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Minister Adrian Dix was among the B.C. cabinet ministers and MLAs who visited local pharmacies to meet members of the profession.

■ President's Message



Jamie Wigston

New year, new opportunities

With the start of a new year comes with it the beginning of new opportunities; from the administration of mRNA vaccines, to the dispensing and counseling of Paxlovid prescriptions, to the distribution of rapid antigen tests.

With all of these additional responsibilities the Ministry of Health and other government officials have really been starting to take notice of what it is pharmacy is capable of, and what additional things we may be able to take on in the future to better relieve the intense pressure on our health-care system.

As a result of the great work pharmacists have been doing throughout the pandemic, the Association has been able to restart the MLA outreach program to great success. We have had various different MLA visits into pharmacies throughout the province, including the Minister of Health Adrian Dix and the Minister of Mental Health and Addictions Sheila Malcolmson.

Pharmacists that took part in theses visits were able to showcase what it is we do on a daily basis, as well as some of the issues that we face which the respective health ministers may not have been aware of to begin with. So thank you to all the pharmacies and pharmacists that took part in our outreach program, you've really helped to increase the Association's advocacy efforts.

One of the big question marks that has come through this new year is the sudden adoption of universal pharmacare by the federal government as a result of their agreement with the federal NDP. While this was not expected when the year began, the Association had already been building a relationship with the current national health critic Don Davies, who has been a great voice, and proponent of, pharmacists and increased pharmacy services.

In addition to this, our CEO Geraldine Vance was able to make a presentation to the Canadian House of Commons Standing Committee on Health, emphasizing the accessibility of pharmacists as health-care workers who see patients more frequently than physicians, and the resulting increase in trust that Canadians have placed in their pharmacists since the pandemic. Her presentation included a call for the federal government to harness the full capabilities of pharmacists by adopting a National Scope of Practice to include prescribing rights for pharmacists in all provinces.

With everything we as pharmacists have been able to do already this year, and everything that is coming on the horizon, it is hard not to be optimistic about the future of our profession.



Editor in Chief Angie Gaddy

(604) 269-2863, angie.gaddy@bcpharmacy.ca

Managing Editor Michael Mui

(604) 269-2878, michael.mui@bcpharmacy.ca

Art Director Caroline Toth

BCPHA BOARD OF DIRECTORS

President Jamie Wigston, president@bcpharmacy.ca

Board of Directors Chris Chiew, Annette Robinson, Mark

Dickson, Gary Go, Michelle Gray, Linda Gutenberg, Colleen

Hogg, Mike Huitema, Pindy Janda, Kylee Power, Greg

Wheeler

Contact the Board of Directors board@bcpharmacy.ca

OFFICE OF THE CEO

Chief Executive Officer Geraldine Vance (604) 269-2860, geraldine.vance@bcpharmacy.ca

Executive Assistant to the CEO and Board

Devyani Basoodetsing (604) 269-2884, devyani.basoodetsing@bcpharmacy.ca

COMMUNICATIONS

Director, Communications Angie Gaddy (604) 269-2863, angie.gaddy@bcpharmacy.ca Manager, Communications Michael Mui

(604) 269-2878, michael.mui@bcpharmacy.ca

PHARMACY PRACTICE SUPPORT

Director, Pharmacy Practice Support and Special Projects

Bryce Wong, RPh

(604) 269-2868, bryce.wong@bcpharmacy.ca

Senior Manager, Pharmacy Practice Support

Ann Johnston, RPh

(604) 269-2865, ann.johnston@bcpharmacy.ca

Coordinator, Pharmacy Practice Support Nelson Chen, RPhT (604) 269-2880, nelson.chen@bcpharmacy.ca

MEMBER SERVICES

Director, Member Services Vince Lee (604) 269-2867, vince.lee@bcpharmacy.ca

Manager, Member Services Andy Shen (604) 269-2883, andy.shen@bcpharmacy.ca

Coordinator, Member Services Linda Tinnion

(604) 269-2864, linda.tinnion@bcpharmacy.ca
Administrative Assistant Kathryn Kremastos

(604) 261-2092, kathryn.kremastos@bcpharmacy.ca

CORPORATE SERVICES

Director, Finance Gary Mui, CPA, CA
(604) 269-2869, gary.mui@bcpharmacy.ca
Database Administrator Ray Chow

(604) 269-2882, ray.chow@bcpharmacy.ca

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BCPhA Offices: #430-1200 West 73rd Avenue Vancouver, BC V6P 6G5
Telephone: (604) 261-2092 or Toll-free in BC: 1 (800) 663-2840 Fax: (604) 261-2097
Toll-free fax: 1 (877) 672-2211 E-mail: info@bcpharmacy.ca Web: bcpharmacy.ca
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Contributors ■ CEO's Message



Geraldine Vance

Two years and counting into the pandemic

Not in our wildest dreams did any of us expect that we would have marked the two-year anniversary of the COVID-19 worldwide pandemic with no clear path forward.

Community pharmacy has continued to set and reset to meet the changing landscape and now is getting ready for what comes next. For me, the biggest takeaway of the last two years is how nimble pharmacy has been. Outside of the acute care system, I would argue that community pharmacy as a profession has been the most responsive and adaptive among British Columbia's health-care professionals. From drug shortages, to changing needs and criteria for vaccines, the sector has made it happen regardless of the challenge.

As is the case in all other segments of the health-care system, the last two years have also opened some cracks in community pharmacy, showing the impact of the last decade of cost pressures on the sector. While pharmacists and all other health-care professionals have made it work and looked after their patients, it has come at a cost. It is clear how much more is required to ensure our health care system is ready to weather the next storm.

I had the privilege to address the House of Commons Standing Committee on Health on Mar. 2, 2022. The Committee is currently examining issues related to health human resources (HHR) in our healthcare system. Not surprisingly, a great deal of focus is placed on how to recruit and retain physicians and nurses. There is no doubt this focus is critical, but I proposed that in the context of looking at stabilizing our health professional workforce, we need to ensure all professionals are working to their maximum scope.

I have often said that I believe community pharmacists are the most under-utilized member of the health-care team. Provinces have dabbled in bits and pieces of new authorities for pharmacists but this has resulted in a patchwork of services without standard compensation for clinical services delivered in community pharmacy. We need a national scope of practice that applies in each province, practice guidelines, and a remuneration model that reflects the expertise being provided and the value pharmacists provide to patients.

I believe now is the time to tackle this issue. As efforts are being made to address HHR in the health-care sector and as conversations begin about what a national pharmacare program will look like, it is well past time to put pharmacists at the decision-making table. We need to have a commitment to fully enable pharmacists to be equal partners in the delivery of primary care, and to ensure there is compensation that supports them.

The Tablet asks our contributors:

What is one way a pharmacist can help advocate for the profession in 2022?



Lap Wu is a pharmacist and pharmacy owner who operated six pharmacies between 1996 and 2021. "BC Pharmacy

Association has done a tremendous job helping our profession throughout this pandemic, from the numerous online training modules, COVID vaccinations, funding for the plexiglass, dispensing Paxlovid, distributing the COVID test kits and many more. I hope all pharmacists and owners understand the importance of having a strong united voice for pharmacy. If you are not a member, please join and let them advocate for our profession."



Jasmin Gill is a thirdyear PharmD candidate at the University of B.C. who worked on worked on DrugCocktails.Ca as a directed studies student.

"A good way for pharmacists to help advocate for the profession in 2022 is to practice within their full scope of practice and provide education to both patients and other health care professionals of what our roles and responsibilities as pharmacists are."



paradigm."

Pindy Janda is a BCPhA Board Director and Director of Procurement for Imperial Distributors Canada Inc. "I believe one way

a pharmacist can help advocate for the profession is to do reach out activities with primary care and specialist physicians. As doctors transition back to their clinics fulltime, there is a need for patient care collaboration for chronic conditions. Pharmacists are a vital part of that care

Member News

Do you have a professional or personal update you want to share in The Tablet? Email editor@bcpharmacy.ca to share your member news.

Former BCPhA President Fred Wilev receives UBC Alumni **Builder Award**

The University of British Columbia's Alumni Builder Awards were created in 2017 as part of the 100th year of alumni UBC. The awards recognize alumni who have contributed significantly to the university and enriched the lives of others.

Fred Wiley, who served as President of the BC Pharmacy Association from 1977 to 1978, was among the recipients this year for the 2021/22 award. He graduated from UBC in 1953. Over the course of his 40year career in both independent and chain pharmacies in Greater Vancouver, Wiley was an integral member of the B.C. pharmacy community as a practicing pharmacist, respected preceptor, and frequent committee member.



BCPhA speaks with House of Commons

Advocating for community pharmacists is the fundamental work of the Association. While the BCPhA's focus is on matters related to B.C.'s provincial health system, the work we've been doing has caught the eye of other lawmakers.

BC Pharmacy Association CEO Geraldine Vance was invited to present on Canada's Health Workforce to the federal Standing Committee on Health on Mar. 2, 2022. During her presentation, she took the opportunity to highlight the important role that community pharmacists have played as first point-of-contact for patients during the COVID pandemic, and the level of trust patients have for pharmacists.

In fact, polling regularly shows that Canadians support pharmacists in increasing the health care they provide. In a 2021 national survey, 90% of Canadians said that pharmacy professionals and pharmacies were essential during the COVID-19 pandemic. Three-in-four Canadians said pharmacists played a larger role in providing health care services than before the pandemic. The same survey showed that 93% of Canadians would trust pharmacists to be a first point of contact for the health-care system.

"What is concerning is that there remains a patchwork of coverage for patients seeking care from their community pharmacists," Vance said. "Patients in one province can to their local pharmacist for a prescription for a UTI or cold sore. Meanwhile, patients in other provinces don't have this same level of access."

This is especially concerning for patients in rural and remote areas, who don't have easy access to a family doctor, she said.

The BCPhA has long advocated for prescribing rights for pharmacists in B.C. and believes that a national scope of practice for pharmacists should be adopted across the country so all pharmacists can deliver care to their maximum level of expertise — including prescribing rights.

At her appearance Vance suggested the federal government engage with the Canadian Pharmacists Association and other provincial associations to develop a cross-country strategy and ultimately target funding to provinces to harmonize a standard of practice

"If COVID has taught us anything, it's that patients need access," Vance said. "And all health care providers need all the support they can get so we're better prepared for the next crisis that hits." T

To read BCPhA's remarks to the House of Commons in full, visit bcpharmacy.ca/advocacy/submissions.



As a clinical pharmacist at Save-On-Foods, Joddie Xiong's work involves developing, implementing and supporting clinical programs in individual pharmacies across British Columbia. She can often be found visiting different pharmacies, helping onboard teams onto new programs being launched and supporting direct-patient care.

Serving a different pharmacy every day

Tell us about your background: why did you choose to become a pharmacist?

I graduated from the UBC PharmD program in 2020. I chose to become a pharmacist because I enjoy working with people from all walks of life. Pharmacy profession is always changing with technology, new medical evidence, new standards of practice, and it is exciting to be able to constantly learn and improve my practice.

Please describe your current role at Save-on-Foods Pharmacy. What does a typical day at work look like for you?

Currently, I am a clinical pharmacist at Save-On-Foods. My role involves developing clinical programs, implementing/supporting our programs in store, hosting medication reviews, and administering vaccines. This year, I had the opportunity to develop informational resources and be involved with onboarding stores with COVID-19 vaccinations as well as rapid antigen tests for travel.

I am working in the office or visiting a different pharmacy every day. Some tasks I work on during office shifts include drafting standards of practice, developing implementation training slides, and creating newsletters for our different programs. When I'm in stores, I help onboard and answer questions regarding different programs we are launching. In addition, I am also involved in direct patient care, such as administering vaccinations and conducting medication reviews.

Apart from COVID-19 boosters and test kits, what similar sorts of programs did you come to pharmacies as a trainer for in the past?

We are always trying to innovate and improve community pharmacy practice and are constantly developing new clinical programs. Besides the COVID-19 vaccinations and rapid antigen tests, some other programs I am involved in include COPD care, diabetes/heart health care, as well as promotion of routine immunizations.

Were you always at this role at Save-On-Foods?

No, after graduating, I worked as a staff pharmacist at another pharmacy but wanted to explore other roles that were available to pharmacists. In my current role with Save-On-Foods, I work at a different pharmacy location every day. It's exciting because it exposes me to different environments and patient demographics. I also get to meet and work with all the different pharmacy teams and build strong relationships.

Why is it important to have someone help dispensary staff familiarize themselves with current clinical programs?

Dispensary staff are consistently busy; they may not have the time to familiarize themselves with current programs. It's important for someone like myself to come in and make it easier for them to implement the clinical programs into their workflow. I try to highlight the different resources available and where to find these resources when staff may not have the time to find it themselves. By doing this, I can add a lot of value to patient care and build strong rapport with our patients.



BC Pharmacy Association supports pharmacists in Ukraine

It is impossible for most in Canada to understand how the lives of Ukrainians have been uprooted by an invasion that

has left numerous dead and millions more in struggle. In spite of the horror, many still remain in the country, doing their best to help their communities even as their own lives are affected beyond imagination.

Among those who have remained behind are Ukrainian pharmacists.

In March, the International Pharmaceutical Federation connected with the All-Ukrainian Pharmaceutical Chamber to organize aid for both supplies and monetary donations to support health-care in Ukraine. The Canadian Pharmacists Association and the British Columbia Pharmacy Association were among the first organizations

to make monetary donations towards this fundraiser, with a \$5,000 donation each from the CPhA and BCPhA. Since then, numerous other organizations have also contributed.

Jane Moiseyenko, member of the BCPhA and pharmacy

manager at Austin Pharmasave, is among those British Columbians who have a deep personal connection to Ukraine.

She received her pharmacy training from the Ukrainian Pharmaceutical Academy, graduating there in 1995, before moving to Canada in 1999. Her family is from Kharkiv, a city close to the Ukrainian-Russian border where a significant part of the conflict has taken place. Many of her friends and family remain in Ukraine while the war wages on.

"This donation will help in lots of different ways. I know hospitals are drained of basic supplies like bandages and scalpels, and also the civilian population, they need medications that they are taking on a daily basis. Any help would be wonderful," Moiseyenko said.

"I am really grateful that the Associa-

tion is supporting not only me as a pharmacist, but supporting a good cause for Ukrainian people. I'm really grateful to the Canadian Pharmacists' Association and the BC Pharmacy Association." T



To support pharmacists on the frontlines in Ukraine, please visit: fip.org/priorityareas-ukraine



Pharmacies help deliver millions of rapid test kits to British Columbians

It has been just a few months since British Columbia began delivering rapid antigen test kits for the public through community pharmacies free of charge.

So far, nearly 8 million test kits have been sent to pharmacy distributors and numbers shared by government in April demonstrates that pharmacies have dispensed more than 4 million tests to the public.

Initially, pharmacies were provided a \$5 fee for every kit dispensed. Kits were initially offered only to those age 70 and up, and as more supply was made available, the age eligibility criteria was relaxed.

As of Apr. 11, 2022, pharmacies are paid \$75 per case of kits distributed, and instead, pharmacies are no longer required to record patient details when distributing kits. Today, anyone can pick up a kit for themselves or for someone they know.

"B.C.'s community pharmacies are a convenient location for eligible patients to pick up their free rapid antigen tests," said Jamie Wigston, President of the BC Pharmacy Association.

More than 1,300 pharmacies across B.C. are involved in this distribution. To help the public locate a pharmacy near them to pick up a kit, the BC Pharmacy Association has created a pharmacy look-up tool, available at: bcpharmacy.ca/rapid-tests/list I

Poll finds some British Columbians hesitant on boosters

As more than 1,000 community pharmacies across the province geared up to offer booster shots at the beginning of the year, many wondered how many British Columbians planned to immediately roll up their sleeve for extra protection.

Based on booking numbers and anecdotal information, the BC Pharmacy Association commissioned a public survey of adults to gauge their plans when it came to getting a third COVID vaccine.

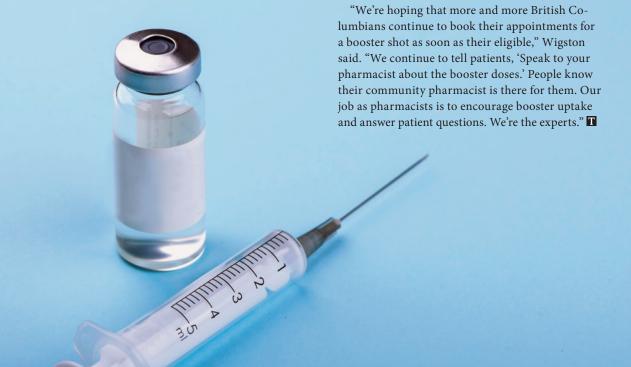
The poll, conducted by Ipsos between Jan. 28 and Feb. 3, 2022, found more than half of those who have already received two doses of COVID-19 vaccine were not planning to make appointments to get their booster shots right away. Results showed that 56% of respondents who had already had two doses of COVID-19 vaccine said they were not planning to get their booster right away. Among this group nearly half said they would get the booster shot, but just not right away. The remainder were undecided or had chosen not to receive their boosters at all.

"That was very concerning," said BCPhA President Jamie Wigston. "We wondered if people understood that six months after their last dose their immunity against COVID waned."

Respondents said their top reasons for not getting their booster shots right away included thinking that two doses is enough (41%), concern about potential long-term effects (33%) and just wanting to get on with normal life (27%).

As of Mar. 25, 2022, B.C.'s community pharmacists have delivered more than 1.2 million COVID vaccines to those ages 12 and older. Community pharmacists have become the main location for patients seeking their booster doses as the province's mass vaccination clinics wind down.

Fourth doses for those 70 and older kicked off in early and by mid-April, B.C.'s pharmacies began offering Novavax and Janssen vaccines to those who are unvaccinated and/or those who wish to receive a non-mRNA vaccine.





Nominations for Pharmacy Excellence Awards are open until August 31, 2022!

The BC Pharmacy Association is weighing all factors to consider whether this year's event gala will take place virtually or in person in the fall of 2022. Last year's event was held virtually due to COVID-19 measures.

These awards are given annually to celebrate the success of individuals who have contributed to the advancement of pharmacy in B.C.

Nomination requirements include:

- Completed nomination form
- Letter of support from nominator
- Two letters of support from individuals other than the nominator (typically a health-care worker and a patient)

These materials do not all have to be submitted at the same time. To submit additional documents, please email awards@bcpharmacy.ca and indicate in the subject line the name of the nominee. To find the nomination forms, please visit bcpharmacy.ca/awards

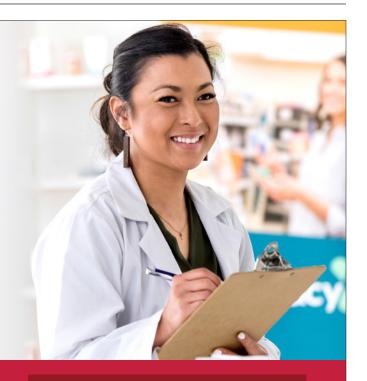
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Cover Feature



Prince Rupert

Save-On-Foods Pharmacy #970 | 841 - 3rd Avenue West Pharmacist: Enas Metry | MLA: Jennifer Rice

It was great pleasure to host MLA Jennifer Rice tour in Save On Foods pharmacy Prince Rupert location. It was a great opportunity for us to discuss our patients' needs in our community as we don't have walk in clinic in Prince Rupert which creates a challenge for our patients to get refills or to be seen by a doctor. There is a value for pharmacists to meet their MLA as they are provincial decision makers and may make decisions directly impacting both patients and pharmacists.

— Enas Metry, рнакмасіsт

PICTURED: (L-R) Eliza De Lara, MLA Jennifer Rice, and Enas Metry.

Kitimat

Save-On-Foods Pharmacy #930 535 Mountainview Square Pharmacist: Cherry Paulo MLA: Ellis Ross

The MLA tour went well. We showed Ellis what we do in the dispensary and made him aware of the clinical services that we provide and how pharmacists stepped up when this pandemic started. Most importantly, we discussed about pharmacist prescribing authority for minor ailments. Ellis is aware of that as he mentioned that it has been a while now that we are asking for their support for our scope of practice.

— Cherry Paulo, рнагмасіsт PICTURED: (L-R) Cherry Paulo, MLA Ellis Ross, Elizebeth, and Justin.







Kitimat

Parksville

CareRx Parksville | 1176 Franklin's Gull Road Pharmacist: Hafeez Dossa | MLA: Adam Walker

The tour with Adam was a great experience. As most people are unfamiliar with LTC pharmacy, our team had the opportunity to educate Adam on the service we provide to our facilities, and highlight the importance of our work in ensuring safe and effective drug therapy for our vulnerable patient population - our work was particularly crucial throughout the COVID pandemic. It was great to emphasize how important the role of the pharmacist is in medication consultations, and how polypharmacy can occur through many transitions throughout care and varying prescribing cascades.

— Hafeez Dossa, рнакмасізт

PICTURED: (L-R) MLA Adam Walker, Hafeez Dossa.

Tofino

Epic Pharmacy | 131 First Street

Pharmacist: Laura McDonald | MLA: Josie Osborne (Minister of Land, Water and Resource Stewardship and Minister Responsible for Fisheries)

Hosting Minister Josie Osborne was a pleasure. She really appreciated all the incredible services and wealth of information we offer to our community. Josie was the first to admit there was so much she didn't know about our profession. I believe she really valued what an important contribution to health and wellness we make in our region.

—Laura McDonald, PHARMACIST

PICTURED: (L-R) MLA Josie Osborne, Laura McDonald.



Tofino 🍑

Nanaimo

Central Drugs Dunsmuir | 495 Dunsmuir Street Pharmacist: Kylee Power | MLA: Sheila Malcolmson (Minister of Mental Health and Addictions)

Having Minister Malcomson tour my pharmacy was a great experience. I was able to demonstrate how our pharmacy team supports our community and she shared her ongoing commitment to addressing the Opioid Crisis which was encouraging. I think we both found the experience valuable and I suggest other pharmacists take the time to meet their local politicians.

—Kylee Power, PHARMACIST

PICTURED: (L-R) Kylee Power, MLA Sheila Malcolmson.



Parksville *



Nanaimo 🍑

Vancouver

London Drugs #28 | 3328 Kingsway Pharmacist: Allen Wu | MLA: Adrian Dix (Minister of Health)

It is beneficial for us for MLAs to understand what we go through and gives us a chance to tell to them about some of the hardships we have and what we think could make it better. Ultimately we all want to help the customers and the patients to have a better health outcome. It's very good for the MLA to see this on a first hand level and really experience why the pharmacy does what it does.

—Allen Wu, Pharmacist

Alleli Wu, Phanimacisi

PICTURED: (L-R) Allen Wu, MLA Adrian Dix, and John Wong.









Richmond

Oval Integrative Pharmacy | 160-6111 River Road Pharmacist: Grace Chong | MLA: Teresa Wat

I think the MLA tour was a very valuable experience, we had a chance to talk with Teresa and express our needs and the concerns that our community has. We have a lot of patients coming here to ask about getting family doctors and this is a major concern. We had a chance to show her this challenge that is faced by our patients and to explain how pharmacists can help if we increase the scope of pharmacy services, such as prescribing authority.

—Grace Chong, PHARMACIST

PICTURED: (L-R) Grace Chong, and MLA Teresa Wat.

Surrey

Surlang Medical Centre Pharmacy

105-19475 Fraser Highway Pharmacist: Bob Sangha MLA: Stephanie Cadieux

The tour gave us an opportunity to express to them what pharmacists are made of and how undervalued we are. We're such a great resource for pharmacists. We are frontline, walk-in, no appointment necessary, we deliver, so the MLAs need to know that we do can do all this at any level. We are the experts for medications and people rely on us, physicians, clients, and I think we should be able to do more.

—Bob Sangha, рнагмасіsт

PICTURED: (L-R) Bob Sangha, and MLA Stephanie Cadieux.

Maple Ridge

Medlandia Pharmacy

20528 Lougheed Hwy. #100 Pharmacist: Sayed Atthari

MLA: Lisa Beare (Minister of Citizens' Services)

We were happy to showcase the services we offer to our MLA as closely as we did. Our MLA was very interested in what we offer to our patients and she was especially very interested in our compounding side of the profession. The decisions that our politicians make about our profession will only reflect the reality of our profession if they get familiarized about the services we offer in our profession.

—Sayed Atthari, рнагмасізт

PICTURED: (L-R) MLA Lisa Beare, and Sayed Atthari.





Maple Ridge

Surrey

Cover Feature



Vernon

Trail

Trail Apothecary Ltd | 1101 Dewdney Ave Pharmacist: Jay Ross | MLA: Katrine Conroy (Minister of Forests)

I feel the MLA visit was a chance for myself and MLA Conroy to connect on a personal and professional level discussing a few key current health care concerns. The bottom line is she is very aware of pharmacy related concerns and very appreciative of how we are stepping up and assisting with the pandemic response. It was a pleasure to hear that our efforts are valued by government and that we are both fighting for better health outcomes for all British Columbia residents.

— Jay Ross, Pharmacist

PICTURED: (L-R) Jay Ross, MLA Katrine Conroy, Danielle Como, and Carolyn Ross.

Vernon

Medicine Shoppe #395 | 100-3605 31 Street Pharmacist: Jodi Cunningham MLA: Harwinder Sandhu

It was great to connect with our MLA on site and have a chance to discuss current issues impacting our community. As a healthcare professional (nurse) herself Ms. Sandhu has a keen interest in the role pharmacists can play to alleviate some of the burden on the healthcare system. She was very interested in advancing pharmacists' scope of practice and requested copies of the charts I had discussed highlighting the differential across the country.

— Jodi Cunningham, рнагмасіsт PICTURED: (L-R) Jodi Cunningham, and MLA Harwinder Sandhu.











"

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Becky JiangPharmacist Owner • Port Coquitlam, BC





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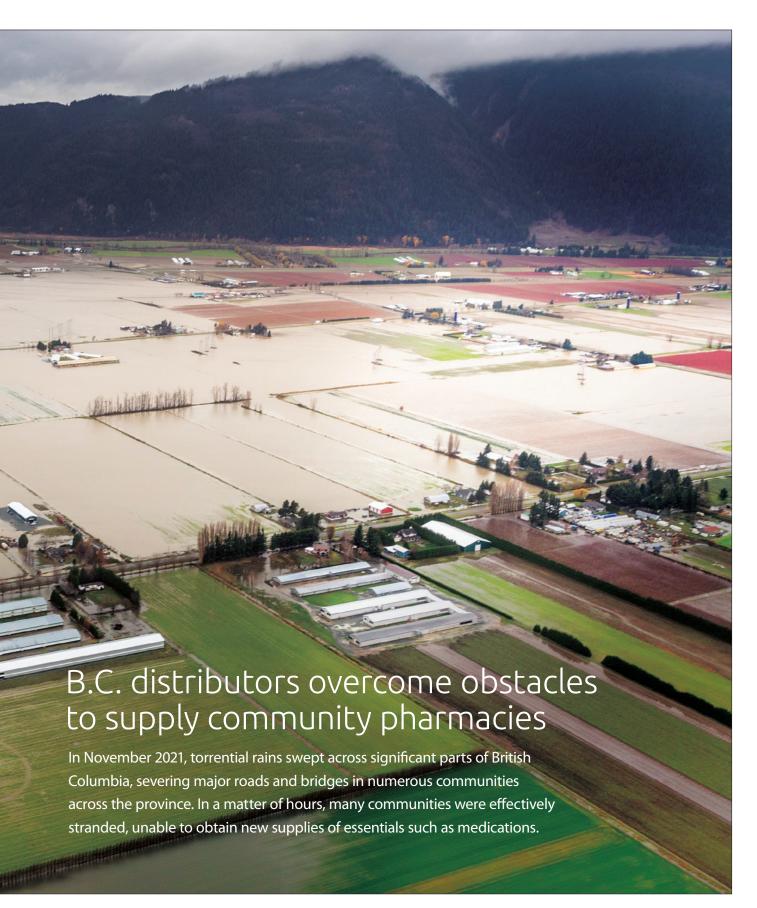
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(Left): Pindy Janda, BCPhA Board Director, also serves as Director of Procurement at Imperial Distributors Canada Inc.

(Right - clockwise): Staff at Imperial Distributors began communicating with manufacturers and pharmacy accounts immediately after being notified of the disruption; warehouse staff package medications to be loaded into delivery vehicles; a bridge collapse in Merritt resulting from the November weather disruptions.

Pindy Janda, BC Pharmacy Association Director of the Board, also serves as Director of Procurement at Imperial Distributors Canada Inc. She talks about how pharmacy distributors in British Columbia were among those who quickly deployed to make sure neither pharmacies nor patients went without medications.

When did you first hear there might be a weather-related disruption?

The day that it happened was Tuesday, Nov. 16, and we actually heard about it in the afternoon. Right away, we were really worried about how it was going to impact our orders to our pharmacies. Our very first piece was to buckle down and get our communications set to communicate to those pharmacy accounts that would be impacted. We communicated with our procurement department, and they connected with all of the different manufacturers - most of them have warehouses in Ontario and Ouebec and send medications by ground. So we had to figure out that piece.

How did pharmacies get impacted?

We heard about the evacuation of Merritt, but even getting out to Abbotsford and Chilliwack was now going to be an issue because of Highway 1 closures. Of course, if Highway 1 is impacted, that affects everything north of the highway. Coquihalla was also impacted and that is the main artery into the Interior. All of our pharmacies in Kelowna, Vernon, Penticton, they were all going to be impacted.

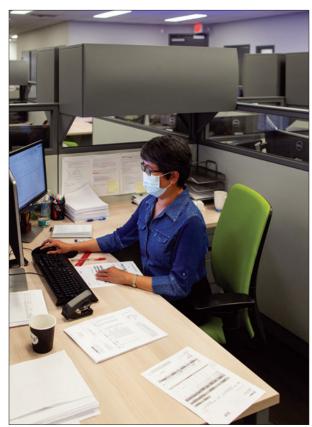
If we think about how pharmacies work in terms of their inventory, when they order supplies, pharmacies very much practice what we call "just in time" inventory. They don't have shelves racked up with products, instead, they make sure they order just enough for perhaps two or three days of supplies, depending on their wholesaler. Now all of that was impacted.

What were some of the solutions Imperial deployed?

One of the first things we did was we chartered a private plane to fly into Chilliwack, because we couldn't drive out to Abbotsford and there were a number of pharmacies in Abbotsford that needed to be serviced. A second thing we did was utilize commercial flights. It was something brand new, getting prescription items into commercial flights at Air Canada and WestJet. Thirdly, we were able to utilize cargo space on government flights. What really stood out for me was how quickly BCPhA CEO Geraldine Vance and the team were able to mobilize during the situation, connecting with the Ministry of Health so that all of the wholesalers were able to access cargo space on government flights going to Kelowna and Prince George.

What was the most important factor in being able to successfully overcome this disruption?

What we really did well was we gelled as a team. Everybody internally at Imperial distributors really mobilized quickly, even though it was something that we had never had to deal with before. We were able to all work together to help each other out. Externally, the communication was so important. We communicated with our customers very, very quickly, and we were able to mobilize quickly internally to come up with answers. T











DrugCocktails.ca

The Pharmacists' guide to navigating medication-substance interactions in youth

JASMIN KAUR GILL, UBC PHARMD CANDIDATE DEAN ELBE, BSC(PHARM), PHARMD, BCPP

The Need

Have you ever been in a situation in which you are in a counselling session with an adolescent, and you are unable to answer their questions about how their medication interacts with a substance? Or maybe you have had the feeling that a youth you are counselling has a question about substance use and their medication, but doesn't feel comfortable asking you directly?

Individuals who are 15 to 24-years old make up 60% of illicit drug users in Canada. Youth with chronic illnesses are as, or more likely to use substances than those who do not have chronic illnesses. Substances taken may interact with medications prescribed for chronic conditions. Questions regarding substance use come up frequently during medication counselling sessions with youth. Medication interactions with substances and medication non-adherence are both potential causes of harm in youth with chronic medical or mental health conditions.

The Solution

DrugCocktails.ca helps both youth and professionals "get the facts" about the risks of mixing medicine, alcohol, and street drugs, via a user-friendly online interface. DrugCocktails. ca is free, easily viewable on smartphones and tablets, and provides an easy-to-use interaction check for over 300 prescription medications commonly used by youth with 10 substance categories. This site has two components; the youth component which is visually pleasing and available in lay language. DrugCocktails.ca/pro is geared towards healthcare professionals, which provides detailed information about the interactions mentioned on the site, with references to the sources of evidence.

There is no 'green light' on DrugCocktails.ca, meaning this site does not encourage substance use and mixing medications. The site makes it clear there is risk associated with taking any substance into your body. Warning icons include serious risk, think first, and unknown dangers, as depicted below, on both the professional and youth sites. The professional site also provides the detailed background evidence of the interactions.

Warning Icons



means this cocktail could cause you SERIOUS HARM

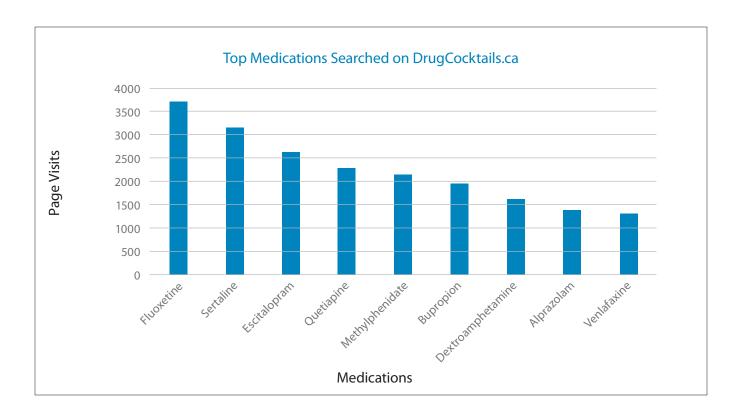


means there is risk with taking any substance in your body - THINK FIRST



means "unknown dangers". No information was found about this cocktail, but it may still be dangerous







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The History

DrugCocktails.ca first began as a reference book in 2002 and the website launched in 2013 with BC Mental Health & Addiction Services, in partnership with BC Children's Hospital. Starting from a base of 80 medications in the 2002 reference book, the website has evolved to now encompass over 300 medications. The research team consulted the BC Children's Hospital (BCCH) Youth Advisory Committee to ensure the site design was appropriate for youth. BCCH nurse clinicians and clinical pharmacists are surveyed every 2-3 years to see which medications are most commonly used by youth and should be incorporated in the site. Then, under the supervision of Dr. Dean Elbe, BCCH Clinical Pharmacy Specialist in Child & Adolescent Mental Health, UBC Faculty of Pharmaceutical Sciences students perform literature reviews and content updates.

A 2019 qualitative study found youth with chronic illnesses may

seek guidance and answers from online sources about how a substance interacts with their medication. This is due to a lack of clear discussion. and understanding about substances in relation to their medications and condition. Pharmacists can play a crucial role in addressing questions surrounding interactions between these substances and medications prescribed for chronic illnesses during medication counselling sessions.

The Role of the Pharmacist or The Ask

The DrugCocktails.ca website is intended to complement the expertise of pharmacists and other healthcare professionals. The most accessed medications on the site are psychiatric medications, as depicted in the graph on page 26. Antidepressants and ADHD medications are amongst the most prescribed medications in youth. SSRIs, such as fluoxetine, can be used for a number of psychiatric conditions including major depressive disorder, obsessive-compulsive disorder, and generalized anxiety disorder. For example, fluoxetine may interact with alcohol in a way that can possibly make one feel more inebriated than expected, changing the amount of alcohol you can drink safely. In addition, alcohol itself is a "downer," which can potentially make someone with a depressed mood feel worse.

In contrast, 4-12% of school-aged children in North America have ADHD, making ADHD treatments some of the most searched medications on DrugCocktails.ca. CNS stimulants, like methylphenidate, are commonly prescribed for the treatment of ADHD. Methylphenidate interacts with cocaine, as both can increase one's risk



Is there a medication or substance vou would like to see included on the DrugCocktails.ca website?

Submit your request using the contact function on DrugCocktails.ca/pro

of a seizure or stroke, as they both increase heart rate and blood pressure. Additionally, methylphenidate has the potential to make one feel more awake and alert, and combined with alcohol, may incorrectly convince one that they are in a suitable state to drive.

Arming your patient with the knowledge and clear discussion about the potential risks of how a substance may interact with their medication is valued by youth. Overwhelmingly, youth prefer a factual approach to receiving information about how substances may interact with their chronic condition, and as a result, their medications. As pharmacists, we are well positioned to whole-heartedly support our patients in making healthy choices when it comes to substance use. Take a moment to watch this short video (http:// bit.ly/DC-tour) to help guide you through how to use DrugCocktails.ca efficiently, and be ready the next time your patient asks you a question about substance use and their medication.

Citations and references are available online at: bcpharmacy.ca/tablet/spring-22/drug-cocktails

I'm Jasmin Kaur Gill and I'm a 3rd year PharmD candidate at UBC. I worked on DrugCocktails.Ca as a directed studies student over the period of May to August 2021 and spent over 300 hours alongside another student, Rebecca Leung, updating and adding medications to DrugCocktails. Revising 163 medications each, we became guite familiar with literature review and enhanced our pharmacodynamic and pharmacokinetic drug knowledge. We also became wellversed in translating studies into both technical and lay language.

Psychiatry, with a focus on the pediatric and adolescent population has always been intriguing to me. I am thankful to have had the opportunity to further explore these interests through the DrugCocktails project, under the supervision of Dr. Dean Elbe and Dr. Stacey Tkachuk. I'm confident this resource will be a useful tool in your toolbelt.





Ownership: The pharmacist entrepreneur who wants to build their own business model

BY LAP WU, BSC(PHARM)

Most of us who enroll in pharmacy school to become a pharmacist never think about being a pharmacy owner unless their family already owns a pharmacy. It was the same for me, I never really thought about ownership, it was just a dream and I had to focus on school and graduate first. That was 42 years ago when I graduated in 1980.

I have been asked to write an article about ownership and my personal experiences, as it may be an interesting read to our members, new and old pharmacists, and pharmacy owners.

After I graduated from UBC I was hired by Shoppers Drug Mart and was promoted to be an Associate in 1986.

In 1996, I left SDM and bought my first Pharmasave Store in Surrey. Those first 16 years, working as a pharmacist/Associate taught me all the important functions of a good pharmacist, working as a team, learning the work flow processes and managing the business.

Buying my first store was a great experience but it was also very scary. There was a lot of work to do, the due diligence, working with the bank for financing, working with the lawyers for the Purchase Agreement and working with the seller for a smooth transition.

The process was quite tedious, it required a lot of discipline and hard work to take it to completion. But once completed, it was a great feeling and a great sense of accomplishment. Yes, I bought my first store!

Then comes the next part: taking over a store from someone else. The emotions for me were very high; did I make the right decision? Will I fail in this business? Will the staff respond to me? Will the patients accept me?

This is when we need to believe in ourselves, in doing the right thing for our patients and in doing the right thing for our staff and the business. If we focus on our patients, our staff and having a good business sense, we will be OK.

After the first purchase, the other purchases were a little easier. I still had similar emotions, but with a little more experience, they were smoother.

As we added more stores, we added new pharmacists and managers to our team. As we grew, we had to hire the best staff to manage our stores. They are the most important part of our business. We created a culture of fun, friendly competition among our stores, and strived to be the best that we can be. It is a tough business competing with the Big Boxes, but as a small business, our advantage was that we can make decisions faster than the major corporations.

I then continued to grow my stores, and my wife and I eventually owned six stores. We had a lot fun working with our staff and managing our stores, all the while challenging them to new heights, whether it was flu shots, medication reviews or raising the most funds for charitable organizations.

All our pharmacists, pharmacy managers, front store staff and front store managers made it possible for us to own six stores. We could not have done it without their dedication and loyalty to their patients and the stores. A huge thank you to them.

Delegation and trust are two factors that allowed us to expand. Delegation of duties and tasks are very difficult for entrepreneurs. Most entrepreneurs prefer to do everything themselves.

However, we cannot expand our business if we are not delegating enough. We need to trust our managers and staff to do the right thing, by coaching them and inspiring them to do the best. Only then will we have the resources to expand our business. It is the same in the pharmacy; trust your technicians and assistants and you will have more time for medication reviews.

There are many individuals and groups of individuals who currently own multiple stores.

The opportunities for pharmacists are enormous when you are passionate about your profession and want to pursue multiple ownerships and build your own business model.

But at some point in time, you have to consider retirement, to pass on your business to another person or entity to manage your business and continue your

legacy. You need to close one chapter and open another, to spend more time with family, pursue other dreams, volunteer and give back to our communities we worked

The selling part is very similar to the buying part. Both parties need to do their due diligence and the process is just as tedious.

When you are buying, you have to ensure you are buying a sound business. So, when you sell you have to provide all the documentation to the seller so that they are confident they are purchasing a sound business.

Once you have found a buyer, you need to build trust with them and be completely transparent. I was very fortunate to sell my businesses to Neighbourly, who are now among the largest owners of pharmacies in Canada.

The selling price is very important, but finding the right buyer is just as important. The right buyer who will stand by what they have agreed to buy and not make or demands or changes after the Offer to Purchase Agreement is signed.

One of our stores we sold was in the flood zone in November 2021 and our town was evacuated for two weeks. Our buyer, Chris Gardner of Neighbourly and his management team focused their concerns on our staff who were affected by the evacuation; and there was no discussion about the impact of the flood on the business. I was impressed by these great people who possess such trust and integrity. They were buying the business for the long term.

We closed our sale on Dec. 13, 2021, selling five of our six stores.

I hope by reading my article, it will give you a little bit of insight into buying and owning your own stores, operating them and then selling them for retirement.

Once you start the ownership, the sky is the limit and you potentially can be the next large company with up to 20 or more stores. And down the road after working so hard, you will make that decision to retire, enjoy life and pass the torch to another party to continue your legacy.

Finally, I'd like to conclude with a huge thanks to my wife and family and to all my staff and Pharmasave for their support for this incredible journey. **T**

Lap Wu graduated from UBC Pharmacy in 1980 and bought his first Pharmasave store in 1996. He continued to expand his business by buying existing pharmacies throughout the years and owned and operated six pharmacies by 2011. The pharmacies are all full-sized stores ranging from 3,500 to 12,000 square feet in size. He sold five of the stores in December 2021.

Kickstarting the new year!

In the first three months of 2022, the BC Pharmacy Association has continued our work advocating and advancing the profession and business of pharmacy. Here are some of our accomplishments.



COVID-19 vaccination program

Starting in December/January, more than 1,000 pharmacies were onboarded to the ImmsBC system over the course of a few weeks. The Association provided user help for all pharmacy staff seven days a week. The BCPhA managed the logistics of the vaccine roll-out as no one else, not the government, BCCDC or an outside consultant, could have done this on their own. As of the week of March. 21, B.C. pharmacies have administered more than 1.2 million COVID-19 vaccines.



Injections top-up fees

A \$4 top-up was made available for vaccines provided in pharmacies on weekends until March. 27, 2022. This fee was also to help offset the cost of bringing in allied health professionals to administer injections in pharmacy. A separate \$1 top-up was made available starting Feb. 14, 2022 for pharmacies to support dual entry of COVID-19 boosters into ImmsBC and PharmaNet.



Reimbursement for private-funded flu shots

In January 2022, the Association worked with the Ministry of Health to ensure that following universal flu vaccine eligibility announced by the B.C. government last year, pharmacies would be able to apply for reimbursement of privately purchased flu vaccines.



Paxlovid[®] in pharmacies

Paxlovid® (nirmatrelvir/ritonavir), the oral antiviral drug to treat mild-to-moderate COVID-19,was approved to be dispensed in community pharmacies on March 1, 2022. The BCPhA successfully advocated for a \$15 follow-up fee since pharmacists must contact patients approximately one week after dispensing the medication.



Rapid Antigen Tests

The Association advocated for a \$5 service fee was provided to pharmacies for each kit distributed to eligible British Columbians. As of the week of March 22, 2022, pharmacies across the province had dispensed 2.7 million COVID rapid antigen tests to eligible patients.

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5

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- * Scanning the sensor does not require lancets.
- † Individual private drug plans can vary. Please have your patients check with their plan administrator and/or insurance company.
- ‡ 60-minute warm-up required when applying the sensor.
- § Sensor is water-resistant in up to 1 metre (3 feet) of water. Do not immerse longer than 30 minutes. Not to be used above 10,000 feet.

References: 1. Kröger J, Fasching P, Hanaire H. Three European retrospective real-world chart review studies to determine the effectiveness of flash glucose monitoring on HbA1c in adults with type 2 diabetes. *Diabetes Ther.* 2020;11(1):279-291. **2.** Data on file, Abbott Diabetes Care Inc. **3.** Haak T, Hanaire H, Ajjan P, Hermanns N, Riveline JP, Rayman G. Flash glucose-sensing technology as a replacement for blood glucose monitoring for the management of insulin-treated type 2 diabetes: a multicenter, open-label randomized controlled trial. *Diabetes Ther.* 2017;8(1):55-73.

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