Stronger Together

CPhA Organizational Members

CPhA Organizational Affiliates
Welcome back to the Stakeholder Update. The opioid crisis and medical cannabis consumed much of our advocacy team’s efforts throughout Q3. Our focus has been on both advising the federal government of the important role that pharmacists can and should play in these areas, but also on providing front-line pharmacists with the tools, information and practice resources they need to help their patients. This quarter we also highlighted the need for expanded naloxone access ahead of the premiers’ summer meeting in Edmonton, submitted our recommendations for the 2018 federal budget, hosted several pharmacy practice webinars and launched a new series of CE modules in French. CPhA remains committed to ensuring that pharmacy’s voice is at the table as governments and the health care system grapple with these huge issues, and that pharmacists are prepared to contribute to the best of their abilities.

We are very pleased to launch a new feature in this issue of the Stakeholder Update — Partner Spotlight. Though our Organizational Affiliate program is only two years old, more than 30 pharmacy and pharmacy-related organizations have already added their voices to ours in support of a strong, united voice for the profession. We’ll be featuring our affiliates in each issue of the Stakeholder Update. For Q3, get to know Amgen and Pfizer Canada a little bit better!

You’ll find additional details and more in this issue of the Stakeholder Update. As always, we welcome your feedback at members@pharmacists.ca or, complete our feedback survey at www.surveymonkey.com/r/StakeholderUpdate. We hope you have a safe and happy holiday season and We’ll look forward to reconnecting with you in 2018.
Issues and Developments

CPhA highlights need for expanded naloxone access ahead of Council of the Federation Summer Meeting

Canada’s premiers held their summer meeting in Edmonton on July 18-19, where they discussed a range of health care issues, including cannabis legalization, the opioid crisis, pharmaceutical drug coverage and health procurement. CPhA called upon premiers to put the opioid crisis front and centre on their agenda, particularly highlighting the need for expanded access to naloxone across Canada. Coinciding with the premiers’ meeting, CPhA released an environmental scan of naloxone access to help identify gaps and barriers to naloxone access across Canada. CPhA was also on the ground in Edmonton during the meeting and hosted a joint reception with the Canadian Medical Association, the Mental Health Commission of Canada and the Canadian Patient Safety Institute.

CPhA Chair Alistair Bursey and NL Premier Dwight Ball at the Council of the Federation summer meeting.
CPhA submits recommendations for Budget 2018

In early August CPhA submitted its recommendations for the 2018 federal budget to the Standing Committee on Finance. The pre-budget consultation brief, *Prescriptions for a healthy and productive Canada*, highlighted the important role of pharmacists and pharmacy services and included four recommendations: federal investment to equalize naloxone access across the country, federal funding to harmonize catastrophic drug coverage in Canada, investment in health science and practice-based research and equitable access to health services for Indigenous drug plan beneficiaries.
CPhA submits brief to Health Committee on cannabis legalization

In mid-August CPhA submitted a brief to the Standing Committee on Health (HESA) expressing its views on Bill C-45: An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts. While Bill C-45 is primarily focused on legalizing cannabis for recreational purposes, CPhA’s submission stressed that the government must not overlook how the proposed legislation could impact patients who rely on the medical cannabis system in Canada. The submission underscored our existing position that two different streams of cannabis — medical and recreational — must be maintained once cannabis is legalized in 2018. CPhA also expressed its concerns about how the legislation would impact the current medical cannabis regime and how regulations should provide greater support for patients who use cannabis for medical purposes, notably, through pharmacist dispensing and managing of medical cannabis.

CPhA highlights vital role of pharmacists in fight against AMR

In September the federal government released Tackling Antimicrobial Resistance and Antimicrobial Use: A Pan-Canadian Framework for Action. The framework, developed jointly with provinces, territories and other partners in the human and animal health sectors to guide collective action in tackling AMR in Canada, identifies opportunities for action and desired outcomes under four pillars: surveillance, stewardship, infection prevention and control, and research and innovation. CPhA is committed to highlighting the vital role of pharmacists in this fight against AMR.
role pharmacists play in antimicrobial stewardship and provided significant input through roundtable discussions and by participating on an AMR task group led by PHAC. Learn more about AMR and CPhA’s efforts at pharmacists.ca/AMR.

**CPhA highlights concerns over proposed tax changes**

Throughout Q3, CPhA worked to highlight concerns over the federal government’s proposed tax changes for small businesses. Activities included the creation of a webpage to provide information about the proposed changes and to help support pharmacists who wished to contact their MPs about the issue. CPhA also joined a coalition effort led by the Canadian Federation of Independent Business to amplify the common message that these measures will hurt many small businesses across the country.

CPhA submitted a response to the Department of Finance’s consultation, “Tax Planning Using Private Corporations.” The formal submission was developed with tax and legal experts at MNP to outline several specific concerns with the proposals and highlight the far-reaching affects they could have, especially on small, independently owned pharmacies in Canada.
Issues and Developments

Health Canada moves to ban non-prescription codeine sales

In September Health Canada indicated that it is moving to ban non-prescription sales of codeine, including pain medication and cough syrups. The regulatory notice states that approximately 600 million low-dose codeine tablets were sold across Canada in 2015, and more than 500 people entered addiction treatment centres in Ontario alone between 2007 and 2015 with non-prescription codeine as their only problem substance. The proposed change reflects CPhA’s position on codeine, as indicated in a letter sent to former Health Minister Jane Philpott in November 2016, calling on the government to make all codeine products available by prescription only.

Choosing Wisely Canada pharmacy recommendations

CPhA is in the process of finalizing its Choosing Wisely Canada list of pharmacy recommendations and preparing for a November release. CPhA’s Choosing Wisely list, which includes 5-6 recommendations, was developed over the past year in two stages—a call for recommendations to the pharmacy community, followed by the formation of an expert committee to review the submissions with the aim of identifying the final list of evidence-supported recommendations. Once the list is published, CPhA will join more than 40 Canadian medical professional societies who have published more than 180 recommendations.
CPhA in the Media

Throughout Q3, CPhA was featured in dozens of articles and provided expertise on a range of important and timely issues, including the opioid monitoring, naloxone availability, the federal budget, non-prescription codeine sales, abortion pill access, medical cannabis and more. In addition to news articles, CPhA discussed several important professional issues in its columns for Pharmacy Business Magazine and Canadian Healthcare Networks, including pharmacy workforce and the pharmacist’s role in Choosing Wisely Canada.

*Canadian Healthcare Network*

**Important conversations: The pharmacist’s role in ‘Choosing Wisely’**

One of the fundamental ethical principles of the pharmacy profession is that pharmacists will only provide services or products that benefit their patients.

**Written by Phil Emberley on August 30, 2017**

In 2015, the Canadian Pharmacists Association (CPhA) was approached by Choosing Wisely Canada to learn more about that organization. Choosing Wisely Canada is a campaign, established in 2014, to help clinicians and patients engage in conversations about unnecessary tests, treatments and procedures.

Following that initial engagement we were subsequently invited to contribute a list of pharmacy recommendations with the initiative. CPhA would be among 40 other organizations of medical, nursing and other professionals who have contributed “lists” of recommendations.

The rationale for involving pharmacy in this process is self-evident. One of the fundamental ethical principles of the pharmacy profession is that pharmacists will only provide services or products that benefit their patients. A number of pharmacy regulatory authorities in Canada have codified this principle in their formal code of ethics.
CPhA Meetings and Appearances

Appearance before Health Committee on cannabis legalization

Shelita Dattani, Director, Practice Development and Knowledge Translation, appeared before the Standing Committee on Health in early September to express CPhA’s views on Bill C-45: *An Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts*. In its testimony, CPhA stressed its concerns around three areas: ensuring there is a clear differentiation between recreational and medical cannabis streams, restricting the use of pharmacy-related symbols in the recreational stream and strengthening clinical oversight of the medical stream by supporting pharmacists in managing and dispensing medical cannabis.

![Shelita Dattani appears before the Standing Committee on Health.](image-url)
CPhA highlights role of pharmacists at medical cannabis event

On September 21 CPhA’s Shelita Dattani participated in a panel on medical cannabis hosted by iPolitics. The panel was moderated by Susan Delacourt of iPolitics who explored a number of different themes related to the unique needs of patients who use medical cannabis, important considerations around safety and the impact that the legalization of cannabis will have on medical users. Shelita highlighted the important role that pharmacists can play in supporting patients who use cannabis for medical reasons.
New practice resource: Medical cannabis FAQ

As part of its ongoing efforts to provide Canadian pharmacists with practice tools and resources, CPhA has published a short FAQ document to answer commonly asked questions about medical cannabis. This knowledge translation document is available in English and French and is part of a suite of resources on medical cannabis that CPhA is developing to support pharmacists across the country. [www.pharmacists.ca](http://www.pharmacists.ca)

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### Medical Cannabis Q&A

1. **What is medical cannabis?**
   - Medical cannabis is the cannabis plant or its parts that are prescribed by a health-care provider to treat a medical condition.

2. **Who can prescribe medical cannabis?**
   - Only healthcare providers authorized by Health Canada can prescribe medical cannabis.

3. **What is the legal age to possess medical cannabis?**
   - The legal age to possess medical cannabis is 18 years.

4. **How do I get a prescription?**
   - To obtain a medical cannabis prescription, you must see a healthcare provider who is authorized by Health Canada. The healthcare provider will assess your medical condition and determine if medical cannabis is appropriate for your treatment.

5. **What is the difference between medical and recreational cannabis?**
   - Medical cannabis is prescribed by a healthcare provider for medical use, whereas recreational cannabis is obtained through illicit means.

6. **What is the difference between medical and recreational cannabis?**
   - Medical cannabis is prescribed for medical use, whereas recreational cannabis is obtained through illicit means.

7. **How can patients access cannabis for medical purposes?**
   - Patients can obtain cannabis in one of three ways:  
     - By growing their own cannabis, provided they have obtained a document from Health Canada.  
     - By growing their own, whereas recreational cannabis is currently obtained through illicit means.

8. **Is it possible to develop dependence on medical cannabis?**
   - Yes, abrupt discontinuation after long-term use may result in withdrawal symptoms. Additionally, chronic use may result in different pharmacokinetic and pharmacodynamic properties of the drug.

9. **What role can pharmacists play in medical cannabis?**
   - Pharmacists may provide counseling on areas such as contraindications, drug interactions, management of side effects, and alternative therapies.

10. **What is the potential addictive behavior, and appropriate use?**
    - The term “medical cannabis” is used to describe products derived from the whole cannabis plant or its extracts containing a variety of active cannabinoids and terpenes, which patients take for medical reasons, after interacting with and obtaining authorization from their healthcare practitioner.

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### Foire aux questions sur le cannabis à des fins médicales

1. **Qu’est-ce que le cannabis médical?**
   - Le cannabis médical est le cannabis plant ou ses parties qui sont prescrites par un professionnel de la santé pour traiter une condition médicale.

2. **Qui peut prescrire du cannabis médical?**
   - Seul les professionnels de la santé autorisés par Santé Canada peuvent prescrire du cannabis médical.

3. **À quel âge peut-on posséder du cannabis médical?**
   - L’âge légal pour posséder du cannabis médical est de 18 ans.

4. **Comment obtenir une prescription?**
   - Pour obtenir une prescription de cannabis médical, vous devez consulter un professionnel de la santé autorisé par Santé Canada. Ce professionnel de la santé évaluera votre condition médicale et déterminera si le cannabis médical est approprié pour votre traitement.

5. **Quelle est la différence entre le cannabis médical et le cannabis récréatif?**
   - Le cannabis médical est prescrit pour un usage médical, tandis que le cannabis récréatif est obtenu illicITEMEL.

6. **Comment les patients peuvent-ils accéder au cannabis pour des fins médicales?**
   - Les patients peuvent obtenir du cannabis de trois façons:  
     - En s’inscrivant auprès d’un producteur autorisé, dont le nom apparaît sur la liste présentée sur le site Web de Santé Canada.  
     - En cultivant leurs propres herbes de cannabis, après avoir obtenu une autorisation de Santé Canada pour celles-ci.  
     - En cultivant leurs propres, tandis que le cannabis récréatif est actuellement obtenu par des moyens illicITEMELs.

7. **Est-il possible de développer une dépendance au cannabis médical?**
   - Oui, une discontinuation brutale après une utilisation prolongée peut entraîner des symptômes de sevrage. De plus, l’utilisation prolongée peut entraîner des propriétés pharmacocinétiques et pharmacodynamiques différentes du médicament.

8. **Quelle est la role des pharmaciens dans le cannabis médical?**
   - Les pharmaciens peuvent fournir des conseils sur des domaines tels que les contre-indications, les interactions médicamenteuses, la gestion des effets secondaires, les traitements de remplacement, les therapies alternatives.

9. **Quelle est la comportement potentiel de dépendance et l’usage approprié?**
   - Les cannabinoïdes pharmacologiques comme les Sativex® (deltaph-Tétrahydrocannabinol-cannabidiol) et Cesamet® (nabilone) ont été approuvés par Santé Canada pour des indications précises, mais l’herbe de cannabis n’a pas fait l’objet d’un processus d’examen et d’approbation de Santé Canada. Il n’a donc aucun numéro d’identification du médicament (DIN) ni numéro de Produit (NPN).

10. **Le cannabis médical a-t-il un DIN?**
    - Non, le cannabis médical n’a pas de numéro de Produit (NPN).

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More information is available at [www.pharmacists.ca](http://www.pharmacists.ca)
CPhA launches new French CPD modules

CPhA has partnered with Sodalis Solutions-Pharma to offer a series of accredited online learning modules (1 CEU each), based on their proven Savoir-Analyse-Conseil-Suivi (sacs®leaf®) approach to continuing education for improved patient care. The first module, Le rôle du pharmacien dans la prise en charge des patients vivant avec le VIH, was launched in July, followed by the second module, Voyager avec l’insuline, in August. These modules are available in French only and are offered free to members of provincial pharmacy associations and AFPC. Learn more at www.pharmacists.ca/sodalis.

Modules DPC Sodalis

Le rôle du pharmacien dans la prise en charge des patients vivant avec le VIH

Voyager avec l’insuline

More information is available at www.pharmacists.ca
Canadian Pharmacist Conference ePoster Library and accredited recordings

With more than 100 abstracts submitted, 20 oral presentations and more than 50 posters presented, the Canadian Pharmacists Conference 2017 was the largest Canadian pharmacy practice research program held to date. This fantastic research content has been made available in the CPhA ePoster Library for members and delegates. CPhA has also published a series of recordings from the 2017 conference. These accredited recordings are offered free and exclusively to members of provincial pharmacy associations and AFPC.

CPhA Webinars

CPhA’s pharmacy practice and research webinars and archives are offered exclusively to members of provincial pharmacy associations and AFPC.

Webinars for this quarter included:
• The Pharmacist’s Role in Major Depressive Disorder
• Pharmacist-Led Pharmacogenomics Services in Primary Care
• Street Fentanyl and its Analogues — What Pharmacists Need to Know

Archived webinars are available online for members only at www.pharmacists.ca/webinars.
Canadian Pharmacists Journal

CPJ published several more practice guidelines for pharmacists in Q3. The July/August issue featured guidelines for the management of dyslipidemia and the prevention of cardiovascular disease, while the September/October issue included guidelines for the management of atopic dermatitis (eczema) and the assessment and management of urinary tract infections in adults. A clinical review on the topic of pharmacists providing equitable care for persons with disabilities (July/August) showed interventions that pharmacies could implement to ensure that they improve their patient-centred care for these individuals. And in the same issue, Alberta pharmacists were surveyed about the province’s “Take Home Naloxone” program in order to identify areas that could be improved to support their involvement.

CPhA Seal Program

Launching in November, the CPhA Seal program will leverage the expertise of CPhA’s clinical editors and our trusted content and brand to help the public and pharmacists make informed choices by validating the indicated health claims made by OTC products. This program will help consumers identify products with evidence-based indicated health claims that meet CPhA’s high standards. Manufacturers who wish to display the CPhA Seal and Statement on their products will complete an application process. CPhA’s expert clinical editors, who have a combined 139 years in pharmacy practice and are collectively responsible for ensuring the accuracy and...
Products and Services

relevancy of 500 pieces of content over 5 publications, will conduct a thorough review of the best available evidence to determine whether or not the indicated health claims of the product’s active ingredient(s) are supported. Products that meet our high standards will be permitted to display the CPhA Seal and Statement on the product and in advertising. Manufacturers will pay a modest annual licensing fee to continue to display the CPhA Seal. The CPhA Seal is a beacon for pharmacists and the public, letting them know that this product is backed by the best available evidence. It is a credible, second level of scrutiny on products sold in pharmacies and recommended by pharmacists.

Push Notifications

Pharmaceutical manufacturers rely on fax to send important drug information to pharmacists. Yet, surveys show that pharmacists, who are inundated in paper and overwhelmed by multiple messages from multiple manufacturers, do not feel confident that they are getting the critical information they need to stay informed about medication. CPhA understands pharmacists and their communication needs. To help mitigate the potential loss of critical information, CPhA has launched the Push Notification program. The program will continue to use the traditional fax method to send messages, but will dramatically increase the likelihood of connecting by digitizing, tagging and loading the messages into a searchable database powering a notification portal and preference centre. The preference centre will allow pharmacists to customize communication frequency and medium. In addition, the messages will be presented in context to pharmacists as they use RxTx, our
drug and therapeutic product, used everyday in almost every pharmacy in Canada. Available now, CPhA’s Push Notification program ensures that critical information is readily available to pharmacists when and where they need it from a source they trust.

**SPL Conversion Services for Health Canada Compliance**

Health Canada has introduced new requirements for manufacturers to submit their monographs in Structured Product Labelling (SPL) format. In response, CPhA is now offering conversion services for manufacturers seeking a cost-effective method to support compliance. With more than 10 years’ conversion experience and more than 60 years’ experience in publishing product monographs, CPhA has an in-house team of skilled XML and SPL content specialists and a proven track record with the pharma industry. Part of our established workflow processes, monographs are converted into SPL, subject to a rigorous QA comparison and reviewed by our editorial team for compliance, template requirements and XML tagging. We can even submit SPL compliant content to Health Canada on your behalf. CPhA’s expertise with Health Canada compliance requirements and regulations and our proven workflow process means that our SPL conversion services will save you time, money and energy.

Contact Kristina Belyea at kbelyea@pharmacists.ca or 1-800-917-9489 ext. 233 for more information on any of these exciting new programs.
PFIZER CANADA
CPhA Organizational Affiliate since January 2015

Pfizer Canada Inc. is the Canadian operation of Pfizer Inc., one of the world’s leading biopharmaceutical companies. Our diversified health care portfolio includes some of the world’s best known and most prescribed medicines, vaccines and consumer health products. GenMed®, a division of Pfizer Canada, is a Canadian-based supplier of quality generic medicines.

In today’s environment, finding the right partner is essential. Building on our commitment of quality, reliability and integrity, Pfizer offers pharmacists a wide portfolio of medications and solutions and seeks to build strategic partnerships so that together we grow and ensure the future success of pharmacy as it evolves to meet new realities.

What is one thing that Pfizer is working on that would be of interest to the broader pharmacy community?
Pfizer has and continues to gather a deep understanding of the evolution of pharmacy practice in Canada in order to optimally collaborate with the profession in areas of common interest. We seek to provide tools, resources and educational offerings of value to pharmacists to support their role in the health care system.

Why does Pfizer belong to CPhA as an Organizational Affiliate?
As a biopharmaceutical company, it is important for Pfizer Canada to understand the challenges and opportunities facing the pharmacy profession. Pharmacists are an integral part of the health care system and play a key role in educating patients about medicines and their optimal use. By understanding our respective perspectives, CPhA and Pfizer can identify common areas of focus in order to collaborate on improving the health of Canadian patients.
AMGEN
CPhA Organizational Affiliate since May 2017

Amgen discovers, develops, manufactures, and delivers innovative human therapeutics. A biotechnology pioneer since 1980, Amgen was one of the first companies to realize the new science’s promise by bringing safe, effective medicines from lab to manufacturing plant to patient. Amgen therapeutics have changed the practice of medicine, helping millions of people around the world in the fight against cancer, kidney disease, rheumatoid arthritis, bone disease, cardiovascular disease and other serious illnesses. With a deep and broad pipeline of potential new medicines, Amgen remains committed to advancing science to dramatically improve people’s lives.

What is one thing that Amgen is working on that would be of interest to the broader pharmacy community?

Amgen’s mission is to serve patients. Amgen is constantly looking for ways, both independently and in conjunction with partners, to optimize care and to serve our mission.

Why did you choose to join CPhA as an Organizational Affiliate?

Strong national advocacy voice of pharmacy. The promise to engage affiliate members in issues affecting patients, value propositions of medicine and the pharmacist’s scope of practice.
What do you think of this Stakeholder Update?

Share your thoughts on this publication with us at:
www.surveymonkey.com/r/StakeholderUpdate