions. “This program is proving to be successful at helping to alleviate some pressure in our health care system in areas such as physician offices, walk-in clinics, and emergency departments,” said Health and Wellness Minister Mark McLane. Prescription renewals continue to be the most common reason for pharmacist assessments with over 18 000 renewals since the start of the program. There have also been 2500 assessments for urinary tract infections, while about 11% of other assessments were for allergic rhinitis, cold sores, cough, gastroesophageal reflux disease, nasal congestion and mild to moderate eczema. Feedback from a survey issued in early 2023 to the public, pharmacists and other stakeholders suggests 89% of patients were able to get the help they were looking for from a pharmacist, 89% believe it’s a positive way to access certain health-care services in their community, and 90% of patients received care on the same day they were seeking it.

### ***Alberta pharmacists can no longer prescribe or dispense many opioid drugs***

Pharmacists in Alberta with patients using some narcotic drugs to treat opioid-use disorder must now have them transferred to eligible, licensed Alberta Health Service clinics under new amendments to the *Mental Health Services Protection Regulation*, [Canadian Healthcare Network reports](#). The new rules, which came into effect on March 4, no longer allow pharmacists and other authorized, regulated health professionals to prescribe, administer, compound, dispense or sell designated narcotic drugs directly to patients if the prescription is for an opioid-use disorder. That means pharmacists have to work with patients and providers to transition care to Narcotic Transition Services programs if required, and they cannot renew prescriptions for designated narcotic drugs if the indication is for opioid-use disorder. The affected drugs include hydromorphone, diacetylmorphine, oxycodone, morphine and fentanyl. The Alberta College of Pharmacy said on its website that it “encourages pharmacists to review their patient roster and identify any patients who may be affected by the amendments” and “collaborate with prescribers to ensure [their] patients’ medication needs are met within the boundaries of this legislation.”

### ***Imported pediatric ibuprofen now available for pharmacies, hospitals to order in Alberta***

Four months after it was first announced, children's ibuprofen imported by the Alberta government has been made available for retail sale and hospital use, [the Calgary Sun reports](#). Alberta Health Services (AHS) stated that 500 000 bottles of orange-flavoured, liquid ibuprofen can now be ordered "as needed" for pharmacies and hospitals. The inventory is split evenly between hospitals and being made available for pharmacy sale. The product is sold under the brand name Pedifen, is made by Turkish-based company Atabay, and has a 3-year shelf life. It's intended for use by children up to 11 years of age who are experiencing pain or fever, and comes in child-resistant packaging. In a bulletin to pharmacists, Alberta Blue Cross notes that the product shares similar active ingredients and dosage to domestic children's pain medication, but also notes several differences. "The product, however, differs in the following ways: brand, flavour, container, inactive ingredients, dosing device and storage," the bulletin reads, also citing potential labelling and packaging differences.

### ***BC residents can now buy Ozempic in person and online, others can buy only in person***

The BC government announced new legislation on April 19 to ensure residents who need diabetes medication do not experience any shortage of the drug semaglutide, known widely as Ozempic, [Global News reports](#). In March, the government announced that PharmaNet data indicated that an unusually high percentage of the dispenses of Ozempic were being purchased by US patients from BC pharmacies. That will no longer be allowed. Through the new regulation, British Columbians, other Canadian citizens and permanent residents can buy Ozempic through BC pharmacies both in person and online, the government outlined on April 19. Others can purchase the drug only in person at a pharmacy. The regulation will help prevent online or mail-order sales of Ozempic to people who do not reside in Canada and who are not in BC to make the purchase. The College of Pharmacists of BC will be responsible for ensuring its registrants comply with the new regulation, the government said in a release. "British Columbians' access to a stable supply of therapeutic medications will ensure that patients are not at risk," Suzanne Solven, CEO and registrar of the college, said in a statement. "The college will work with the provincial government to ensure that all new regulatory

requirements are met and practice standards continue to be followed by every pharmacist in BC.”

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## National

### ***Confidence in routine childhood vaccinations declined during pandemic, UNICEF says***

Public perception of the importance of routine childhood vaccinations has declined by 8% in Canada since before the pandemic, according to a new report from UNICEF that found confidence in vaccination against diseases such as measles, polio and tetanus fell in 52 out of 55 countries surveyed. The proportion of Canadians who believe childhood immunizations are important decreased from 90% to 82% over the last 3 years, the report said. “That’s a significant drop,” Dr. Cora Constantinescu, a pediatric infectious diseases specialist who runs a vaccine hesitancy clinic at Alberta Children’s Hospital, [told the Canadian Press](#). Although the UNICEF report said the majority of Canadians still support childhood vaccinations, Constantinescu said 82% is not enough to achieve a “comfortable herd immunity level” against preventable childhood illnesses. Good protection against measles, for example, requires a vaccination rate of over 95%, she said. There have been recent cases of measles, whooping cough and meningococcal disease in various parts of Canada, she noted. The report estimates that 67 million children around the world “missed out entirely or partially on routine immunization between 2019 and 2021.”

### ***Health Canada approves new antibody drug to help prevent serious RSV in babies***

Health Canada has approved a new antibody drug to help protect babies from serious illness caused by respiratory syncytial virus (RSV), [the Canadian Press reports](#). Nirsevimab, also known by its brand name Beyfortus, was authorized on April 19. It was developed by AstraZeneca and Sanofi. Nirsevimab is “a monoclonal antibody to prevent serious lower respiratory tract disease caused by RSV infection in newborns and infants during their first RSV season,” Health Canada spokesperson Mark Johnson said in an email. The drug, which is given by injection, is also authorized for children up to 2 years of age if they are at risk of serious infection, he said. Canada already offers the monoclonal

antibody palivizumab—also known by the brand name Synagis—to premature babies because they are more vulnerable to serious illness from RSV. The National Advisory Committee on Immunization does not recommend palivizumab for healthy babies. But palivizumab has to be injected about once a month—up to 4 times—during RSV season to remain effective. Nirsevimab requires only 1 dose that lasts the entire RSV season.

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## International

### ***US: Supreme Court preserves access to abortion pill mifepristone—for now***

The US Supreme Court on April 21 preserved women's access to a drug used in the most common method of abortion, rejecting lower-court restrictions while a lawsuit continues, [the Associated Press reports](#). The justices granted emergency requests from the Biden administration and New York-based Danco Laboratories, maker of the drug mifepristone. They are appealing a lower-court ruling that would roll back Food and Drug Administration approval of mifepristone. The drug has been approved for use in the United States since 2000, and more than 5 million people have used it. Mifepristone is used in combination with a second drug, misoprostol, in more than half of all abortions in the US. The court's action on Friday almost certainly will leave access to mifepristone unchanged, at least into next year, as appeals play out, including a potential appeal to the high court.

### ***US: Pharmacies are still turning people away as the Adderall shortage continues***

Now 7 months into the nationwide shortage of Adderall, pharmacists say they are still unable to keep the attention deficit/hyperactivity disorder (ADHD) drug or its generic versions in stock, [NBC News reports](#). Some doses aren't expected to be available until mid-May at the earliest, a month later than earlier estimates, according to the Food and Drug Administration (FDA)'s drug shortage database. The FDA first confirmed a nationwide shortage of Adderall in October, after a surge in demand for the ADHD drug during the coronavirus pandemic. Michael Ganio, the senior director of pharmacy practice at the American Society of Health-System Pharmacists, which tracks drug shortages, said the organization first heard about the supply problems for Adderall about a

year ago. At the time, he said, manufacturers attributed the issue to a lack of workers, and since then, they have tried to ramp up production, to varying results. “It is very difficult to evaluate the increase in demand, which has been a challenge for manufacturers,” Ganio said, adding that some drugmakers have paused selling the drugs to new customers.

### ***UK: RPS says pharmacy can impact the delivery of genomics across health care***

The Royal Pharmaceutical Society (RPS) is [calling for](#) pharmacy professionals to be included as key stakeholders in the implementation, delivery and evaluation of a wide range of genomic services across health care. RPS recently published a [position statement](#), in collaboration with the British Oncology Pharmacy Association, the UK Clinical Pharmacy Association, Association of Pharmacy Technicians and the College of Mental Health Pharmacy, that looks at current and future roles for pharmacy professionals in genomic medicine. Pharmacists and pharmacy technicians in the UK have already established roles in the application of genomic medicine in some areas of practice, such as antimicrobial stewardship and infectious diseases, and the management of certain genetic conditions, such as cystic fibrosis, but RPS said this role can be expanded. “The mainstreaming of genomics into routine clinical practice will have a significant impact on all healthcare professional groups, including pharmacy,” said RPS president Claire Anderson. “Pharmacists and pharmacy technicians are well placed to fulfill a wide range of roles in genomic medicine and there are significant opportunities for new approaches to patient care.”

### ***Australia: AMA campaigning against pharmacists prescribing medication for minor ailments***

The “You Deserve More” campaign from the Australian Medical Association has an alarming message: allowing pharmacists to prescribe a wider range of medicines is a threat to patient safety and undermines the health system, [the Guardian reports](#). Queensland now allows pharmacists to prescribe medicines for uncomplicated urinary tract infections (UTIs) after a successful pilot. Other states including New South Wales and Victoria are developing their own pilots so pharmacists can administer medicines such as health and travel vaccinations and prescribe drugs for UTIs, skin ailments, ear infections and birth control. Patients are “part of an experiment” if they take part, the You Deserve More campaign warns. But the Pharmacy Guild of Australia



disagrees. “Currently it may be quicker for [someone] in metropolitan Melbourne to fly to Queensland to be treated for a non-complex urinary tract infection at a pharmacy than it is to book an appointment to see a local GP,” said Anthony Tassone, president of the guild’s Victoria branch. “Pharmacists are highly skilled and qualified medicines experts, who already assess, diagnose and treat common conditions every day.”

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## Worth Repeating

“Childhood vaccination rates today are down to levels not seen since 2008 due to disruptions caused by the pandemic. Today, 1 in 5 children has no protection at all against measles, a childhood killer. Around 7 in 8 eligible girls are not vaccinated against human papillomavirus, which can cause cervical cancer . . . Now is the time to build back immunity and protect the health of every child.”  
—David Morley, the CEO of UNICEF Canada, highlights sobering statistics on world childhood immunization rates [in a message](#) for World Immunization Week

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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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