

Neighbourhood Pharmacy

FALL 2023

# Gazette



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A publication of the Neighbourhood Pharmacy Association of Canada

## LAST LINE OF DEFENCE

The role of pharmacy to mitigate  
and prevent drug shortages

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Primary care spreads  
roots in Nova Scotia

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for specialty drugs





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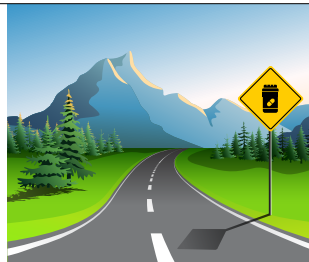
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Neighbourhood Pharmacy  
**Gazette**  
INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.

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# Connecting the dots in drug policy talks

**The best conversations are the ones that make connections.** We listen as much as we speak, and build on each other's points. We come away not only with better understandings of each other or the topic discussed, but also new actions or ideas to apply in our own lives, or in the work we do.

A lot of very important conversations around drug policy are happening in government right now.

Universal pharmacare, a new pricing framework for the Patent Medicine Prices Review Board (PMPRB), the prevention of drug shortages, a national strategy for drugs to treat rare diseases. Neighbourhood Pharmacies is at the table for every one of these conversations. Our goal is not only to advise on each of them by making connections to the impacts on pharmacy, but also to make connections *between* the policies to illustrate the impacts on the entire sector, including pharmaceutical manufacturing and distribution. More than ever, we must apply a whole-of-government approach that considers the impacts of policy on all stakeholders in the sector.

A single word unites all these conversations: access.

While access to coverage is critical and an important policy objective, it is not in itself sufficient to ensure people get the medicines they need. Access to coverage also requires consideration of sustainable access to the pharmaceutical care that supports Canadians taking these medications—

ensuring adherence, managing contraindications and adverse events—to maximize clinical outcomes and hence the value of the investment in these medications. This means we must value and ensure sustainable funding for this care.

Additionally, access to coverage should not assume access to the medications covered. For that we need an economic environment that incentivizes innovation and the launch of medications in Canada (whether patented or generic medications or drugs for rare diseases), and that protects the viability of the supply chain to ensure these medications are in stock when needed.

As noted in the cover story ([page 4](#)), pharmacists currently spend about a quarter of their time dealing with drug shortages. Just imagine how patients' access to medications and healthcare services would improve if that time could be recaptured.

It is critical that we not ignore the interconnectedness between these issues. By illuminating the connections between pricing, the supply chain and direct patient care, we can come up with better solutions that benefit everyone. Neighbourhood Pharmacies—advocating at both federal and provincial levels and representing pharmacy operators that not only provide direct patient care but also serve as “the last mile” in the drug supply chain—is uniquely positioned to help do that. Let's keep talking. 🌈



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“  
More than ever, we must apply a whole-of-government approach that considers the impacts of policy on all stakeholders in the sector.”



# LAST LINE OF DEFENCE

The role of pharmacy to mitigate and prevent drug shortages

**In the summer of 2022, respiratory illnesses in children returned with a vengeance after the lifting of public-health safety measures to protect against COVID-19.** It was not long before demand far outstripped supply for pediatric analgesics and certain antibiotics prescribed for respiratory infection. Media coverage depicted empty pharmacy shelves for weeks until domestic manufacturers and specially authorized imports could replenish supply.

“Parents were upset. Pharmacists were being asked to compound acetaminophen on top of all the other work they do. It was a stressful time for pharmacy teams and for parents,” recalls Shelita Dattani, Senior Vice President, Pharmacy Affairs and Strategic Engagement at Neighbourhood Pharmacies, and a practising community pharmacist.

Going back to before the pandemic, most pharmacists and physicians—and more than 160,000 Canadians—likely remember the day of July 9, 2018. That’s when Health Canada joined regulatory bodies around the world in recalling valsartan from pharmacy shelves after inspections uncovered a potentially harmful impurity in ingredients.

“It was chaos. Patients were afraid to finish their prescription and it became hard to find alternatives because we were already dealing with shortages of other blood pressure medications before the recall,” remembers Dattani.

Health Canada’s [web site](#) for drug shortages currently reports more than 1,800 active shortages. Thirty-four are classified as “Tier 3,” meaning they have the greatest potential impact on supply and the healthcare system—and patients.

“At any given time, we might be actively managing between 10 and 30 critical shortages,” said Stephanie Di Trapani, Director of Health Canada’s Drug Shortages Division, during a Neighbourhood Pharmacies Advocacy in Action [virtual event](#) in September. “In general, duration can be anywhere from a couple of days to, in some very extreme cases, shortages that have persisted for a few years.”

Surges in demand, shortages of raw materials, natural disasters, pandemic lockdowns, geopolitical issues, recalls, manufacturing disruptions, exportation and off-label use—the possible causes of drug shortages are numerous and multifactorial.

“A lot of the narrative has been around figuring

out and fixing the many possible reasons for shortages but that’s like trying to block multiple leaks in a dam with pieces of gum,” says Dr. Mina Tadrous, a Professor at the Leslie Dan Faculty of Pharmacy, University of Toronto, whose research focuses on the evaluation of drug policies and post-marketing surveillance of medications, including the drug supply chain.

“The drug supply chain is complicated, with many stakeholders. That complexity comes from many places where things can go wrong, with global and local ramifications. That’s the first important thing to understand,” he continues. “The second thing is that some policies are reactive, some are preventative or proactive, and we need both.”

Health Canada’s division is structured along those lines. “One group of staff is dedicated to the issue of mitigating and preventing shortages as they occur,” said Di Trapani. “And then on the other side, a group is dedicated to looking

at strategic initiatives and a forward agenda that’s digging into the issue of prevention.”

The overarching focus is to build in resiliency and redundancy across the supply chain. “We need to also care about the resiliency of the people working on this issue. We know what goes into every pharmacist’s shift. Hundreds of shortages are being managed in hospital and community pharmacies and that work is well noted and appreciated,” said Di Trapani.

Drug shortages entered Canada’s radar in a big way in 2012, when a sudden, national shortage of analgesics, anesthetics, antibiotics and other products caused surgeries to be delayed or even cancelled. Health Canada established the Multi-Stakeholder Steering Committee on Drug Shortages, co-chaired by Health Canada and a rotating representative for Canada’s provinces and territories. Neighbourhood Pharmacies is a member of the steering committee

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alongside other stakeholder associations, including healthcare professionals and patients.

For more than a decade, Health Canada and members of the MSSC have worked to mitigate or prevent drug shortages. “We’ll never get to zero. That’s impossible. The most important thing is to reduce the impact on patients,” says Tadrous, who is a member of Health Canada’s Health Products Supply Chain Advisory Committee.

The learnings of the past decade feed into long-term

strategies for prevention. “Every single shortage we encounter reveals something new, something we can do better or approach a little bit differently the next time something similar comes up. It is a constant learning experience,” noted Di Trapani.

### **Impact of the pandemic**

Has the pandemic increased the number of drug shortages? Dattani and Tadrous agree that shortages overall have not so much increased as become

## Which drugs are at highest risk?

Come the fall of 2024, Mina Tadrous plans to unveil a decision-making tool that he hopes will support Canada’s strategy to prevent drug shortages.

“You can wait for others or you can just start chipping away. My team and I have been chipping away for years. This is my passion project,” says Tadrous, Professor at the Leslie Dan Faculty of Pharmacy, University of Toronto, and a member of Health Canada’s Health Products Supply Chain Advisory Committee.

Tadrous and his team have been “chipping away” at an at-risk medicine list that will help government and stakeholders in the drug supply chain more effectively respond to—and ideally prevent—drug shortages that put patients at highest risk.

Three scoping reviews of the clinical, economic and policy impacts of drug shortages so far are currently underway in collaboration with the Canadian Agency for Drugs and Technologies in Health (CADTH). Early findings confirm what Tadrous long suspected: most drug shortages do not result in disruptions to patients.

“Manufacturers are mandated by law to report that a shortage might be happening, but we don’t see a drop in the use of those medications when we look at the data. The supply chain is more robust than we think sometimes, and the problem is resolved in time before it affects patients. That happens more often than not.”

While Health Canada’s drug shortages database separates out “Tier 3” shortages that are at highest risk of impacting patients, that information is too little too late—and disappears once the shortage is resolved.

Enter the at-risk medicine list, intended to

proactively mitigate and prevent drug shortages by spelling out which drugs are most in need of safeguarding, at all times.

“Let’s say the Canadian government is going to open a factory but they can only make a certain number of drugs. Which ones do they pick? They would pick ones that only have one manufacturer, because that’s a supply-chain risk. And they would pick ones that have no other therapeutic options and if patients don’t take them, they could die. That’s a clinical risk. The at-risk list provides a systematic and transparent approach to selecting which drugs need to be protected,” explains Tadrous.

Drawing from an expert panel of policy makers, regulators, wholesalers, manufacturers, clinicians and patients (including Neighbourhood Pharmacies), the draft list is expected to be ready for public feedback in the summer of 2024. The list’s anticipated public launch will happen in the fall.

The goal is also to hand off the at-risk medicine list to Health Canada. To increase the odds of its adoption, Tadrous has brought in independent experts to monitor the quality and rigour of the process.

In addition to the in-kind support from CADTH, Tadrous has secured funding from the Canadian Institutes of Health Research, plus some initial funding from the U.S. Agency for Healthcare Research and Quality (with colleagues at the University of Pittsburgh). Tadrous continues to apply for grants, but lack of funding won’t stop the project—even if that means donating his own time. “That’s okay. This work has to get done.”

more visible, in part because more are occurring—and getting media coverage—in the community. As part of her remarks during Neighbourhood Pharmacies' event, Di Trapani noted: "A lot of our experience prior to the pandemic was more firmly in the hospital drug space. We've gotten better at signal detection in community pharmacies, which is really important because managing community drug shortages is quite different than a hospital shortage," she said.

Tadrous describes drug shortages as a cycle of "peaks and troughs. A few years before the pandemic they were actually substantially worse, when we saw a lot of mergers and acquisitions between companies. Global standards for manufacturing became more stringent. That's good because things are getting better in terms of drug safety, but it also means things



get worse in terms of strained supply chains."

The pandemic put a spotlight on the global landscape. "When things rupture globally, we are vulnerable. And that's not a knock against Canada. Every country is vulnerable," says Tadrous. "No country can produce all of its own drugs. Even our neighbour to the south cannot produce themselves out of this problem."

A global problem requires global solutions, he continues. "The pandemic highlighted the importance of global initiatives and participation with other countries."

"We sit at the table regularly with other jurisdictions," stated Di Trapani, adding that interactions are especially insightful with Australia due to its similar market size. "We're all at a similar

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spot in terms of our development, with things like mandatory reporting and pathways to bring in foreign-authorized product. And if something is happening in one part of the world, it could be an early indicator for a problem that may materialize here.”

The pandemic also put drug shortages into proper perspective as a matter of ongoing national security, emphasizes Tadrous. “We saw drug supply be very politically influenced through the pandemic, whether it was vaccine supply or countries locking things down. As the geopolitical space becomes a little more unpredictable, we don’t want to be at risk of someone not sending us drugs. We should be thinking about this as a potential security risk.”

Last but certainly not least, the pandemic helped galvanize Health Canada to convert some of its learnings into longer-term strategies and practices, including:

- more flexible regulatory requirements to speed up approvals for new drugs or new indications for existing drugs;
- a permanent regulatory pathway to enable importations of foreign-authorized drugs; and
- during the height of the pandemic, a Critical Drug Reserve stocked with 12 drugs essential for Canadians hospitalized with COVID-19.

“We saw how policy at the federal and provincial levels could make an impact. We saw a lot of goodwill happen between stakeholders and a lot of red tape dismissed. And luckily, because we’d already been thinking about this problem, we were able to react quickly and nimbly. Things could have been a lot worse,” says Tadrous.

### Long-term solutions

The goal now is to sustain that momentum to accelerate strategies for prevention—and maintain a sense of urgency.

“We musn’t think the worst is over now that the worst of the pandemic is done,” says Dattani. “The global landscape continues to make shortages here in Canada an ongoing problem. We are a very small market and protectionism has increased in other countries. Canada’s ongoing lack of domestic manufacturing is also a challenge.”

In November 2022, Health Canada established the

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Health Canada Drug Shortages Task Force to bolster the department's capacity to respond to shortages and develop a long-term strategy.

"We were invited to sessions with senior leadership from key stakeholder organizations and to ministerial roundtables convened by the previous Health Minister, which helped make it clear that Canada wants to develop a roadmap to be thoughtfully proactive and head off serious shortages, no matter the cause," notes Dattani, adding that France and New Zealand have completed such roadmaps.

From June to August this year, the Task Force held a public consultation to gather input from external stakeholders on four key areas:

- greater supply chain visibility;
- enhanced response to supply and demand;
- an agile regulatory toolbox; and
- improved communication and transparency.

The *Gazette* summarizes Neighbourhood Pharmacies' recommendations here.

## A recognition of pharmacy

Pharmacists spend almost a quarter (24 per cent) of their shift dealing with drug shortages, according to a 2020 survey by the Canadian Pharmacists Association. "The process can be incredibly complex and time-consuming. It takes away from direct patient care," says Dattani. "But we do it because we must. We are the drug supply custodians at the frontline, the final link in the supply chain. We are our patients' last line of defence."

While Neighbourhood Pharmacies and other pharmacy advocacy bodies appreciate the close working relationship with Health Canada, it's not enough.

"Health Canada acknowledges the many hours that pharmacists and pharmacy teams put into immediate mitigation strategies. But we need both federal and provincial governments to enable pharmacy teams to better leverage their ability to help patients and prevent interruptions in drug therapy due to shortages," says Dattani.

The advertisement features a yellow background on the left with the Pfizer logo and the word "Paxlovid" in large blue letters. A man with a beard and glasses, wearing a yellow sweater, is pointing towards the right. On the right, a dark blue background contains the text "GET TO KNOW -it-" in white. A large pink circle contains the text "Ask your pharmacist or doctor if it could be right for you." in white. At the bottom right, small text provides copyright and licensing information.

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In its submission to the Health Canada Drug Shortages Task Force, Neighbourhood Pharmacies first recommendation is that the federal government “promote dialogue with provincial and territorial stakeholders to support and implement the funding of pharmacy services and activities to manage drug shortages at the frontline.”



“For example, B.C.’s PharmaNet system, which tracks all prescriptions written in the province, identified an unusual and concerning increase in the prescribing of Ozempic [semaglutide]. That not only allowed timely mitigation of a shortage but it enabled quicker implementation of new regulations to prohibit exportation,” says Dattani.

### Greater supply-chain visibility

Much can be done to upgrade and optimize Health Canada’s drug shortages database. “A mechanism that allows manufacturers to report replenishment timelines would be very useful for community pharmacy. It would be extremely valuable to have this line of sight,” says Dattani. Local status supply reports would also support better decisions for prescribing and therapeutic substitutions, she adds.

The database should also expand to include non-prescription products and life-sustaining nutritional products, such as infant formula.

Finally, the database can include mechanisms for the early detection of potential drug shortages, possibly drawing from current provincial practices.

### Enhanced response to supply and demand

Neighbourhood Pharmacies’ first recommendation is the creation of an at-risk medications list. “Preventative strategies need to focus on medications that are indispensable to the health and well-being of Canadians and most at risk of shortages,” says Dattani. The burden of the disease and a drug’s number of manufacturers are the among factors that need to be considered.

At the University of Toronto, Tadrous is, in fact, developing an at-risk medications list, with input from stakeholders across the drug supply chain. “The list will balance supply-chain risk and clinical risk. When decisions need to be made, it’s a systematic and transparent approach to thinking through where

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we should be putting our resources,” he says (see sidebar, page 6).

An at-risk medications list is not to be confused with an essential medicines list that has been part of pharmacare discussions, adds Dattani. “The World Health Organization releases a list of essential medicines every two years that speaks to access as a human right, for adoption by countries. Whereas the at-risk medicines list is country- or even region-specific and focuses solely on drugs at highest risk of shortage.”

Neighbourhood Pharmacies also recommends limits on the exportation of Canadian medications to the U.S. “We are a small market and must prioritize supply for our own population,” says Dattani.

Existing pharmacy information systems can and should be leveraged to collect data and identify patterns in prescribing or sales. “However, it is essential that any systems do not add more data entry or reporting burden to pharmacy teams,” notes Dattani.

Finally, Neighbourhood Pharmacies advocates a whole-of-government approach to healthcare policies that may impact the domestic availability of medications.

“We are emphasizing the interconnectedness between shortages and policies, including a single-payor

pharmacare. How drugs are procured or covered will impact drug supply in Canada,” says Dattani.

Policies to lower drug prices can have negative downstream consequences due to

subsequent reductions in revenue from mark-ups to distributors and pharmacies. For example, distributors may hold less stock on hand, which could impact access to medication therapy through the supply chain, including pharmacies.

“By proactively assessing potential interactions between policies, the

government can make informed decisions that prevent unintended consequences,” summarizes Dattani.

### A more agile regulatory toolbox

Pharmacists’ scope of practice in two provinces—Manitoba and Ontario—still does not include therapeutic substitutions. And in some other provinces, substitutions by pharmacists are limited to certain drug categories or public-plan beneficiaries only.

“That means that if a patient comes in and their blood pressure medication is shorted here in Ontario, I have to fax the doctor to get it changed and potentially ‘ping pong’ the patient through the healthcare system,” says Dattani. “Doctors hate this back-and-forth faxing and the patient’s therapy may be interrupted.”

“We are emphasizing the interconnectedness between shortages and policies, including a single-payor pharmacare. How drugs are procured or covered will impact drug supply in Canada.”

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Whereas in provinces where pharmacists can independently substitute, care is much more streamlined and efficient for patients and healthcare providers. "Pharmacists have demonstrated they can assess the situation and independently substitute the most appropriate alternative therapy for the patient. Therapeutic substitution is an essential tool to manage drug shortages," states Dattani.

Concurrent with harmonized scope of practice across Canada is fair remuneration to ensure the service's sustainability. Almost all provinces that authorize substitutions do fund the service, but fees vary and in some cases are limited to public-plan beneficiaries. Dattani lauds the recent example of Nova Scotia, which expanded its funding (\$26.25 per substitution) to include all residents in July this year.

Neighbourhood Pharmacies made two other recommendations on the regulatory front:

- Accelerate the entry of medications into the Canadian market by further streamlining the approval process

and aligning it with comparable markets. "For example, to make it easier to add products to the list of drugs for exceptional importation and sale, which are not approved in Canada," says Dattani.

- Prevent dispensing to non-Canadian residents.

## Improved communication and transparency

Current communications with Health Canada are already strong, notes Dattani. "At Neighbourhood Pharmacies, we are in regular communication with Stephanie and her team several times a week. I commend Health Canada's commitment to such a dynamic dialogue and open and transparent communications."

To take transparency to the next level, Neighbourhood Pharmacies recommends Health Canada commit to a process of continuous quality improvement (CQI) that includes the sharing of key metrics, learnings and actions.



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“Our pharmacy operator members and partners not only spend a lot of time managing shortages but also reporting on them to help Health Canada. A public and transparent commitment to CQI is important to communicate how that information is used,” says Dattani. “Such an ongoing feedback loop encourages everyone’s continued engagement in finding solutions.”

On the public front, “we’re seeing more examples of successfully coordinated communication strategies, for example with the current nitroglycerin shortage and public acceptance of extended expiry dates,” says Dattani. “We all worked together through the MSSC and were able to leverage synergies to nimbly mitigate the challenges.”

Neighbourhood Pharmacies also recommends raising awareness of the risks posed by illegitimate online drug sellers. “Canadians faced with a drug shortage may take matters in their own hands. We have to steer them away from rogue websites that may sell substandard or falsified medications not approved

by Health Canada,” says Dattani, adding that Neighbourhood Pharmacies is a member of the Alliance for Safe Online Pharmacies Canada.

At the virtual event hosted by Neighbourhood Pharmacies, Di Trapani echoed the need for clear, consistent and timely messaging. “There is a risk of communicating too early when information is evolving and potentially influencing behaviors like stockpiling, which can be detrimental when there is limited supply. Communications need to include clear direction for people, which could be to hang on to expired product or go to your pharmacist. We will continue to do more in this space, and we will do it thoughtfully to make sure people have the information they need.” 🌈



*Karen Welds is a healthcare journalist and has written about community pharmacy for more than 30 years.*



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# Canada's unique road to universal pharmacare

**All Canadians should be able to get the medications they need.** No one would argue against that. Unfortunately, it's easier said than done and that's why access to medication has always been an important area of advocacy for us.

Legislation towards a federal Pharmacare Act is expected in the coming months. While the collective goal is a framework that will optimally serve the entire population, opinions remain very much divided on its approach. So much so that the NDP may back out of its supply-and-confidence agreement with the Liberal government and trigger an early election.

We don't want to be locked into a model that isn't sustainable or puts essential healthcare services at risk. A successful pharmacare model needs to focus on the uninsured and the underinsured, including patients facing catastrophic drug costs, without disrupting a system that is already working for most Canadians. We can begin with a robust minimum national formulary rather than overhauling, at tremendous expense, our current system of public and private drug plans. According to our research, this is what most Canadians want too.

Pharmacy teams also work closely with patients to secure reimbursement for drugs. If coverage is absent or not enough, we literally see people walk away without filling their prescriptions. Conversely, we see how coverage makes a world of difference. Patients are better able to focus on their treatment and recovery.

We can look to the success of projects like the pharmacare pilot in P.E.I., which received federal funding to expand its formulary and lower out-of-pocket costs. This is a good example of improved drug coverage on the public side without disruptively shifting the cost burden between payors.

Any future pharmacare model must also protect access to care through community pharmacies. Reliable access to medications is half the equation; reliable access to medication management support from pharmacists is the other half. Those services are currently



funded as a factor of the price of the drug (i.e., through mark-ups). While a key motivation for pharmacare is lower drug prices through improved negotiating power, that cannot jeopardize the sustainability of medication management services attached to the drug.

Finally, as also articulated by Neighbourhood Pharmacies' CEO Sandra Hanna ([page 3](#)), we must connect the dots between pharmacare, pharmacy services and drug shortages. Access to drug coverage is good only if the drug is in stock. And access to a drug is good only if it's used optimally to achieve safe and effective health outcomes.

We believe our message is getting through. The federal government recently invited Neighbourhood Pharmacies to join the Implementation Advisory Group on the National Strategy for Drugs for Rare Disease. Our inclusion reflects well on our thought leadership and level of engagement in discussions on access to drugs and medication management support.

The Pharmacare Act will provide a framework for universal access to medications. Then the hard work begins. Regardless of what the legislation determines, Neighbourhood Pharmacies will be there every step of the way. 🌈



*Shelita Dattani is Senior Vice President, Pharmacy Affairs and Strategic Engagement, at Neighbourhood Pharmacies.*

# Evolving patient experiences

A conversation with Jon Johnson of Pharmacy Brands Canada, member of Neighbourhood Pharmacies



**Jon Johnson**  
President & CEO

**Pharmacy Brands**  
Canada

**FULL COMPANY NAME**  
Pharmacy Brands Canada

**ESTABLISHED**  
2000

**PHARMACY LOCATIONS**  
180 in Alberta, British Columbia, Saskatchewan and Manitoba (eastern Canada to come in 2024)

**BANNER PROGRAMS**  
Value Drug Mart, Apple Drugs, Peoples Pharmacy, Rxcellence and mettra Pharmacy

## What is Pharmacy Brands Canada's number one priority?

Definitely our banner members. They're the heart of what we do and we work with them to improve their profitability and maximize patient care. Every pharmacy is different so we take the time to figure out their needs and objectives, then figure out how we can work together to reach those goals. We are extremely collaborative with our members and strive to exceed their expectations. It's a real 'push-up' approach where we listen to their needs rather than providing direction from the top down.

## Are consumers' perceptions of pharmacy changing?

Consumers have certainly trended behind those of us in pharmacy in understanding what pharmacists can do. But the pandemic put pharmacies in the spotlight as a resource for the public and as immunization centres. As more and more provinces adapt new pharmacy services and expand pharmacists' scope, we'll be able to push consumer understanding along even further.

## What major trend is driving decisions in the pharmacy these days?

As pharmacy scope continues to grow, one trend we see is the emergence of pharmacy/walk-in clinics. They're already in Alberta and being tested in Nova Scotia and we expect to see a lot more opening up over the next few years. At Pharmacy Brands Canada we are developing what we think is a unique

and world-class model for modern, hybrid walk-in/pharmacy clinics that streamline pharmacy workflow while providing patients with a great experience. We'll be rolling out a pilot location near our head office in Sherwood Park, Alberta, in the coming weeks, which will run for three months. During that time, we'll gather feedback from patients and pharmacists and once we get those learnings, we'll offer the model to all our banner members.

## Looking ahead to 2030, what is your vision for community pharmacy?

A more omnichannel approach that includes physical and virtual pharmacy care channels for patients to use as they wish. We have a lot of technology out there now, but the next few years will be critical to figure out how we can better blend technologies to offer great, seamless patient-user experiences—whether in brick-and-mortar stores or online. Patients want things simplified, and as a healthcare sector we're going to have to deliver on that.

## Why is Pharmacy Brands Canada a member of Neighbourhood Pharmacies?

We are part of a healthcare ecosystem and as such, being part of Neighbourhood Pharmacies allows us a platform for feedback and advocacy. We want to be part of the collaborative effort of pharmacy partners who are working to protect pharmacy and grow the sector even further—not just depending on others to do it for us. 🌈

# Primary care spreads roots in Nova Scotia

**In Nova Scotia today, pharmacy's role in improving access to care is driving results in communities across the province**, while provinces across Canada are leaning in closer to examine how Nova Scotia got it so right in such a short amount of time.

The seed was planted during the summer of 2021. Two months before an election, Tim Houston sat 28 points back of his political opponent. Nova Scotians were slowly crawling out of the COVID-19 pandemic, only to find another waiting for them, looking for a fight.

A shortage of doctors, crowded emergency rooms, and illnesses that became worse during periods of isolation—including poor mental health, chronic diseases and undiagnosed conditions—had pushed exhausted frontline workers and the healthcare system itself to the brink. With rural hospital ER closures becoming commonplace, the options were a long drive to a neighbouring community or waiting days and weeks for care.

Houston's election campaign pivoted to healthcare and healthcare only: a 30-plus-day sprint, criss-crossing the province, talking solutions and pledging to fight to fix the crisis, immediately. It was past time for elected officials to do what it takes, to spend what was necessary. Healthcare was going to improve on his watch. And though pharmacy wasn't as much of a focus then, finding unique ways for Nova Scotians to access care was always top of mind. Houston was open to change.

Introduced as a pilot program earlier this year, Community Pharmacy Primary Care Clinics are in communities that lack primary care supports for residents. Pharmacists have been enabled by government and the regulatory body with an enhanced scope of practice and funding to assess and prescribe for shingles, strep throat, uncomplicated bladder infections and more. Pharmacists can also administer a variety of routine immunizations as well as much needed mental health and addictions services. Finally, and arguably most importantly, these clinics ensure



those with chronic diseases, such as diabetes or heart disease, can have their medication needs addressed right in their own community.

The results so far are not only encouraging, they demonstrate a steady change of culture in the way Nova Scotians access care. The initial number of 12 participating pharmacies has expanded to 26 and more are itching to be a part of future expansions.

In the first three months, the original 12 pharmacies conducted more than 2,600 assessments for strep throat, significantly reducing the burden on the Children's Hospital and other acute sites that were previously the only option for these patients. Perhaps most importantly, close to 40 per cent of the patients who went to the pharmacy clinics were previously unattached to any other form of primary care. Pharmacists at these clinics were able to assess and treat patients and connect them with the appropriate



healthcare providers to ensure they received necessary care.

As attitudes change, these clinics are positioned to become a linchpin of a strong, community-focused healthcare system in Nova Scotia. Ultimately, they help the current government move the needle on an ambitious healthcare agenda. Expanding opportunities for community-based care ensures better health outcomes for patients across Nova Scotia as residents can access the support they need, when and where they need it.

Further, at a time when reported wait times continue to reach record lengths, these clinics provide a flexible option that diverts visits from hospital emergency departments and provides additional capacity throughout the healthcare system. This allows for emergency rooms and doctors' offices to focus more on true emergencies and more complex cases.

Similarly, by offering a convenient resource to monitor chronic disease, pharmacy primary care clinics reduce avoidable emergency room visits. In addition to the added capacity, the clinics support the health system by mitigating the health and human resource challenges across the province and ensuring that healthcare workers are not burning out at the rates we saw in 2020 and 2021.

What can other provincial governments learn from this unique pilot project in Nova Scotia? That opening doors for all healthcare providers to work to the full extent of their scope of practice can ease many of the challenges faced by healthcare systems from coast to coast to coast. None of these challenges are unique to Nova Scotia.

New Brunswick has opened similar pharmacy clinics. Faced with a major shortage of family doctors, similar to Nova Scotia, these clinics will ensure primary care is available to New Brunswickers when and where it is needed most. Other provinces would be well served to look east when searching for innovative solutions to guarantee quality and sustainable healthcare now and for generations to come. 🌈



*Cal MacLellan is a Director at Enterprise Canada, based in Halifax. Prior to joining Enterprise Canada, MacLellan served as Director of Communications to now-Premier Tim Houston.*

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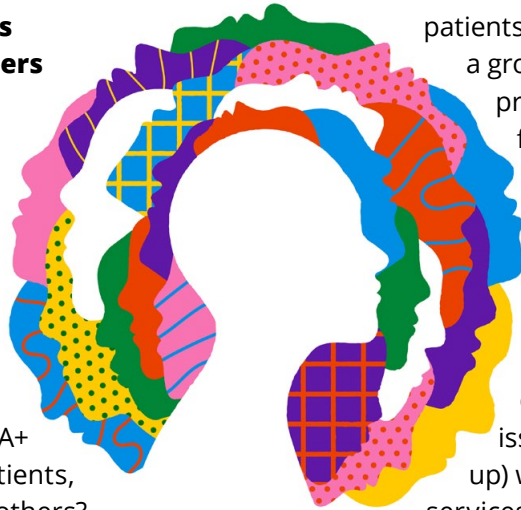
Times are challenging.  
The future is unpredictable.  
You deserve stability.  
**Today and every day,  
you can rely on us.**



# Putting the 'community' in community pharmacy

## Canadian pharmacy practice was largely rooted by European settlers at a time when best practice looked different.

This historical framework is not inclusive to the current population, who may not identify with the founders of the profession. In what ways are we able to adapt our pharmacies to include *all* community members—Black, Indigenous, and People of Colour (BIPOC) patients, 2SLGBTQIA+ patients, overweight and obese patients, patients who use substances, and others?



patients. Practicing pharmacists can complete a growing number of continuing education programs to develop their ability to care for patients of intersecting diversities, as well as do their own research to close gaps in their knowledge.

### 3. Structural adaptations

Structural accommodations include proper seating near the pharmacy counter(s) so individuals with mobility issues can easily sit down (and stand up) while waiting for clinical or dispensing services. Chairs must be sturdy enough

### 1. Display symbols

The display of symbols such as flags, artwork and other items is a simple way to communicate that diverse populations are welcome. For example, this display could include hanging the current Pride flag, which incorporates not only the original rainbow design, but also colours and symbols that recognize BIPOC, trans and intersex individuals. Additionally, community pharmacies can display sweetgrass in a culturally correct manner, as outlined in a panel hosted by the Canadian Pharmacists Association (CPhA) and Indigenous Pharmacy Professionals of Canada (IPPC), "[Understanding the Indigenous experience from both sides of the pharmacy counter.](#)"

### 2. Education

While symbols can help communicate a safe space for diverse populations, pharmacists must have the knowledge to reinforce their meaning. As pharmacy students, we must actively engage with and learn content relating to diverse populations. Additionally, we cannot only learn from the current curriculum, we must also advocate to fill gaps that would strengthen our ability to effectively communicate with diverse

for all patients, including some with armrests for elderly patients and some without restricting armrests for obese or overweight patients. Consultation rooms must also be accessible to individuals who use substances so that their consumption of witnessed doses of medication can be done in the privacy of a consultation room, similar to the privacy offered to other patients, such as when learning to use an inhaler.

These are just a few suggestions to incorporate diversity, equity, inclusion and accessibility in community pharmacy practice. Fortunately, a growing number of resources are available to fully embrace inclusivity; for example, [Practicing with PRIDE](#) from Dalhousie University pharmacy professor Kyle Wilby and pharmacy student Samuel Villemure, available on CPhA's website. These are exciting times for community pharmacy, both clinically and at the societal level, as the profession becomes increasingly equipped to be part of holistic care for *all* patients. 🌈



*Nolan Barkhouse is Vice President, Professional Affairs, Canadian Association of Pharmacy Students and Interns and a PharmD student at Dalhousie University, class of 2024.*

# Where patients go for specialty drugs

**Patients can access specialty medications throughout a continuum of community-based settings,** from bustling, traditional neighbourhood pharmacies to non-traditional, office-based pharmacies dedicated to providing care for patients on specialty medications. Until recently, the market was generally evenly divided between these traditional and non-traditional settings.

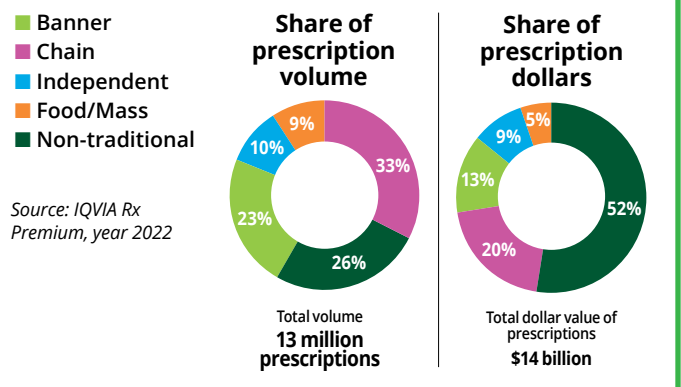
In 2019, traditional pharmacies held a 51 per cent share of the specialty drug market and non-traditional pharmacies held 49 per cent. By 2022, their respective shares had flipped to 48 per cent and 52 per cent, according to data captured in Neighbourhood Pharmacies' *Pharmacy Market Insights* report, powered by IQVIA Canada.

Specialty medications are complex, high value and high touch. Their annual cost per patient is typically at minimum \$10,000 and the complexity of the condition treated, the drug and its reimbursement require frequent interactions between patients, healthcare providers and reimbursement navigators.

In 2022, specialty drugs accounted for 44 per cent of prescription costs in Canada and less than two per cent of prescriptions dispensed. Almost two million Canadians are taking specialty drugs.

Non-traditional pharmacies hold the largest share of specialty prescription dollars, at 52 per cent, and 26 per cent of the prescription volume. Traditional, chain pharmacies hold the largest share of volume, at 33 per cent, and 20 per cent of the market value. These inverse relationships between value and

## Specialty drugs by type of pharmacy



volume illustrate that the more complex and costly the therapy, the more likely it is accessed through specialty pharmacies that are dedicated to specialty medications.

Specialty pharmacies' growing share of the total market, reaching 52 per cent in 2022, also likely suggests that the average price point for a specialty drug is climbing.

Within traditional pharmacies, independents posted the highest rates of growth in 2022: prescription dollars grew by 17 per cent and volume by 13 per cent, resulting in shares of nine per cent and 10 per cent, respectively. 🌈

\* IQVIA's category of non-traditional pharmacies includes primarily specialty pharmacies and long-term care pharmacies. It also includes a small number of mail-order and hospital out-patient pharmacies.

## Understanding the pharmacy landscape

Neighbourhood Pharmacies is pleased to produce *Pharmacy Market Insights*, a new sector-intelligence asset customized exclusively for Neighbourhood Pharmacies' members and partners. Powered by IQVIA Canada, this biannual report looks at prescription and pharmaceutical trends, broken down by region and class of pharmacy. Trends in classes of drugs, conditions and patients' age are highlighted and explored, as well as the ongoing impact of biosimilar and generic drugs. For more information contact [info@neighbourhoodpharmacies.ca](mailto:info@neighbourhoodpharmacies.ca).

# No pharmacy is an island

**As a pharmacy sector, we've reached a pivotal point where we can no longer go it alone.** For Calgary Co-op to be sustainable for the future—and every pharmacy chain, banner and independent for that matter—we need a collaborative voice pushing our cause and proving that our services are invaluable to patients.

Neighbourhood Pharmacies is the podium for that voice. It is the only national body of its kind in Canada, advocating for what pharmacy operators need to sustainably realize their potential as community health hubs for patients and within the healthcare system.

Even as competitors, we recognize the importance of joining forces. Whether we're in community practice or specialty practice, part of a chain or an independent, patient outcomes need to be the same. We are all here to provide optimal patient care. That's why it's so important to be supportive of each other, within our pharmacies, between pharmacies and with distributors, manufacturers and other providers of products and services.

As someone who has been a part of Neighbourhood Pharmacies (and its previous iterations) for more than a decade and a practising pharmacist for 34 years, I understand the real value of being part of a national landscape. Since Calgary Co-op pharmacies are concentrated in the west, it has always been beneficial to learn about the issues facing pharmacies in other provinces.

Yes, many of our concerns as pharmacists are similar across the board, but being part of this organization has helped more of us realize the privileges held by those in provinces like Alberta, where expanded scope has been the norm for a long time. In being able to voice our concerns and learn from each other, we can communicate these learnings with our own Calgary Co-op board members and broaden their perspectives, too.

In recent years especially, the leadership team at Neighbourhood Pharmacies has made concerted efforts to build relationships with provincial and federal stakeholders. It's paying off. For example, government relations focus on expanding pharmacy services reimbursement models, with jurisdictional provincial political engagement.

In seeking support and new partnerships to address the roadblocks facing our profession, we are in a much stronger position to prove ourselves as a necessary and valued provider of primary and public healthcare. By proactively advocating on behalf of all channels of the profession, we demonstrate teamwork from the ground up.

In this dynamic, ever-changing world of healthcare, my hope is that one day soon every pharmacy in Canada will be an active member of Neighbourhood Pharmacies. We need to unite to survive—and ultimately thrive. 🌈



**Judy Roberts, BSP**  
BOARD MEMBER  
*Neighbourhood Pharmacy  
Association of Canada*

MANAGING DIRECTOR,  
PHARMACY  
*Calgary Co-operative  
Association Limited*

“  
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**Neighbourhood Pharmacy**  
Association of Canada

Association canadienne  
**des pharmacies de quartier**

The Neighbourhood Pharmacy Association of Canada advocates for the business of community pharmacy and its vital role in sustaining the accessibility, quality and affordability of healthcare for Canadians. Through its members and partners, Neighbourhood Pharmacies is driving innovative solutions through advocacy, networking, research and information services.

**The benefits of membership include:**

- Industry-wide representation with governments
- Exclusive business-building networking events
- Informed and independent information-sharing and analysis
- Real-time industry and regulatory updates

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