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thetablet

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Opioid crisis

Pharmacists' role in stemming the tide

British Columbia Pharmacy Association

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On the cover: Pharmacist Rami Hanania works with patients with opioid addictions at Owl Drugs in Vancouver's Downtown Eastside.

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Got a suggestion for an article in *The Tablet*?
Email communications@bcpharmacy.ca with your story ideas.

In the news

Mifegymiso available to B.C. residents at no charge

Effective Jan. 15, 2018, PharmaCare provided Mifegymiso® (mifepristone and misoprostol) to B.C. residents at no charge.

First approved by Health Canada in 2015, Mifegymiso is used to terminate pregnancies with a gestational age up to 9 weeks as measured from the first day of the Last Menstrual Period (LMP) in a presumed 28-day cycle. It is a combination of mifepristone 200 mg tablet and misoprostol 200 mcg tablet and serves as an alternative to surgical abortion.

The BC Centre for Disease Control (BCCDC) is managing and distributing Mifegymiso to community pharmacies at no cost. BCCDC has secured approximately 1,000 doses of Mifegymiso, with 30 per cent distributed to pharmacies in rural/remote locations (pre-stock supply) or pharmacies with a high volume of product usage. ■

Kadian shortage

Pharmacists may be encountering a shortage of Kadian®, used for pain indications and opioid agonist treatment (OAT). The shortage is primarily of higher-dose capsules: 50 mg, and 100 mg. In a recent update, 50 mg and 100 mg were expected to be ready for distribution to wholesalers in late February. Recent communication from the College of Pharmacists of BC and BCCSU advised that M-ELSON® could be used (as a last alternative) until supply is resolved.

Pharmacies are recommended to check on their current stock supply and check with their wholesalers. If they do not have appropriate strength Kadian capsules in stock, contact nearby pharmacies to obtain stock and ensure procedures for emergency narcotics stock transfer are followed. ■

Pharmacies step up to immunize during Interior meningitis outbreak

In December, community pharmacists in the Okanagan stepped up to provide immunizations when Interior Health declared a meningococcal outbreak and offered mass vaccinations after identifying 11 cases of meningococcal disease. After five cases were confirmed in December in the Okanagan, Interior Health declared an Okanagan-wide meningitis outbreak affecting 15- to 19-year-olds.

Immunizations were offered at public health units and Shoppers Drug Mart locations throughout the Okaganan, proving again that B.C. pharmacists are on the frontlines of immunizations. During the outbreak more than 11,400 immunizations were administered. In February, Interior Health declared an end to the outbreak. ■

EpiPen shortage to be resolved by early March

Health Canada released an updated advisory on Jan. 18, 2018, about the shortage of EpiPens (0.3mg) in Canada providing guidance on managing supply and how to counsel patients about the use of EpiPens during the shortage. The shortage is reported to be due to a manufacturing disruption and is currently anticipated to be resolved by Mar. 2, 2018. According to Pfizer, the shortage does not impact the EpiPen Jr (0.15 mg) product, which remains available. Pfizer advised that additional limited inventory was made available at the beginning of February and that it will continue to manage supply carefully.

The BC Pharmacy Association advised pharmacies to keep a limited supply of EpiPen Auto-Injectors in stock in case of a medical emergency such as vaccine reactions and to check other pharmacies if adequate stock is not on hand. The Association will continue to monitor the situation from community pharmacies to ensure they are aware and able to provide the much-needed stock.

If you have any questions, please call 1-877-EPIPEN1 (1-877-374-7361). You can also go to **www.epipen.com/en** for information and use of EpiPen products. ■

Pharmacist prescribing, ethical practice and embracing change

In November, I attended the B.C. College of Pharmacists' board meeting to talk about pharmacist prescribing. As a stakeholder I appreciated the invitation. It was important to convey the views of the BC Pharmacy Association and our membership, as well as my personal views as a community pharmacist. The College Board passed the motion, and although there were restrictions that affected community pharmacists, it was a step in the right direction. With other provinces already allowing pharmacist prescribing, our next task is to ensure our government sees the clear benefits of pharmacist prescribing as one way for us to help fix a struggling health-care system. We need to also address these restrictions, and using some sound evidence from other jurisdictions, remove the ones which create barriers and do not provide any protection to the public.

So, I am optimistic that pharmacist prescribing will become a reality in B.C. soon, and that all pharmacists will be able to better treat their patients.

But what about conflicts of interest? Can a pharmacist, and in particular a pharmacist-owner, be both the prescriber and dispenser? My answer is yes. Pharmacists face this whenever they recommend OTC products. Every health-care professional with a billable service faces an inherent conflict every day. Health-care professionals are bound by their code of ethics to do the right thing for their patients. We must ultimately hold ourselves accountable, as pharmacists, to stay on the moral high ground, and deal swiftly and justly with those rare few that choose not to. I have confidence in our College to ensure that pharmacists avoid such conflicts and emphasize the importance of putting the patient first.

And what about the doctors? Certainly when there is change, there is bound to be resistance. I recently asked a doctor what he thought about the notion of pharmacist prescribing. He thought for a moment and then provided some pragmatic commentary. Firstly, he stated that other professionals, from nurse practitioners to naturopaths already do so (and the fact that the latter do so is a topic for another day). Secondly, he stated that doctors will then end up looking at the other billable services they provide and start focusing on other things, such as complex patients with multiple chronic conditions. He then lamented that pharmacists will probably have a role with complex patients as well, with services such as medication reviews, vaccinations, disease management and education. I think it is fair to say that while he wasn't endorsing the notion, he found the rationale for it, and ultimately this is all that we can ask.

"The primary reason for expanded scope of practice is simple: it's for our patients."

Which raises the question, why should pharmacists want these extra responsibilities? To borrow a phrase from President John F. Kennedy: "we choose to prescribe and do the other things...not because they are easy, but because they are hard; because that goal will serve to organize and measure the best of our energies and skills, because that challenge is one that we are willing to accept, and one we are unwilling to postpone."

The primary reason for expanded scope of practice is simple: it's for our patients. This means better access, reduced costs to the system, improved health outcomes and allowing other health-care professionals to be mobilized in other ways. I believe that pharmacists will always strive to do what is right for their patients. ■

Pharmacists are vital in the battle against opioids

It seems that community pharmacists are often focused on finding their way in the ever-changing landscape that is health care. While the change of pharmacy practice may seem too slow for many, in fact, a great deal has changed in less than a decade. In B.C., pharmacists have become the go-to provider for flu shots and other immunizations. Literally hundreds of thousands of British Columbians now rely on their pharmacists for their annual flu shots. The opportunity for B.C.'s pharmacists to deliver immunizations came at a time of crisis in the province. Community pharmacists were asked to answer the call to help respond to the H1N1 crisis. And they did.

Today, we have a different crisis affecting our province and our country – opioids. I think many pharmacists look at this epidemic and wonder how can they help. How do pharmacists add their expertise to help stem the tide of needless overdose deaths in B.C.? This is a question the Association team has been asking for many months and has been the focus of our outreach to experts in the addiction community, our members and regulators. Surely, pharmacists who interact with their patients an average of 35 times a year – almost twice the number of visits a patient makes to their prescriber – can be deployed more effectively to be part of the solution.

We commend the new provincial government for doing so much to focus on this crisis. And B.C.'s community pharmacists are anxious to make a contribution in addressing the problem. None of us can stand by and watch the rising carnage that is killing people each and every day. But finding our way through this crisis, frankly, isn't easy. There is no one-size-fits-all solution. The issues affecting addiction are complex and go well beyond clinical treatment. Unlike other epidemics that required a straightforward clinical solution, finding meaningful and lasting solutions will take time and innovation. Pharmacists have shown themselves to be very good innovators and that's why we want to be actively engaged with the provincial government and addiction services organizations.

We have been in discussions about whether pharmacy has a role to play in making clean drugs available to patients battling with addiction. And we are thankful for the ability to explore this potential with BC Centre for Disease Control (BCCDC) and BC Centre on Substance Use (BCCSU). But making this available to patients isn't something that is easy to do. It merits continued discussions and monitoring.

But one place I know pharmacists can make a difference is in the early identification of patients who are or could be facing addiction problems. We need to use our expertise and relationships with patients to provide counsel and intervention before addiction patterns set in and are hard to address. Our colleagues in Ontario are exploring the potential to get involved in an opioid abuse program where pharmacists would identify and work with patients in the prevention of opioid dependence. This type of program would allow pharmacists to use their medication expertise to work with prescribers and patients in the early stages before those patients are in crisis. We believe this type of program could be very effective in B.C. and we are developing recommendations to make to government.

"This type of program would allow pharmacists to use their medication expertise to work with prescribers and patients."

In order for pharmacists to maximize their effectiveness in dealing with this and other health crises they need to have proper regulatory support to provide the maximum scope of practice. In this issue of *The Tablet*, others are addressing the framework approved by the College of Pharmacists of BC's Board regarding pharmacist prescribing. While we support all efforts to advance the practice we believe this framework falls short of what is needed and what B.C.'s community pharmacists are trained to provide.

As we look ahead to 2018 I am hopeful that we can all pull together in the same direction to find the way for pharmacists to provide greater value in dealing with the opioid crisis and the health care of British Columbians in general. ■

DEREK DESROSIERS | DIRECTOR, PHARMACY PRACTICE SUPPORT

Pharmacist prescribing: Do we have the right model?

A submission in support of pharmacist prescribing in B.C. will be presented to the Minister of Health by the College of Pharmacists of BC this year. The College Board approved the submission at its Nov. 17, 2017, meeting, requesting amendments to the Pharmacists Regulation under the *Health Professions Act*. The submission will include the final Framework for Pharmacist Prescribing in B.C. and the Certified Pharmacist Prescriber Engagement Report.

While the BCPhA broadly supports pharmacist prescribing in principle, the BCPhA does not support the current framework put forth by the College. Within the framework, there are reasons given to allow pharmacist prescribing including: the need for timely access to primary care due to an expanding aging population and rising burden of chronic disease, increasing patient choice and access to primary care services, and reducing delays in treatment and access to medications. While these are all laudable goals, the BCPhA does not believe the framework as approved will achieve these goals due to its restrictive structure.

"The bottom line is that restrictions are difficult to remove or change in the future."

More specifically, the framework is too narrow in restricting pharmacist prescribing to only within collaborative practice. Furthermore, it lacks the definition of "collaborative practice" and restricts pharmacist prescribers from dispensing. We view these limitations as having significant repercussions for patient access, especially in remote and rural communities.

Imagine being in a community of only one or two pharmacies and prescribing for a patient but then having to tell the patient that they must go to your only competitor in town to get their prescription filled. Even worse for the patient would be prescribing for them and then having to tell them that they must drive to the next town, which may be many kilometres away, to get that prescription filled. These are clearly unworkable solutions for the patient.

Some people have suggested that the College's framework is a good stepping stone to lead to broader pharmacist prescribing in the future as we remove the restriction of having to be involved in a collaborative practice. However, in B.C. we do not have a strong track record of success in removing such restrictions. For example, we have had injection authority for eight years but still have the age restriction of five years old and up. Another example is that of the adaptation restrictions that have been in place for many years relating to certain therapeutic categories. The only reason those were recently expanded was because of the launch of the PharmaCare Modernized Reference Drug Program. The bottom line is that restrictions are difficult to remove or change in the future.

The BCPhA also believes that the current framework as approved by the College Board has the potential to create two "classes" of pharmacists within the profession increasing acrimony between professionals based on the collaborative practice requirement. This framework as drafted could set us back many years in our BCPhA advocacy efforts to achieve scope expansion including broadly available pharmacist prescribing in the community.

The BCPhA supports a model based on a stepwise approach with the goal of increasing patient access to primary health-care services, especially in remote and rural communities throughout British Columbia. One potential model is to utilize Schedule 4 and place drugs into that schedule that can be prescribed by a pharmacist for specific indications, such as certain antibiotics for urinary tract infections. This model would allow all pharmacists to prescribe (not just those in a collaborative practice) and therefore truly improve access to primary care, especially for patients in remote and rural communities.

Let's hope that we can settle on the right model to move this scope expansion forward for the benefit of patients. ■

VINCE LEE | DIRECTOR, MEMBER SERVICES

Member wage and benefit survey results: A member benefit

Thank you to the more than 600 members who responded to the most recent wage and benefit survey. We conduct this survey every two years to give members a guide or point of reference in terms of what colleagues in different regions, roles and pharmacy types are earning or receiving in benefits.

It was good to see that the average gross hourly rate increased overall, even though the increases were marginal. And as we see more job opportunities available in the market place with 154 positions available, which is double the amount noted in 2015, a large majority of pharmacists (94.5%) did not receive a signing bonus and a majority (63.7%) of respondents said their employer does not provide a performance bonus, which is also an increase from the previous survey.

There is also a trend where a number of employee self-paid benefits have declined by 6 to 9 percentage points while more benefits are now listed as "do not have." The BCPhA does have negotiated discounts for general members for life, critical illness, accident, home and auto insurance products. Corporate members are also eligible to access discounted comprehensive store insurance for your pharmacy as well as employee benefits plans – group life, AD&D, critical illness insurance, short- or long-term disability, extended health, dental, and health-care spending accounts. We encourage you to learn more about these exclusive offers through our partners and take advantage of these benefits.

In terms of clinical services, all pharmacies that responded are providing additional clinical services and the largest significant increase was smoking cessation which increased by 21.3 percentage points to 87.3%.

Many respondents (42.3%) said that the administration of injections certification is a condition of employment by the employer, an increase from 34.2% in 2015 and 18% in 2013. This will continue to increase as the number of injections pharmacists are delivering continue to increase. With last year's flu season, pharmacists delivered more than 550,000 flu shots and this year we have already exceeded that. If you are not authorized to administer injections, you should definitely sign up for one of our injections workshops. And for those already authorized, I recommend taking our comprehensive eTraining course Pharmacists and Publicly Funded Vaccinations in British Columbia. Both are offered at a discounted rate for members.

"With last year's flu season, pharmacists delivered more than 550,000 flu shots and this year we have already exceeded that."

Job satisfaction improved slightly from 59.1% in 2015 to 61.6% in 2017. Those dissatisfied decreased by 4.3 percentage points from 21.8% in 2015 to 17.5% in 2017. Those who responded uncertain had a slight increase from 19% in 2015 to 20.9% in 2017.

We have posted the results for download on our website now. The report provides a more detailed look at benefits as well as wages broken down by age, years of practice, region, type of pharmacy and position. We hope you find the information useful whether you are a staff pharmacist or owner. ■

BCPhA eTraining

Our new eTraining portal has launched!

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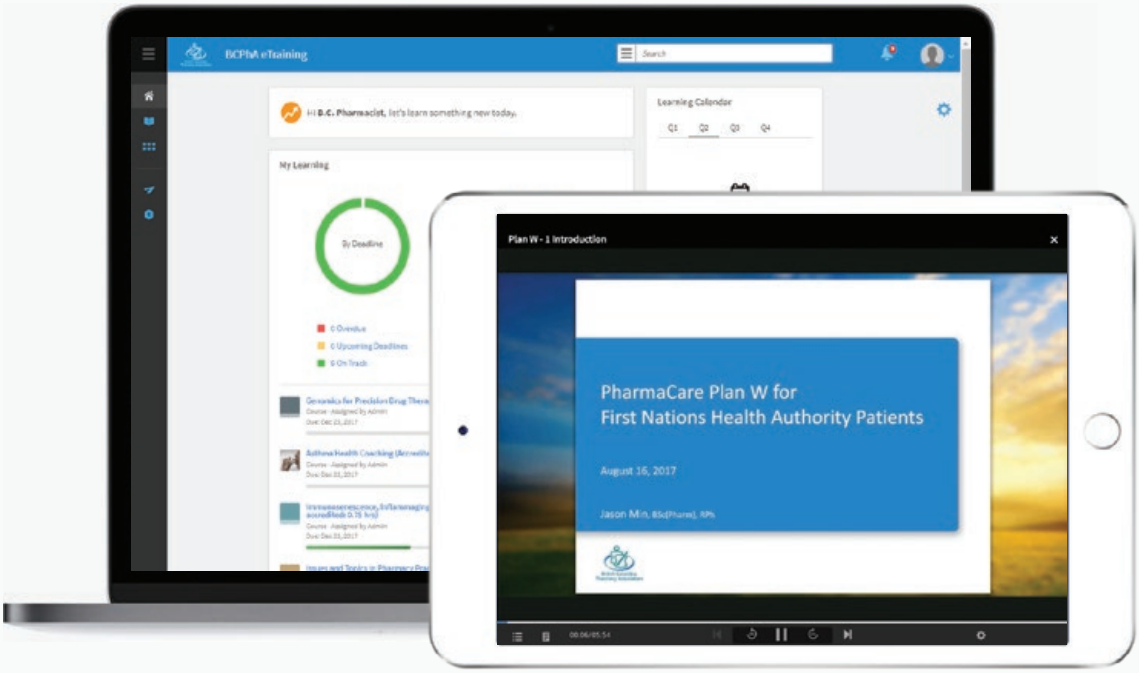

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- Travel Medicine Program
- Schedule II Naloxone for Opioid Overdose
- Regulatory Compliance Bootcamp
- Proton Pump Inhibitors
- Understanding asymptomatic bacteriuria & UTI
- New PharmaCare Plan W program for First Nations Health Authority patients
- Asthma Health Coaching Program
- Diabetes Health Coaching Program

www.bcpharmacy.ca/etraining

Association urges B.C. to address cannabis concerns before legalization

B.C. recreational pot shops will no longer be able to use terms like "dispensary."

The BC Pharmacy Association urged the B.C. government to advocate for a speedier review of Canada's medicinal cannabis program.

As Canada faces the impending legalization of non-medicinal cannabis in July 2018, the BC Pharmacy Association urged the B.C. government to address two outstanding issues regarding the sale and distribution of both recreational and medicinal cannabis across the province.

"We strongly believe that B.C. has an opportunity to pioneer a new, safer, properly regulated method for dispensing medical marijuana," says Geraldine Vance, CEO of the BC Pharmacy Association.

"But these changes must be implemented in tandem with the legalization of recreational pot, or we run the risk of increasing access for British Columbians to an unregulated, misrepresented product."

In its official submission to the Ministry of Public Safety and Solicitor General on Oct. 23, 2017, the Association outlined two recommendations critical to public safety: to immediately address the problem of illegal retailers labeling their storefronts

Did you know?

According to Statistics Canada, more than 400,000 people use cannabis for medical reasons. Of those, only 130,000, or 32 per cent, are buying their medication through approved and legal mail order Licensed Producers (LPs).

as "dispensaries" and for the province to address the issues of safe dispensing of medical cannabis concurrently to the legalization of recreational cannabis.

The Association recommended that the term "dispensary" be banned from use by all pot retailers, apart from those individuals governed under the *Health Professions Act* (HPA), such as pharmacists and opticians.

On Feb. 5, 2018, the Minister of Public Safety and Solicitor General released details on B.C.'s proposed retail frame work for recreational cannabis in the province. Non-medicinal cannabis retailers will be prohibited from using the terms "pharmacy," "apothecary," and "dispensary" or other terms that would lead the public to believe they provide medical care.

"The vast number of establishments who operate under the banner of a 'dispensary' able to treat a wide assortment of medical conditions has created a dangerous public perception that all pot for sale is medicinal in nature," says Vance. "In fact, the opposite is true. These storefronts have no established guidelines or protocols on 'prescribing,' their staff have no health-care training and the source of their product is not regulated or quality controlled in any way.

"Thousands of Canadians rely on medicinal cannabis to manage their health issues. They have the right to know they are getting that medication from legitimate providers," Vance adds.

At the same time, the Association urges B.C. to advocate for a speedier timeline to implement a widely accessible medicinal cannabis program through legitimate pharmacies, to provide patients with a legal, regulated product that is safe, effective and managed by a health-care professional. Cannabis should be distributed and logged like any other narcotic, ensuring checks and balances at every stage from producer to prescriber and to allow for proper medication oversight.

"Our members have told us that more training is needed on the efficacy, dosing and prescribing of marijuana for treatment of illness," says Vance. "But clear regulations specific to medicinal cannabis is the crucial first step towards the safe and effective sale and distribution of cannabis in pharmacies in the future."

To read our full submission and response to the B.C. government's recent announcement on The Retail Framework For Non-Medical Cannabis, please visit www.bcpharmacy.ca/advocacy/submissions. ■

Illegal pot shops

As of Oct. 20, 2017, the City of Vancouver has more than 110 shops listed as "medical marijuana-related retail dealers and compassion clubs." Of those, only 12 have business licenses, 39 have a development permit issued and 60 are operating without a license. In addition, it has been reported that there are at least 19 pot shops operating in suburbs in the Lower Mainland, including North Vancouver, Langley, Abbotsford and Maple Ridge. In Victoria, there were 23 pot shops, four of which were licensed, as of Jan. 27, 2016.

Through the work of the BCPhA, retailers like this Vancouver recreational marijuana dispensary (above) will no longer be able to use language like "dispensary," "pharmacy" or "apothecary" that leads people to believe it sells medicinal cannabis.

Life-saving naloxone kits available for free in B.C. community pharmacies

BC Pharmacy Association President Alex Dar Santos addresses the media for the announcement of free Take Home Naloxone kits at community pharmacies. Minister of Mental Health and Addictions Judy Darcy (left) looks on.

As drug overdose deaths continue to rise, B.C.'s community pharmacies are taking a stand in being part of the solution in the province's opioid crisis. A staggering 1,200 deaths were attributed to drug overdoses this year, according to a November B.C. Coroners Service report, up from 607 at this time in 2016. And the numbers continue to rise.

In a joint announcement on Dec. 20, 2017, the BC Pharmacy Association partnered with the Ministry of Mental Health and Addictions, stating the province would make life-saving naloxone kits available at community pharmacies throughout B.C. for those people at risk of overdose or likely to witness an overdose.

Held at London Drugs Pharmacy in New Westminster, Dr. Jane Buxton of the BC Centre for Disease Control, Alex Dar Santos from the BC Pharmacy Association and Chris Chiew of London Drugs Pharmacy joined in the announcement.

Since the announcement, requests from community pharmacies to register as a distribution site peaked at more than 50 inquiries in just a few weeks. Now more than 250 community pharmacies (and growing) across the province will provide free naloxone kits to those in need.

In extensive consultation with the BC Centre for Disease Control, the BC Pharmacy Association (BCPhA) had been advocating for community pharmacies to be added as distribution points for the

London Drugs hosted the media event at its New Westminster store with Minister Judy Darcy (centre), BCPhA President Alex Dar Santos, and representatives from the BCCDC, Ministry of Mental Health and Addictions and First Nations Health Authority.

Take Home Naloxone (THN) Kit across B.C., making the life-saving kit available to high risk individuals at the community pharmacy level. The program was developed by the BC Centre for Disease Control in 2012 to provide training and naloxone kits to people at risk of opioid overdose.

According to the BC Centre for Disease Control, the kits would be provided free of charge to:

- Individuals at risk of an opioid overdose
- Individuals likely to witness and respond to an overdose such as a family or friend of someone at risk

"B.C. pharmacies play a significant role in being a part of the solution in the opioid crisis as one of the most accessible health-care providers in nearly every community across the province. Pharmacists are trained, experienced and knowledgeable not only in medication but in providing an essential health-care service to our patients and to our community," says Geraldine Vance, CEO of the BC Pharmacy Association. "Providing the life-saving naloxone kit from the community pharmacy level to treat opioid overdose is an important step in dealing with the current crisis."

Participating pharmacies are to ensure they have trained pharmacists on how to use the kits, provide patient training and consultation and manage re-orders as needed. More than 1,900 kits were distributed since the announcement with additional re-orders already being submitted.

For pharmacies:

Pharmacies wishing to participate in the program should contact Derek Desrosiers, Director, Pharmacy Practice Support at derek.desrosiers@bcpharmacy.ca for information on registration, logistical questions and distribution details.

For more information and resources, go to:

www.bcpharmacists.org/naloxone

The BC College of Pharmacists website provides a list of resources relating to naloxone, including a naloxone FAQ and optional patient hand-outs.

www.towardtheheart.com

The BC Take Home Naloxone program provides extensive resources for sites participating in the THN program, for health professionals and for individuals at risk.

To find a pharmacy that provides the free Take Home Naloxone kit near you, visit Toward the Heart Pharmacy Finder. Community pharmacies will be listed in the same section of the website and will be regularly updated. ■

Understanding Plan Wellness (Plan W): 5 Helpful Tips

On Oct. 1, 2017, First Nations Health Authority (FNHA) clients in B.C. joined PharmaCare to receive drug benefits services through a tailored program designed specifically for First Nations called Plan Wellness (Plan W). Formerly, these patients received drug coverage from Health Canada's Non-Insured Health Benefits (NIHB) program. This change is the first step in improving First Nations health care by bringing it closer to home in B.C. All FNHA clients who are eligible for the BC Medical Services Plan (MSP) are eligible for PharmaCare Plan W benefits.

In support of this province-wide change, the BC Pharmacy Association contracted pharmacist and owner of Pharmasave Tofino, Laura McDonald, to develop training materials and conduct community engagement sessions in several First Nations communities across B.C., including in Prince Rupert, Terrace, Prince George and Hazelton.

While B.C. is McDonald's adopted home province, she is truly west coast at heart. For the past 10 years, McDonald has fully integrated herself into the Tofino community as an avid, year-round surfer and proactive member of an integrated health-care team. In addition to serving her many patients at Pharmasave, McDonald makes regular visits to the nearby community of the Tla-o-qui-aht First Nation, conducting health presentations, medication reviews, safe disposals, as well as fulfilling prescriptions.

Tofino pharmacist Laura McDonald works with many First Nations Health Authority clients. She helped train other community pharmacists on the switch to PharmaCare's Plan Wellness (Plan W).

"In this setting I am often invited to eat and share a meal with the community's elders and families," says McDonald. "It's a privileged experience to have."

For *The Tablet*, McDonald discusses the top five challenges pharmacists may face when interacting with PharmaCare's newly launched Plan W.

1. Special Authority process

Following the introduction of Plan W, the timeframe for receiving Special Authority status for your patients may have increased, in some cases from the regular 10 days to up to three weeks. PharmaCare has expanded their resources in the SA department and included a practitioner-only telephone number: 1-866-905-4912. For urgent SA, the one business day turnaround time is being met and for priority medications turnaround time is three business days.

2. Special Authority expiry dates

The expiries of transitional SA are specific to each drug. Many SA's are indefinite. For drugs that require renewal, prescribers will need to apply for SA within four to six months from Oct. 1. To figure out if this is the case for your patient, while in the process of adjudicating a drug to PharmaCare, SA expiry date should appear on the adjudication screen. In addition, pharmacists can call 1-800-554-2225 to see if a patient's SA has an expiration date.

3. FNHA transitional coverage request form

To ensure continuity of drug coverage, the transitional coverage request form is a one-time fill per drug, per patient. During the interim period of Oct. 1, 2017 to Feb. 28, 2018, pharmacists were reimbursed a $10 fee in addition to the usual drug cost plus dispensing fee. Ensure to review your invoices as some of the $10 additional fees were missed. Pharmacists can re-submit the form via fax indicating that the missing service fee was not included in the original cheque. Or pharmacists can email healthbenefits@fnha.ca the information.

4. Plan W non-drug OTC reimbursement

Curious about the correct reimbursements for the Plan W non-drug OTC benefits? The correct information is that PharmaCare reimburses cost plus markup (retail pricing) for non-drug OTC benefits (i.e. lancets, alcohol swabs and aerochambers). If you notice a price discrepancy, please contact Health Insurance BC (HIBC) and submit an itemized invoice to request a price adjustment.

5. Support calls for PharmaCare vs FNHA

PharmaCare's help desk should be the first point of contact for all claim coverage issues. This is not an inclusive list but common reasons to reach out to PharmaCare include: benefit inquiries, SA requests and pricing discrepancies. FNHA call centre is used to help support patients if PharmaCare cannot resolve the issue (i.e. Plan W registration, "grandfathered" drugs being missed and an exceptional process for appeals). FNHA is the resource for emergency situations; they are committed to ensuring all patients receive the medications they need. ■

Community pharmacist Laura McDonald with patient Sid Sam, Jr. of the Ahousaht First Nation.

Overdose crisis

Pharmacists' role in combatting opioid addiction

In the face of a public health crisis, B.C.'s community pharmacists are exploring new ways to help curb the rising tide of overdose deaths. Last year was the worst year yet, with more than 1,400 British Columbians who died from suspected illicit drug overdoses.

Pharmacist Rami Hanania (right) with patient Pal Jarjabka, who visits Owl Drugs daily for methadone maintenance treatment.

Injectable hydromorphone is dispensed to qualifying patients as part of a program with Portland Hotel Society and Vancouver Native Health.

Pharmacist Craig Plain at Pier Health Resource Centre, which dispenses hydromorphone to patients and allows them to administer it to themselves in the pharmacy. "Safety is always the No. 1 thing."

For years, B.C. pharmacists have been on the frontline of managing treatment for patients with opioid addiction with methadone maintenance and other opioid agonist treatments (OAT) like Suboxone and Kadian.

Since the spring of 2017, the BC Pharmacy Association has been in discussions with the BC Centre for Substance Use, the BC Centre for Excellence in HIV/AIDS, and the BC Centre for Disease Control on how community pharmacists can continue to play an important role in the opioid crisis.

From discussions on daily witnessing fees for Suboxone and Kadian to pushing for free take-home naloxone kits in pharmacy, the Association has been bringing the voice of pharmacy to government and health-care stakeholders. As the idea of both injectable and tablet-form hydromorphone therapy treatment gains traction, the BCPhA has advocated that pharmacists must play a key role in helping deliver these services to patients.

Daily witnessing

At Owl Drugs on the corner of Main and East Hastings, Ken Leung and his team of pharmacists greet their patients with a smile, a place to sit and a warm cup of coffee.

Most of Owl Drugs' patients are on opioid agonist therapy, with about 50 to 70 patients at any given time, taking methadone, Suboxone or Kadian to help manage their opioid addictions. But the pharmacy doesn't focus solely on their addiction. Pharmacists offer patients flu immunizations, offer to find antibiotics that are covered by a patient's PharmaCare plan or follow up on a case of the sniffles.

> *"That's the advantage of a pharmacist. We see patients on a daily basis."*

"We're very proud of our engagement with patients," says Pharmacist Rami Hanania. "I tell them, 'Let me know how you're feeling,' That's the advantage of a pharmacist. We see patients on a daily basis."

Patients leave the pharmacy with a take-home naloxone kit and training on how to use it. Any patient who needs it gets a sharps kit – 10 clean needles, gloves and an empty disposal bin for used needles.

Pal Jarjabka, who started with oxycodone tablets and Percocet to manage a workplace injury, eventually turned to heroin. Now he visits Hanania and the pharmacy team daily for methadone treatment to help manage his addiction.

Living in the Downtown Eastside, Jarjabka has revived at least 10 people who have overdosed on street drugs laced with fentanyl or carfentanyl. Others weren't as lucky.

"It's awful," he says, adding that dispensing prescription hydromorphone for those that need it could be one way to prevent more deaths and a start to getting them the resources they need. "These are depressed people that need mental health care."

Injectable treatment

Parker Rothgordt visits Providence Crosstown Clinic three times a day, seven

days a week where he injects himself with diacetylmorphine, the active ingredient of heroin, under a nurse's supervision.

Rothgordt injured his back as a shake-block cutter in the 1990s. Originally from Port McNeill, he tried to manage his pain through prescription medication, but began buying heroin on the street.

In 2013, he applied to be part of Crosstown's SALOME study, in which about 200 patients who were unsuccessful with other OAT therapies like oral methadone were able to receive injectable diacetylmorphine, the active ingredient of heroin, and hydromorphone under the care of clinic staff. It is the only clinic in North America that offers prescription heroin as a form of treatment.

"It's kept me alive. If I had been using on the street, chances are I would be dead," Rothgordt says.

The use of opioids, over time, can change a person's physiology requiring them to take external opioids to maintain function and prevent withdrawal symptoms. This is a medical condition referred to as addiction and needs to be treated as such using all options available. This includes allowing patients, along with their clinicians to determine their own dosing levels, says Crosstown Clinic's Pharmacy Director Amin Janmohamed.

Janmohamed was part of the NAOMI Study conducted in 2005, a co-investigator in the SALOME Study and now, with Bixa Therapeutics, works with Crosstown Clinic.

Of the current Crosstown patients, 20 per cent that started on injectable treatments have moved to oral treatment and out of the clinic program. Some patients are also receiving other oral therapy as they transition through their treatment.

"Injectable treatment is not our end goal," says Crosstown's lead physician Dr. Scott MacDonald. "In this population, they are suffering, they are at risk of death."

He sees community pharmacies, which are set up across the province, playing a key role in helping transition patients back to their communities where they have support structures, not just staying on injectable hydromorphone in Vancouver's Downtown Eastside.

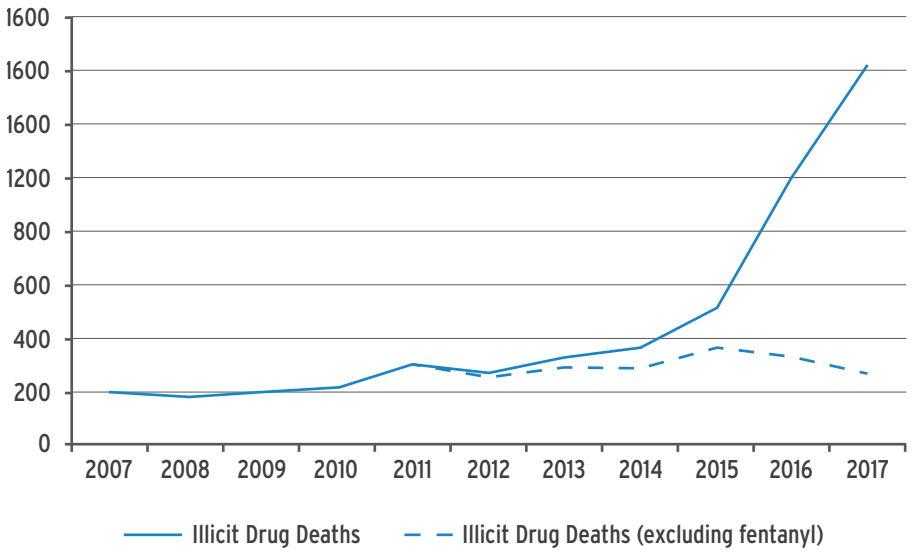
"If there's anything we have learned from the opioid overdose crisis it's that there is a significant number of people who are undertreated and underdiagnosed,"

"If there's anything we have learned from the opioid overdose crisis it's that there is a significant number of people who are undertreated and underdiagnosed."

Pharmacies provide Take Home Naloxone kits to patients to help combat the overdose crisis.

Crosstown Clinic Pharmacy Director Amin Janmohamed (left) talks with Dr. Scott MacDonald. "Injectable treatment is not our end goal," MacDonald says.

Figure 1: Illicit Drup Overdose Deaths including and excluding Fentanyl, 2007-2017



2017: 1,422 drug overdose deaths in B.C.

2016: 993 drug overdose deaths in B.C.

2015: 518 drug overdose deaths in B.C.

Since 2016, the BC Pharmacy Association advocated that community pharmacy be a distribution point for free take-home naloxone kits. Through discussions with the BC Centre for Disease Control, nearly 270 B.C. pharmacies are providing free kits to eligible British Columbians.

MacDonald says. "Pharmacies could be part of that solution."

Since March of 2017, Vancouver's Pier Health Resource Centre has worked with the Portland Hotel Society and Vancouver Native Health to dispense prescription hydromorphone to patients and allow them to administer it to themselves in the pharmacy.

Parker Rothgordt visits Providence Crosstown Clinic three times a day where he injects himself with diacetylmorphine under clinical supervision.

Two times a day, patients enter a room where a pharmacist assesses them before dispensing a clean syringe with the proper dose of the prescription hydromorphone, which the patients inject under the eye of a pharmacist. The pharmacist then watches the patients for 15 minutes, making sure patients are reasonably stable before they can leave.

"Safety is always the No. 1 thing," says Pharmacist Craig Plain. "These are patients who doctors have selected. They've failed other treatments. We have a waitlist for the program right now."

On the horizon

The Association has been advocating to the College and Ministry of Health for increased training for pharmacists who deliver opioid agonist therapy (OAT).

"There is a community pharmacy in almost every community in B.C., in some places where there aren't even doctors," says Geraldine Vance, CEO of the BCPhA. "Pharmacists are the most accessible health-care providers and know their patients by name, see them in the morning and know if there's anything wrong."

Conversations continue to advance in how the province can get prescription hydromorphone into the hands of patients who need it to curtail deaths from tainted street drugs. And pharmacists will continue to be there for their patients.

"At the core of addicts is the feeling of guilt and shame," Owl Drugs' Hanania says. "But when they are reminded this is a chronic condition, it's O.K. to relapse and we are here to help and support you, we can beat this." ■

Small town pharmacist put to the test during wildfires

Save-On-Foods pharmacist Maricor Del Rosario loves the impact she can make in rural Williams Lake.

Emigrating from the densely populated Quezon City in the Philippines, Maricor Del Rosario chose an unlikely place to build her pharmacy career 13 years ago – the small town of Williams Lake, B.C. But while the Save-On-Foods pharmacy manager traded the urban jungle for the great outdoors, Del Rosario has enjoyed a thriving career faced with opportunity and challenge.

Overseeing a team of five, she serves as a key pharmacy liaison for several of the community's vital health-care programs and volunteers as a member of the BC Pharmacy Association's pharmacogenomics research project.

Del Rosario's true mettle as a community leader was revealed this past summer, when a series of devastating wildfires ripped through the region in July 2017, causing an overwhelming demand for urgent medical supplies. One of the last pharmacists to leave the area and the first to return following an emergency evacuation order, Del Rosario ensured residents had access to vital medications.

What was it like to provide pharmacy care amidst the B.C. wildfire crisis?

If you were to ask what has been the most memorable time of my career, it was definitely this past summer. It was really tough for us because there was a long stretch where we were wondering what was going to happen to us. We were already caring for the patients of a nearby town that had been evacuated and many people were ordering medications, in preparation to leave. We were filling two to three days' worth of prescriptions in less than a day. We stayed until the last possible day before we were ordered to evacuate, and I returned several days early after the evacuative notice had been lifted to prepare for returning patients. Looking back on that time, we had the option to leave earlier. But we stayed until we could service everyone in town who was in need. My team is amazing; working above and beyond to finish everyone's prescriptions, even after all of the other pharmacies had closed. It was also great to be part of the team at Save-On-Foods that rallied together to provide disaster relief support through the Canadian Red Cross.

What first led you into pharmacy?

I actually wanted to become a doctor and I figured pharmacy was a good pre-med course to study, at the University of the Philippines. When life circumstances changed my career plans, I pursued pharmacy with passion, which ultimately led me to Canada. Right after I graduated in 2004, I packed up and moved to Vancouver with several of my student pharmacy colleagues. We did the IPG program through the University of Toronto, and after several student positions with the Save-On-Foods pharmacies

within Prince George, I took a position with the company in Williams Lake and have been there ever since.

What do you enjoy most about practicing in a small town?

I really love working in a small town because you have the opportunity to get to know everybody on a personal level. You become friends with them and build relationships that allows for deeper insight into their health and overall life – it's not just a customer or patient relationship.

Aside from your recent crisis management role, what have been some of your greatest accomplishments?

One of my greatest accomplishments is my partnership with our local dialysis clinic. I see the patients every three months for a full medication reconciliation, and get to know them and all of their habits. Having the opportunity to review their medications directly means we're able to work together to build a better understanding of how their medication, as well as diet, affects their overall health.

We're also excited about our newest partnership with Interior Health and Axis Family Resources' voluntary withdrawal management program, serving as the pharmacy on call for outpatients requiring follow-up medications, such as methadone. These services are life changing and it's a privilege to be involved. To be able to ask a patient how they are feeling and coping, that kind of connection has an impact on how they view their overall health care.

What developments do you hope to see within the pharmacy industry in the future?

What I would like to see in the future is a more clinical approach to pharmaceutical care, where we as pharmacists have more direct access to patients' lab work so that recommendations can be given to their doctors and we can more fully participate as members of a collaborative health-care team. ■

Helping patients understand medication risk

By Raymond Li, BSC(Pharm), MSc.

Case: A young woman is prescribed metoclopramide for hyperemesis gravidarum. She is concerned about the boxed warning of tardive dyskinesia.

Pharmacists are often asked about the adverse effects of medications. Fear of side effects can be difficult for patients to understand leading to needless anxiety and even noncompliance. By knowing factors that cause the patient to worry excessively about side effects, pharmacists can help patients better weigh the risks against the benefits.

What is risk?

Risk is the combination of the side effect and its probability. Consider discussing: 1) The side effect 2) The probability of the side effect, 3) The potential benefit of the medication, and 4) Weighing the risk against the benefits.

What influences the perception of risk?

In addition to health literacy and numeracy, other factors can influence how patients perceive risks.

In our example, several of these factors are in play: there is heightened awareness (due to the boxed warning), unfamiliarity, and the effects may be delayed and potentially permanent. All this may be layered upon the heightened emotions of being pregnant.

Clear communication of risks!

The following tips can help pharmacists communicate information more clearly and help patients better understand their benefits and risks.

Trust	Risk is perceived as higher when people do not trust the information source.
Benefits	Risks are perceived as higher when the benefits are small, and vice versa.
Choice and control	Risk is perceived as higher when there is no choice or control over medications.
Human-made vs. natural	Human-made risk is perceived as higher than risks posed by nature.
Dread	Some conditions, such as cancer or permanent disability, evoke more dread and are thus scarier. Diseases or side effects that family members or friends have suffered from may also evoke dread.
Awareness	A side effect or risk that is in the news is perceived as higher.
Novel and unfamiliar	Risks that are new and unfamiliar, left to the imagination (hard to understand, unobservable, delayed), or uncertain are perceived as higher.
Age	Risk perception is higher if children are affected.
Specificity and personal impact	Risks affecting named individuals (vs. anonymous), and those that "hit close to home" are perceived as higher.
Past experience	Patients who had previously experienced a side effect from a medication perceive medication risks as higher.
Culture and gender	White males tend to have a risk perception that is lower than white and non-white females, and non-white males. In one survey, however, white men perceived risks to be higher than other demographic groups for certain classes of drugs.

- Use plain language. Describing complex conditions can be a challenge, but there are a number of online resources that can help (e.g. MedlinePlus, WebMD).
- Sometimes the data is poor and our knowledge is limited. Maintain trust and acknowledge any uncertainty.
- Use numbers rather than phrases like "very rare", "uncommon". The following are regulatory definitions: very rare means <1 in 10,000 (including isolated case reports); rare means <1 in 1,000 but ≥1 in 10,000; uncommon (infrequent) means ≥1 in 1,000 but <1 in 100; common (frequent) means ≥1 in 100 but <1 in 10; very common: ≥1 in 10.
- Use frequency (e.g. two in a thousand) rather than percentages (0.2%).
- Keep denominators constant when making comparisons (e.g. the occurrence of tardive dyskinesia has been reported to range from 1 in 35000 prescriptions to 1 in 5000, but convert that to 3 per 100000 to 20 per 100000 prescriptions).
- Use absolute risks rather than relative risks. A 50% increase in the incidence of a side effect seems large, but the actual increase may be from two in a thousand to three in a thousand.
- Present the incremental risk (compared to baseline or placebo). Even pharmacists sometimes provide rates without the accompanying baseline rate, leading to inaccurate perceptions.
- Consider using graphs and pictographs to aid comprehension. There are free online programs that generate pictographs such as Cates plots (www.nntonline.net) and icon arrays (www.iconarray.com).
- Provide both positive and negative frames, e.g., "three in a hundred patients will develop a rash, while ninety-seven in a hundred will not."
- Don't forget to discuss benefits. Remember that patients perceive risks to be lower when the benefits are higher. The order in which information is presented can affect perceptions – if risks are discussed last, patients may focus on the risks.
- Individualize risk information when possible, considering the patient's age, sex, health status, etc.
- Clarify the time interval over which a risk occurs or accumulates, e.g. the risk of tardive dyskinesia increases with therapy longer than 12 weeks.

As always, discuss monitoring, and be accessible when your patients have further questions or concerns! ■

References: Available on request.

Community pharmacists "Say No to Flu" with frontline access to flu shots

The 2017-2018 flu season is being described by health officials as one of the worst flu seasons to hit in many years, especially affecting those in high-risk groups, such as the elderly and those with chronic illnesses. More than 550,000 people received a flu shot from their pharmacist in 2016-2017, an increase of 27 per cent over the previous year. The BC Pharmacy Association predicts a similar – if not increased – number of patients for the 2017-2018 season.

In an effort to provide support for community pharmacists, bring awareness to the flu epidemic and encourage British Columbians to visit their local pharmacist for their flu shot, a media and social media campaign "Say No to Flu" was launched in late October. A media release was distributed Oct. 26, announcing the campaign to major news outlets across B.C. and nationwide. More than 127 online news outlets posted the story, reaching

approximately 190,000 potential online viewers. Distribution in B.C. media alone had a potential reach of 6.8 million. Portions of the release were posted in major provincial outlets including the *Vancouver Sun, The Province, Montreal Gazette, Calgary Herald* and the *Edmonton Journal*.

Several pharmacist members were enlisted to help promote the campaign and provide their expert opinion on the importance of getting vaccinated for this flu season. Member pharmacists Jamie Wigston and Helena Cui, were featured by major outlets - Global News (National), Sing Tao (Vancouver – Chinese), Radio NL 610 (Kamloops) and CKNW 980 AM (Vancouver).

BCPhA CEO Geraldine Vance was also featured in the Province of British Columbia's news release on Nov. 8, 2017, providing a quote on the importance of getting a flu vaccination early.

BCPhA designed an online poster of "Say No to Flu" facts for members to print for use at their pharmacy counter. The flu facts were also designed as social media postings and placed on BCPhA's newly launched Facebook (facebook.com/bcpharmacy.ca) and Twitter (@bc_pharmacy) accounts, with retweets alone reaching over 6,000 followers.

With more than 3,400 community pharmacists in B.C. authorized to provide immunizations, it is estimated that the number of flu shots given by pharmacists could reach more than half a million. To ensure high-risk groups are immunized, including caregivers who also need protection, pharmacists can provide frontline access to flu shots onsite at local pharmacies and offsite clinics such as senior centres.

Influenza is unpredictable but there are patterns that can be tracked to determine particular strains. In this case, the predominant strain is H3N2, with documented cases in Australia and South Asia. It is considered one of the more severe strains since it first arrived three years ago but has evolved into subtypes, making it even more serious.

Want to get more involved in promoting the role of pharmacists providing flu shots in your area? Contact Shirley Wong at shirley.wong@bcpharmacy.ca or 604.269.2866. Don't forget to follow the Association's social media channels and use the hashtag #SayNoToFlu. ■

Adapting prescriptions: An increase in therapeutic substitutions by community pharmacists

Pharmacists identify opportunities to conduct prescription adaptations to optimize safe and effective drug therapy outcomes for patients

Since 2009, pharmacists have had the ability to adapt a prescription by renewing it, changing a dose or regimen or making a therapeutic substitution. Therapeutic substitutions allow a pharmacist to substitute the prescribed drug with a different drug that is designed to have a similar therapeutic effect, as long as that drug is from within the same therapeutic class. Therapeutic substitutions were originally limited to five classes of drugs.

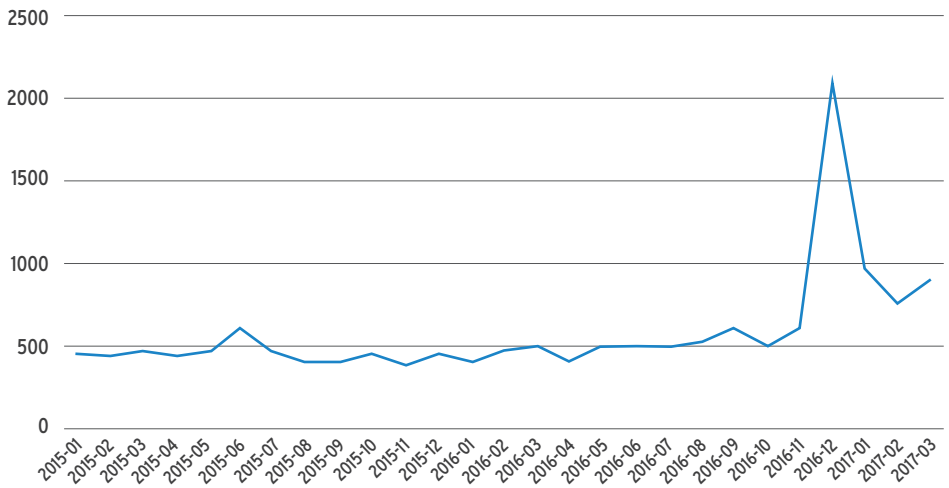
In June 2016, B.C. announced changes to its Reference Drug Program (RDP), adding in three new categories of drugs: Angiotensin Receptor Blockers (ARB), Statins and Proton Pump Inhibitors (PPI).

The College's professional practice policy (PPP)-58 Medication Management (Adapting a Prescription) was updated to reflect this change. This allowed community pharmacists to therapeutically substitute in the expanded number of drug categories.

In response to changes, the BC Pharmacy Association launched a training program to help community pharmacists overcome barriers to therapeutic substitutions.

Recent published data from PharmaCare show that the number of therapeutic substitutions has increased by almost 70 per cent from fiscal year 2015/2016 to 2016/2017, which demonstrates pharmacists' utilizing their full professional competency to make drug therapy decisions through therapeutic substitutions. Therapeutic substitution adaptations spiked for the months of December 2016 and January 2017 indicating higher use of therapeutic substitutions compared to past years.

Figure 1: Number of Pharmacy-Initiated Therapeutic Substitutions 2015/01-2017/3, as presented by Mitch Moneo, Acting Assistant Deputy Minister (Pharmaceutical Services), at the 2017 BCPhA conference.



The BC Pharmacy Association has been supporting community pharmacists across B.C. in the modifications to the RDP via pharmacist town hall meetings, webinar training, in-person practice support and online resources. Pharmacists can access online training webinars on the BCPhA website, including two new training programs: Modernizing Practice to meet a Modernized RDP and Adapting Prescriptions – A Guide to Maximizing Clinical Services in Your Practice (free for BCPhA members and CCCEP-accredited for 3.0 CEUs). ■

References available upon request at communications@bcpharmacy.ca.

Pharmacogenomics and myDNA offers patients life-changing technology

B.C. media campaign highlights importance of pharmacogenomics.

Your DNA can hold the key to whether your medication works for you.

This was the message shared in a province-wide media outreach campaign launched by the BC Pharmacy Association in November 2017, in support of the myDNA genetic testing kits now offered in many pharmacies across B.C. The simple cheek swab test tells patients how their body will respond to different medications.

Partnering with several pharmacists with experience in providing the myDNA test to customers, the BCPhA showcased the technology to media, with news reports appearing across television, radio, print and online platforms, including CTV News, CHEK-TV, CBC Radio (Prince George/Kelowna), *Kelowna Capital News*, Roundhouse Radio (Vancouver), CKNW Radio (Vancouver), CKPGToday.ca, *Kelowna Daily Courier, Vancouver Courier* (Health Supplement) and *Ming Pao Daily*.

Curt Fowkes, from Phoenix Dispensary in Prince George, spoke to CKPG TV about how a simple cheek swab can help make a big impact on patients. "Everybody will metabolize drugs at different rates, so that will make some more effective or less effective, have more side effects or less side effects. So, if we know how the person is going to metabolize them, then we can give them more effective doses so we can get people feeling better, faster."

Pharmasave pharmacist Nelli Jakac (right) talks to patient Danuta Mossford about her myDNA results.

For Burnaby patient Catherine McLeod, who shared her story publicly, receiving her DNA results was like "winning the lottery." The test helped to confirm her current antidepressant was suitable for her, based on her DNA. Prior to the test,

Pharmacist Nelli Jakac and BC Pharmacy Association Pharmacist Bryce Wong. Jakac's Vancouver pharmacy was the first pharmacy in Canada to sell a myDNA test kit.

she underwent months of side effects of previous medications and dosages.

Victoria pharmacist and campaign spokesperson Cindy Chen notes the test is a useful tool for patients to feel more empowered and involved in their medication selection and management of their health.

This was true for Vancouver couple Danuta and Lawrence Mossford, who took the test in late August. Both generally healthy, they wanted to ensure the medications they were taking for their separate conditions were right for them. With a family history of cardiovascular disease and diabetes, Danuta took the myDNA test to ensure she was provided the most effective medication for her. The results confirmed she was taking the wrong medication for years, causing debilitating side effects, stress, time off work and numerous hospital and doctor visits.

"My results showed that an anti-anxiety medication I was prescribed for years was the least effective," says Danuta. "It also confirmed which medication was the best for me. I believe everyone should have this test prior to meds being prescribed."

Currently, there are almost 100 pharmacies registered across Canada in several provinces that can provide the myDNA test kit, with more than 80 in B.C. offering the service. Many more are coming on board every day. By the end of 2017, it was estimated that up to 150 pharmacies across Canada have signed up to provide this service.

With news about pharmacogenomics and myDNA still fairly new to the public, a positive impact of the media campaign has been to help drive interest and inquiries to local community pharmacies. As word of DNA testing spreads, educating the public on the value of this in-store technology will be important to ensuring patients utilize the service.

Thanks to the following pharmacists who participated in this media campaign: Curt Fowkes (Prince George), Cam Bonnell, Mark Chambers, Bob Der (Kelowna), Cindy Chen (Victoria), Nelli Jakac (Metro Vancouver) and Frederick Cheng (Richmond-Steveston). ■

For more information, go to www.mydna.life/en-ca/pharmacists-2/ or contact Bryce Wong, General Manager, RxOme Pharmacogenomics Canada Ltd at www.rxome.ca

Toll Free Number: 1-844-472-7896 or (778) 330-3086, Bryce.Wong@rxome.ca

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British Columbia Pharmacy Association

RXOME Pharmacogenomics Canada, Inc

RxOME is a joint venture between the BC Pharmacy Association and myDNA, a genetic testing and interpretation service provider. Together these companies aim to make pharmacogenomic testing and interpretation services available to Canadians through community pharmacies.

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Honouring one of pharmacy's pillars: Marshall Moleschi

Marshall Moleschi joins a distinguished list of Canadian pharmacy leaders recognized for their life-long commitment to the profession with the Pillar of Pharmacy Award.

Honored with this year's award by the Canadian Foundation for Pharmacy (CFP) at gala events in both Vancouver and Toronto in November, Moleschi was lauded by friends and colleagues for his many accomplishments over more than 40 years in the profession.

"It was wonderful to see Marshall honoured for the amazing contributions he has made to pharmacy right across Canada and in particular, here in B.C.," says CFP President Derek Desrosiers.

"While most pharmacists do not realize it, they are benefitting from the work he has done."

Moleschi worked with the College of Pharmacists of BC to pioneer telepharmacy services, which helped revolutionize care in remote areas. As registrar of both the B.C. and Ontario colleges of pharmacy, he also expedited the expansion of pharmacist services and inspired pharmacists and technicians to practice to their full scope.

The speakers throughout the event highlighted Marshall's ability to develop and foster long-term relationships that allowed him to move pharmacy's collective agenda forward within the broader health-care system.

"Marshall worked tirelessly to raise the profile of the profession from simply medication dispensers to medication experts that make a positive difference in patients' lives every day," says Suzanne Solven, executive director at Pacific Blue Cross. "He empowered pharmacists to get out from behind the pharmacy counter and interact with other health-care professionals in the team."

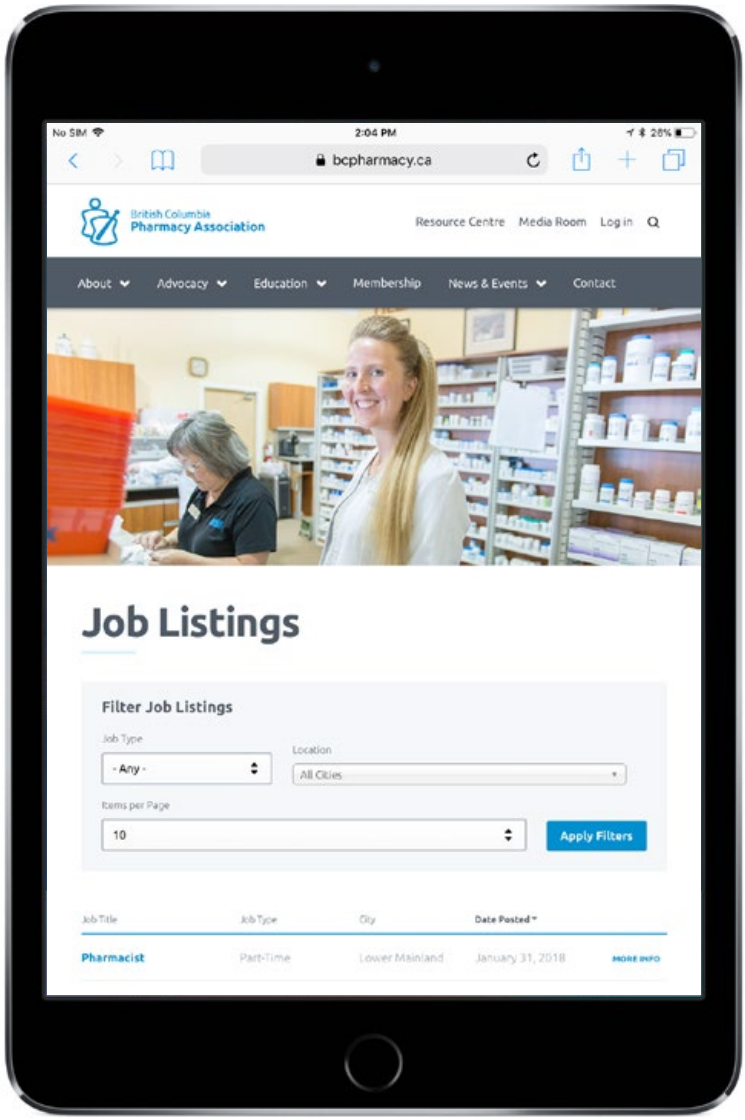
Former College of Pharmacists of BC Registrar Marshall Moleschi was presented with the Pillar of Pharmacy Award in the fall 2017.

B.C. College Registrar Bob Nakagawa noted that Moleschi was a true leader in the profession who could "navigate the gray" in order to advance the wellness of the population through better pharmacy services. "A gentleman in every sense of the word, Marshall is always there to work with others to make things better — a true Pillar of Pharmacy."

Longtime friend and colleague Marnie Mitchell, a consultant and former CEO of the BC Pharmacy Association, said as she listened to the speakers, she realized that her experiences of working with Moleschi were shared by many. "His collaborative style, his ability to solve problems in a variety of health-care settings, and perhaps above all, his passion for helping all pharmacists get to their own standards for patient care."

When accepting his award, this year's honouree spoke to the many people who shared his vision throughout the years. "There have been a lot of changes to the pharmacy framework since I started out and I think the future has never been brighter," says Moleschi. ■

For more information on the Pillar of Pharmacy Award, go to www.cfpnet.ca/grants-awards.



The BC Pharmacy Association Job Board

British Columbia's Premier Job Board for pharmacists

For pharmacists:

- Over 50 jobs posted every month all across British Columbia.
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- Opportunities from pharmacists to pharmacy managers.

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- Postings are published on the website, with over 4000 views each month from pharmacists.
- Postings are advertised in the Practice Update.
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Visit www.bcpharmacy.ca/jobs to view or post jobs!

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British Columbia
Pharmacy Association