



Canadian  
Pharmacists  
Association

Association des  
pharmaciens  
du Canada

# The Weekly

Bringing the world of pharmacy together

**October 26, 2022**

## **CPhA**

### ***Q&A: What you need to know about the short supply of kids' pain medications***

CPhA has put together a brief Q&A resource to help keep pharmacy professionals updated on the supply challenges affecting pediatric acetaminophen and ibuprofen products. The Q&A, which is available in [English](#) and [French](#), provides an overview of the situation, what the federal government is doing, how CPhA is supporting pharmacists, and links to resources and information for those on the front line.

### ***Update on hypoallergenic baby formula supply***

For several months, Canada has experienced a shortage of formulas for infants with food allergies and certain medical conditions. Although the situation is not completely back to normal, the shortage has largely subsided with a limited but stable supply. Both [CPhA](#) and [Health Canada](#) have updated their websites to reflect the current situation. Starting in late October, certain extensively hydrolyzed products may begin returning to store shelves. The products that were imported from other countries during the shortage and that do not have a bilingual label will continue to be available for order at the

pharmacy counter while supplies last. The [list of products](#) currently available for ordering has been updated. Health Canada anticipates the supply of all types of infant formula will remain limited until the Abbott manufacturing plant in Michigan returns to full production capacity, which is expected to occur in 2023.

### ***Soaring demand and people stocking up mean cold medication shortages continue: CPhA***

While supply chain issues have been blamed for months as the reason behind the kids' pain medication shortages, CPhA's chief pharmacist officer says the current problem has as much to do with increased demand, with more people now catching cold viruses and with flu season ramping up. "These are not widespread manufacturing shortages of medications. Products are arriving in pharmacies, but it's the soaring demand and the needs from patients that are causing the empty shelves," Dr. Danielle Paes [told CTV News](#). "I think the perception when you don't see a product is that you need to stock up, and I think that's contributing to it as well." This is the first cold/flu season people are experiencing since the pandemic without masking and physical distancing restrictions. Experts say the increase is because people are catching viruses since their immune systems have not been exposed for 2 years.

---

## **Provincial**

### ***UTIs, shingles, Lyme disease: Nova Scotia pharmacists more involved in drug therapy management, disease prevention***

Graham MacKenzie has seen a massive change in what he can do as a pharmacist over the past few years. Traditionally, pharmacists would evaluate a prescription made by a doctor, check to ensure it wouldn't interact negatively with any other medication they were on and fill the order. Now, pharmacists in Nova Scotia are able to prescribe some medications for some uncomplicated diseases and administer a number of vaccinations, some of which also need a prescription written, [SaltWire explains](#). These changes are helping patients get primary care quicker than having to see a doctor first while relieving some strain on emergency departments and the health-care system. "I've been working for 30 years and it's really changed the profession immensely," said MacKenzie, who is based in Baddeck. Beverley Zwicker, CEO and registrar of

the Nova Scotia College of Pharmacists, said pharmacists already had the skills to do these things. Now, the regulation allows them to. “The system is just integrating [pharmacists] into the health care delivery model, the primary health care model,” she explained. “It is the system making changes to position pharmacists in the primary care delivery model so that they are able to bring the full extent of their knowledge and skills in meeting the needs of Nova Scotians.”

### ***Vaccine fatigue a concern for PEI Pharmacists Association***

With Islanders being urged to both get a flu shot and keep their COVID-19 vaccines up to date, the PEI Pharmacists Association is hoping people will still be ready to turn up to keep both diseases at bay. “A lot of people are kind of getting vaccine fatigue. I hope that doesn’t result in people avoiding getting their flu shot,” Erin MacKenzie, the association’s executive director, [told CBC](#). “Not getting the vaccine, you are missing out on an important tool to try to prevent influenza.” Vaccines and public health measures last fall and winter virtually eliminated the flu season, she said. With public health measures such as masking and social distancing not so much in place this year, vaccines are that much more important. Early indications are this flu season could be a bad one. Both vaccines, for COVID-19 and the flu, are required for full protection because they work against different viruses, MacKenzie added.

---

## **National**

### ***NAPRA pilot program helps international pharmacy graduates get licensed faster***

The National Association of Pharmacy Regulatory Authorities (NAPRA) is highlighting its new program to help international pharmacy graduates become pharmacists in Canada, [Canadian Healthcare Network reports](#) (subscriber access only). The [Pilot Program to Prepare for Practical Training](#) (P4T) launched earlier this year to address barriers that international pharmacy graduates (IPGs) face when becoming licenced in Canada. The program is directed toward IPGs who have completed the Pharmacy Examining Board of Canada’s evaluation examination and meet NAPRA’s language proficiency requirements. The P4T covers knowledge of the Canadian health-care system, cultural diversity and awareness, and professional communication. It begins

with a diagnostic tool, which assesses the user and helps pinpoint gaps in knowledge. IPGs are then given feedback on their skills, and then the ability to access learning modules around those 3 areas. More than 330 IPGs have already used the P4T, and most reported that they found it helped increase their understanding of Canadian pharmacy and helped them feel better prepared to meet the requirements for licensure.

### ***Manulife and SDM collaborate to help manage serious medical conditions***

Manulife has enhanced its industry-leading Specialty Drug Care program with the addition of a new collaboration with Shoppers Drug Mart (SDM), Canada's leading pharmacy retailer. Aimed at helping Canadians better manage their health, the program facilitates convenient access to higher-cost specialty medications for Manulife Group Benefits customers and provides extra care and support for patients managing complex medical conditions like cancer, cystic fibrosis and multiple sclerosis. "It strengthens a program that already consistently receives customer satisfaction scores of 96 to 97% and integrating [SDM] with our existing network will have direct benefits for customers through an expanded list of medications, and even more expert advice and guidance," Kim MacFarlane, Manulife's vice-president of group benefits, products and digital experiences, [said in a news release](#). The program also offers financial savings to plan sponsors and members and provides convenient dispensing and delivery options.

### ***IMC warns PMPRB's draft guidelines could reduce availability of new medicines***

Innovative Medicines Canada (IMC) is [concerned](#) the revised draft guidelines from the Patented Medicine Prices Review Board (PMPRB) have too much ambiguity and could reduce the availability of new medicines in Canada. IMC, which represents the pharmaceutical industry, noted that 18% of new medicines launched globally are available to Canadians on public plans and said its first impressions of the new rules are that they will "exacerbate an already unpredictable regulatory environment." IMC also pointed to a recent study from the Conference Board of Canada that found if patients had access to new medicines in the last decade, Canadian cancer patients could have lived up to an additional 226 445 years—a \$5.9 billion in potential economic value.

## ***Canada's top medical journal acknowledges its role in perpetuating anti-Black racism***

Canada's premier medical journal says it's eager to address the role it plays in perpetuating anti-Black racism in health care and spark the broader change needed to dismantle structural barriers to equitable care, [the Toronto Star reports](#) (subscriber access only). The *Canadian Medical Association Journal* said a special edition released on October 24 is the first of 2 spotlighting papers by Black authors, examining system-wide failures and urging change. Editor-in-chief Kirsten Patrick said the peer-reviewed publication is also working on ways to ensure future issues better represent the work of Black experts and the needs of Black patients, many of whom routinely face overt and subconscious biases that compromise their care. The 2 special editions follow years of advocacy by a group known as the Black Health Education Collaborative, co-led by Dr. OmiSoore Dryden, an associate professor in the Faculty of Medicine at Dalhousie University who specializes in medical anti-Black racism, and Dr. Onye Nnorom, a family doctor and public health specialist with the University of Toronto. The second edition, set for release on October 31, explores gaslighting in academic medicine and Afrocentric approaches to promoting Black health.

---

## **International**

### ***US: CVS Health supports future of pharmacy through minority scholarship program***

A new scholarship from CVS Health, in partnership with the American Association of Colleges of Pharmacy (AACP), will support 5 outstanding underrepresented minority students who are entering or enrolled in a Doctor of Pharmacy program each year, [Drug Store News reports](#). The CVS Health Minority Scholarship for Pharmacy Students represents a commitment to an inclusive community and promoting diversity of thought, background, perspective and experience to advance pharmacy education and improve patient health, [according to a news release](#). The scholarships are intended to promote and support a diverse population of student pharmacists who will care for an increasingly diverse population of patients as part of a health-care team. "As the leading health solutions company, we are proud to serve millions of people from diverse backgrounds and cultures across the country," said Prem

Shah, executive vice president and chief pharmacy officer at CVS Health and co-president at CVS Pharmacy. “Through our work with the AACP, we are proud to support pharmacy students from diverse communities, advancing the profession now and in the future.”

### ***US: Push on to make contraceptives available without a prescription***

Reproductive health advocates and democratic lawmakers are intensifying calls for the Food and Drug Administration to make contraceptives available without a prescription ahead of a closely watched advisory panel meeting next month, [Axios reports](#). Health experts say making HRA Pharma’s Opill pill available without a prescription will prevent more unwanted pregnancies and the need for abortions. But that hinges on whether insurers will cover it and whether the drugmaker, which is part of consumer products giant Perrigo, makes it affordable to those paying out of pocket.

### ***UK: Pharmacists in England will help run minor ailments services from next year***

Starting next year, community pharmacists will be able to run services covering a number of medical conditions normally handled by general practitioners, as part of a nationwide pilot scheme funded by the National Health Service England, [BMJ reports](#). The pilot scheme will allow prescribing pharmacists to treat a wider range of conditions including hypertension, high cholesterol, contraception and minor illnesses. Currently, pharmacists in England can prescribe within their clinical competency if they have completed a prescribing qualification. Of approximately 27 000 community pharmacists, an estimated 1000 have this qualification. However, there is currently no funded England-wide scheme that allows community pharmacists to cover these ailments. Gareth Jones, director of corporate affairs at the National Pharmacy Association, told the *Pharmaceutical Journal* that the scheme should become “commonplace in community pharmacies,” as it would lead to a “more convenient medicines service for long term conditions, acute care and the prevention of ill health” while also freeing up general practitioner capacity. From 2026, all newly qualified pharmacists will be able to prescribe independently at the point of registration.

### ***Australia: PSA calls for urgent restoration of continued dispensing arrangements to help flood victims***

The Pharmaceutical Society of Australia (PSA) is again [calling for](#) the federal government to reinstate full Pharmaceutical Benefits Scheme (PBS) continued dispensing arrangements amid widespread flooding in New South Wales, Victoria and Tasmania. Continued dispensing arrangements came into effect in late 2019 allowing people separated from their medicines and prescriptions to access a one-time month's supply of their medicines without a prescription. Despite being in force for over 2 years without any known safety incidents, the federal government reduced the number of eligible medicines from over 900 to only 168 in June 2022. "Full continued dispensing is necessary to ensure medicines remain affordable in an emergency. Without PBS subsidy, either the patient or pharmacist has to wear the full cost of the medicine at a time where the individual costs of the disaster are starting to roll in," said Dr. Fei Sim, PSA's national president. "The last thing these pharmacists and patients need is unnecessary bureaucratic red tape getting in the way of emergency patient care."

---

## In Depth

### ***Canada must act to prevent growth of drug-resistant infections***

There's an opportunity now for Canada to prevent the widespread growth of antimicrobial resistance (AMR). By moving ahead with an action plan as a follow-up to the AMR framework initially developed 5 years ago by the Public Health Agency of Canada, the Canadian government could get ahead of what many world leaders have dubbed a "silent pandemic," [Policy Options explains](#).

---

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.