



Canadian  
Pharmacists  
Association

Association des  
pharmaciens  
du Canada

# The Weekly

Bringing the world of pharmacy together

## March 29, 2023

### CPhA

#### ***Government tables 2023 federal budget with few new health commitments***

The federal government unveiled its [2023 budget](#) on March 28 with \$198.3 billion over the next 10 years being invested into the health-care system. Aside from an increase and expansion to dental care, the budget's investments in health are largely a reiteration of previously announced health-care investments, the bulk of which come from the new bilateral agreements with provinces and the increase to the Canada Health Transfer. CPhA expressed its disappointment that, despite a previous promise to include pharmacists in an expansion of the rural and remote student loan forgiveness program, Budget 2023 did not expand the eligible professions under the program. In addition, CPhA applauded an investment to renew the Sexual and Reproductive Health Fund, something we have been advocating for to be made permanent. While the budget made no mention of pharmacare, the NDP indicated it will support the budget, noting its disappointment to see no mention or movement on pharmacare.

#### ***Nitroglycerin spray shortage: Decision aid tool for pharmacy professionals***

A Tier 3 shortage of nitroglycerin spray has been declared in Canada due to raw material supply issues for the predominant manufacturer (Mylan) and subsequent increases in demand for other marketed products (Sandoz and Sanofi). As the availability of nitroglycerin spray is expected to be extremely limited for the next few months, CPhA is recommending that pharmacists across Canada limit the dispensing of these products as much as possible to conserve supply throughout the shortage, as well as protect against possible stockpiling. To help pharmacists manage the shortage at the pharmacy level, CPhA has supported the Canadian Cardiovascular Society and the Canadian Cardiovascular Pharmacists Network in the development of a [decision aid resource](#) that offers practical tips for pharmacy professionals. The resource will be available in French shortly. We have also published a [web page](#) about the shortage and a [Q&A resource](#) for pharmacy professionals that we will continue to update as the shortage situation evolves.

### ***PAM 2023: That's a wrap!***

We're now in the final 3 days of [Pharmacy Appreciation Month](#) (PAM) in Canada—the annual national campaign that shines a spotlight on all things pharmacy and celebrates the growing role pharmacy professionals play in our health-care system. Here's an overview of how we've celebrated:

- **The Power of Pharmacy Videos** – Throughout the month, we've been celebrating our pharmacy teams and highlighting that the power of pharmacy is you—the amazing individuals who have been there for their communities time and time again. We asked members of the pharmacy community what the power of pharmacy means to them and shared the [videos](#) on social media.
- **PAM Photo Campaign** – We asked pharmacy teams across the country to send us photos of their team in action. As we shined a light on Canada's amazing pharmacy professionals and pharmacy teams throughout PAM, these teams received special shout outs [on social media](#). Thank you to everyone who sent us a photo!
- **#MyFavePharm Patient Contest** – We asked patients to tell us why they love their pharmacy team by nominating them for a chance to win a tablet for themselves and their favourite pharmacy team member. Stay tuned on social media for the announcement of the winner!

There's still time to get involved! For more information, check out our [communications toolkit](#) and join the conversation on social media using the hashtag #PAM2023.

### ***CPJ: Can pharmacies offer frontline support to victims of intimate partner violence?***

An article in the March/April issue of the *Canadian Pharmacists Journal* (CPJ) asks whether pharmacists can be valuable allies for victims of intimate partner violence (IPV), helping identify victims, assess the danger they're in, and assist them find the right resources, [Medical Xpress reports](#). Simon Matoori, a professor in the Faculty of Pharmacy of Université de Montréal, is trying to popularize this little-known approach among both victims and professionals and give pharmacy staff the tools they need to recognize IPV victims, initiate caring conversations and offer resources they can use. Inspired by their belief that patients and pharmacists develop close and trusting relationships, Matoori and his team developed the guidelines to help pharmacists take action in various ways. The guide, published in *CPJ*, focuses on the kinds of injuries typically associated with IPV, such as forearm fractures that are much more likely to result from a blow to an arm raised in self-defence than a fall, and stresses the importance of having information on local resources and compassionately speaking with victims. "This information should be included in pharmacists' training in Quebec," claims Matoori. "These are professionals who are trained to initiate hard conversations with patients who may, for example, be feeling suicidal or depressive. Why can't they also be trained to support IPV victims?"

---

## **Pharmacy on the front lines**

### ***How medication management can help you fast safely this Ramadan***

As Ramadan begins, health experts say practising Muslims who go on a month of spiritual fasting may need to adjust their medications. Ramadan, which falls on the ninth month of the Islamic calendar, is a holy time for Muslims around the world. From sundown on March 22 until sunrise on April 20, observers deepen their relationship with God through prayer, reflection and charity. They also abstain from food, drink, sex, smoking and oral medications between sunrise and sundown. There can be internal and external pressure to

participate in all aspects of Ramadan—even if exceptions can be made for health reasons, Wasem Alsabbagh, a pharmacist in Kitchener, Ontario, [told CBC](#). “Fasting is very dear to Muslims,” said Alsabbagh. “My mother is 70 years old, she has diabetes and still she insists on fasting.” The pharmacist said he and his mom sit down and go over how to fast safely, which is particularly important for diabetics. “If you’re not eating much, your medications might cause you low blood sugar, so the timing of dosing has to be changed. Sometimes the dose has to be changed as well,” said Alsabbagh. “And when she feels the symptoms of low blood sugar, I make sure to tell her, ‘It’s probably time to break your fast—it is not safe for you.’”

### ***Black pharmacy students at U of A dispelling myths about darker skin through pop-up clinic***

The Black Pharmacy Students’ Association at the University of Alberta (U of A) is shedding light on how dermatological conditions display on skin of colour at a pop-up clinic. Students in the group [told CBC](#) that university textbooks focus on diagnosing white skin, and there isn’t enough information available on how conditions present on darker skin. “Our learning and curriculum was lacking a lot in Black health,” said Aisha Ibrahim, co-president of the Black Pharmacy Students’ Association. “We saw a deficit in that, and we wanted to rectify that and get more information out into the public.” The group organized a pop-up clinic on March 25 at the Castledowns YMCA in Edmonton to help people of colour identify and manage common skin conditions. Students, pharmacists and dermatologists shared information through booths and presentations on topics like treating acne and identifying eczema. Ibrahim also shared information about protecting darker skin from the sun and what type of sunscreen offers the best coverage for people of colour. She said many people of colour believe cancer rarely presents in Black skin because of melanin pigmentation. “Growing up, I never worried about sunscreen because we believed in that,” she said. Skin cancer is often diagnosed later in people of colour when it’s harder to treat, according to the Skin Cancer Foundation. The pop-up clinic is the first event of its kind in Edmonton, but the Black Pharmacy Students’ Association plans to host additional sessions.

***Ontario budget to allow pharmacists to treat more minor ailments, including acne and canker sores***

Ontarians will be able to get prescriptions from pharmacists for an expanded set of minor conditions this fall, the province announced on March 23 as part of the 2023 budget, [according to the \*Toronto Star\*](#). The expansion will see pharmacists able to prescribe for mild to moderate acne, canker sores, diaper rash, yeast infections, pinworms and threadworms, and nausea and vomiting in pregnancy in an attempt to further lift the load on overtaxed family doctors. This follows an earlier expansion in January allowing pharmacists to prescribe for a range of mild conditions, including urinary tract infections and pink eye. Jen Belcher, vice-president of strategic initiatives and member relations at the Ontario Pharmacists Association, said the news to expand the list of ailments by another 6 “will be welcome news for patients.” Belcher said she hopes to see this list of minor ailments expanded further “to align with scope of practice in other provinces across the country in the coming years.” Since the original expansion in January, there have been over 86 000 patient assessments conducted by pharmacists.

***BC to secure access of Ozempic after ‘unusually high percentage’ purchased by US patients***

The BC government is taking steps to ensure diabetes patients in the province continue to have access to the drug semaglutide, sold under the brand name Ozempic, [Global News reports](#). The drug has surged in popularity due to one of the major side effects—weight loss. To date, BC has not experienced any shortages of the drug, but the government said March 28 that PharmaNet data indicates that an unusually high percentage of the dispenses of Ozempic are being purchased by US patients from BC pharmacies. The government said in January and February, 15%, or 15 798, of Ozempic dispenses in BC were sold to US residents. “The purpose of procuring the drug Ozempic for British Columbia is not to turn around and export it to Americans. It is to make sure patients in British Columbia and Canada requiring the drug to treat their Type 2 diabetes can continue to access it,” Adrian Dix, Minister of Health said in a statement. “For this reason, we are taking action to ensure Type 2 diabetes patients maintain access to Ozempic.” In situations where there are potential supply issues of Ozempic, the government said it will put restrictions on sales or dispensing to non-Canadian residents. Currently, pharmacies in BC can fill

prescriptions for patients written by US doctors if they are co-signed by a Canadian practitioner, according to the province.

### ***Quebec to offer free COVID-19 rapid tests until 2024, but not to everyone***

With days left until the end of the free distribution of COVID-19 rapid tests, Quebec has announced it is extending the program for a year. But tests offered in pharmacies will be reserved for high-risk groups, [the Canadian Press reports](#). The health ministry announced on March 27 that the program, which was scheduled to end March 31, has been extended to March 31, 2024, in 1900 pharmacies in Quebec. Starting May 15, COVID-19 rapid tests will continue to be free only for those at “high risk of complications” from COVID-19 and those who benefit from free drugs through the public insurance plan. These groups include people who are immunosuppressed, aged 60 and older, people who are pregnant, adults with a chronic illness, people on welfare, children, and full-time students under the age of 25. The health department said the restrictions are justified by the “favourable evolution of the situation over recent months.” Distribution of rapid tests will continue in schools and daycares, and the general public can continue to get rapid tests in vaccination centres and COVID-19 testing centres.

### ***NS pharmacists have given the most COVID-19 vaccines, says CFP***

Nova Scotia pharmacists have administered the largest number of COVID-19 vaccines compared to pharmacists in other provinces, according to [new numbers from the Canadian Foundation for Pharmacy](#) (CFP). From March 2021—when vaccines were first available in most provinces—to March 2022, the average Canadian pharmacy administered 2000 COVID-19 vaccines, [Canadian Healthcare Network reports](#). Nova Scotia’s numbers were far above average, with their pharmacies administering an average of 4700 vaccines in that 1-year period. New Brunswick was also on the higher side at an average of 3700 shots per pharmacy, followed by Alberta pharmacies at 3000, and Ontario at 2400. Newfoundland and Labrador had the lowest numbers, with 900 shots per pharmacy. During that period, Nova Scotia pharmacists administered more than 1.3 million COVID-19 vaccines overall. CFP said its success came from several factors, including that pharmacies were considered primary vaccination sites, not mass immunization clinics, and that Nova Scotia was also the only province to have a centralized booking system for vaccination sites. About 80% of all Canadian pharmacies gave COVID-19

shots, the CFP data also suggests. In Nova Scotia, that number was higher, with 9 out of 10 pharmacies administering COVID-19 vaccines at some point.

---

## National

### ***SDM moves away from medical cannabis, will send patients to Avicanna***

Shoppers Drug Mart (SDM) is moving away from its medical cannabis distribution business and preparing to transfer patients to a platform run by biopharmaceutical company Avicanna Inc., [the Canadian Press reports](#). The pharmacy chain owned by Loblaw Companies Ltd. announced the shift on March 28, but did not say what prompted the change or how much money Toronto-based Avicanna is paying for SDM to refer patients to its MyMedi.ca platform. “We are grateful for the trust placed in us by our medical cannabis patients over the past few years, and are confident we’ve found the right partner in Avicanna to continue to support them,” Jeff Leger, the president of SDM, said in a statement. SDM will start to send customers to Avicanna’s platform in early May, with all of the patients set to be off-loaded from SDM’s medical cannabis service by the end of July. Customers will be able to place orders on SDM’s website through the transition period. Avicanna said it will offer a similar range of products including various formats, brands and “competitive pricing.”

### ***SDM eliminates ‘pink tax’ on menstrual pain medication following CBC investigation***

Shoppers Drug Mart (SDM) is taking action following [an investigation by CBC’s Marketplace](#) that found painkillers labelled as a treatment for menstrual cramps cost more than near-identical painkillers marketed for headaches and other pain. The drugstore’s parent company, Loblaw Companies Ltd., told Marketplace over email on March 15 that it “recognizes the importance of equity and access and will align the price of these products within a week.” As of March 24, more than a week after that email was sent, prices online were aligned but inconsistent across stores in the Greater Toronto Area (GTA). Marketplace found the 2 examples of the so-called pink tax after comparing products found in the painkiller aisle to those found in the feminine product section of various SDM locations across the GTA and online. Bayer’s Maxidol, located in the feminine hygiene aisle, is marketed as “fast relief from menstrual

cramps, headaches, backache” and other pains. The product contains 220 milligrams of naproxen sodium, a non-steroid pain reliever. Bayer also makes Aleve, a drug that also contains 220 milligrams of naproxen sodium, but is located in the pain relief aisle of the stores. Aleve and Maxidol have near-identical inactive ingredients, both come in liquid gel capsules and both boxes contain the same number of caplets. Aleve was regularly priced at just \$13.99, and was purchased on sale for \$11.49. Maxidol, however, rang in at \$16.99. Marketplace also found 2 different versions of Life Brand generic naproxen sodium tablets, one labelled “naproxen menstrual pain relief” and the other simply “naproxen”—the one labelled “menstrual pain relief” on the front costing 50 cents more than the box without.

### ***Feds to spend \$1.5B over 3 years to improve access to drugs for rare diseases***

The federal government has announced it will spend up to \$1.5 billion over the next 3 years to improve access to drugs used to treat rare diseases, [the Canadian Press reports](#). Up to \$1.4 billion of that money will be used to help provinces and territories expand coverage of new and existing drugs that treat rare diseases, according to Health Minister Jean-Yves Duclos. The federal government says it wants to create a list of new and emerging drugs for rare diseases that would be covered in a similar way by all provincial and territorial health insurance plans. Another \$52 million will be used to gather evidence on the safety and effectiveness of these drugs, as well as for research on diagnostic tools and creating a clinical trials network. And \$33 million will go to Indigenous Services Canada to support eligible First Nations and Inuit patients with rare diseases. The government says 1 in 12 Canadians has a rare disease, and that innovative treatments for those diseases can cost between \$100,000 and \$2 million per year.

### ***StatCan finds 98% of Canadians have COVID-19 antibodies***

Nearly all Canadian adults have acquired antibodies against COVID-19, whether through previous infection or through vaccination, Statistics Canada has found, [CityNews reports](#). Releasing results from the second round of its [Canadian COVID-19 Antibody and Health Survey](#) (CCASH), StatCan said between April and August 2022, more than 54%, or 16.4 million people, had antibodies indicating that they had been infected with SARS-CoV-2. StatCan said this is more than 20 times higher than the 2.6% of people it found in 2021

who had been infected with the virus. About 40% of those who had been infected with the virus didn't know they had ever had COVID-19, the national data organization found. When adding data related to vaccinations, StatCan said 98% of Canadians have antibodies against the virus. "These data also reaffirm findings that racialized Canadians have had a greater incidence of COVID-19 than non-racialized Canadians, pointing to systemic issues that must be addressed now," said Catherine Hankins, co-chair of the COVID-19 Immunity Task Force.

---

## International

### ***FIP announces its 2023 World Pharmacists Day campaign theme***

The International Pharmaceutical Federation (FIP) has announced that the theme of World Pharmacists Day on September 25 will be "Pharmacists strengthening health systems." At a time when health systems around the world are recovering from the COVID-19 crisis, and with the general consensus that urgent action is needed if health services are to meet future needs, FIP's 2023 World Pharmacists Day campaign presents opportunities to increase awareness of pharmacists as an intelligent solution, FIP said [in a news release](#). "Beyond doubt, pharmacy is essential to a strong healthcare system and COVID-19 has proven this. But there is a wide range of further needs that pharmacy can provide for to make health systems stronger. Our message is: Let pharmacies do more," said Dominique Jordan, president of FIP. "I encourage colleagues across the globe to prepare to join me in this year's campaign to celebrate our profession's achievements in supporting our societies, but also to make its value and further potential in improving health more known."

### ***US: First over-the-counter opioid overdose treatment gets FDA approval***

On March 29, the US Food and Drug Administration (FDA) approved an over-the-counter version of the opioid overdose reversal drug naloxone, in a move that's expected to increase access to the lifesaving medication, [NBC News reports](#). Up until now, naloxone—sold by drugmaker Emergent BioSolutions under the brand name Narcan—has been available in the US only as a prescription drug, though many states have created workarounds that allow

people to get it directly from pharmacists. It can also often be found at community centres, local health departments and needle exchange programs. The over-the-counter Narcan, which will be sold as a single dose given as a nasal spray, most likely won't be available until late summer, according to the company. FDA officials have said that once approved, it could be sold in places such as convenience stores, grocery stores and even vending machines. "Today's approval of OTC naloxone nasal spray will help improve access to naloxone, increase the number of locations where it's available and help reduce opioid overdose deaths throughout the country," FDA Commissioner Dr. Robert Califf said in a statement. The approval comes a little over a month after an advisory committee to the FDA unanimously recommended that the agency allow Emergent's drug to be sold over the counter.

---

## In Depth

### ***More research needed into discrimination against Muslim women in Canadian health-care settings: report***

A new report investigating discrimination towards Muslim women in health-care settings has revealed a lack of Canadian data on the topic. The Muslim Advisory Council of Canada, along with researchers at McMaster University, released a study on March 27 that looked at Islamophobia in health-care settings to try to paint a picture of where the health-care system is failing Muslim women as patients and as health-care professionals. While the limited data that does exist shows clear areas where discrimination needs to be combatted, the main takeaway of the report is how scarce the data is. [CTV News explains](#) the findings.

### ***Allergy season will be short but 'bad' in Canada this year, experts predict***

A colder start to spring in Canada means a potentially tamer introduction to allergy season, but experts warn that as soon as the weather starts to warm, it may bring an explosion of pollen into the air. Allergy season usually follows the trend of tree pollen in the spring, grass in the summer and ragweed in the fall. However, a late spring means tree pollen and grass may hit allergy sufferers at once. [Global News explains](#).

---

## Worth Repeating

“Right now, in the COVID-19 space, really the big challenge with prescribing is the fact that there are some drug interactions that we still need doctors to help us manage . . . So allowing pharmacists to do something called therapeutic substitution would help alleviate that because that would allow pharmacists to really manage that assessment and prescribing of COVID-19 treatments completely independently.” —Jen Belcher, vice-president of strategic initiatives and member relations at the Ontario Pharmacists Association, [on the larger role pharmacists can and should play](#) in the health-care system, noting that pharmacists have specialized medication management skills

---

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.

Canadian Pharmacists Association  
851 Industrial Avenue, Mailbox M035  
Ottawa, ON K1G 4L3  
[Contact Us](#)