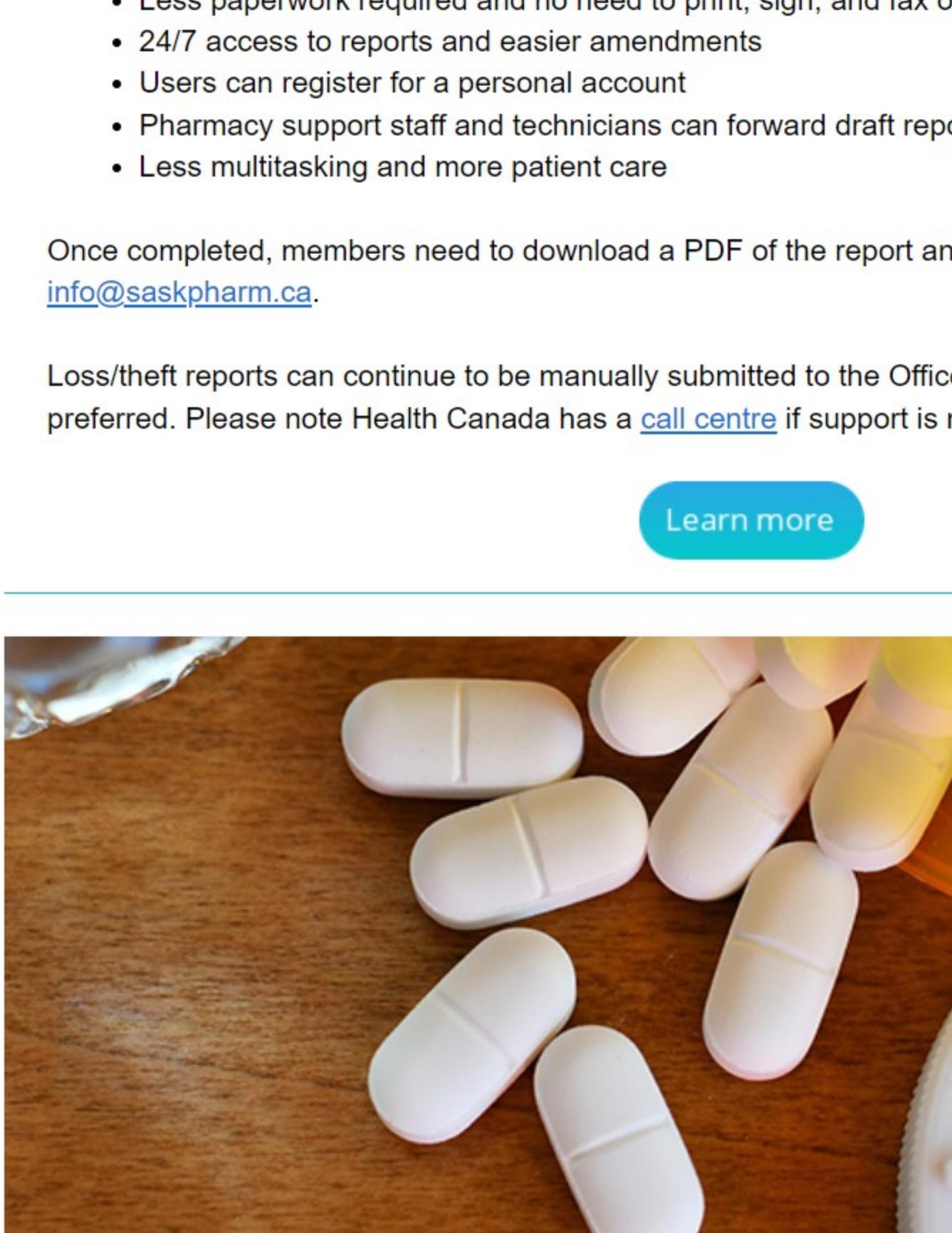




MicroSCOPE

February 2022



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What's new

Health Canada Loss and Theft Portal

Health Canada has launched its portal to facilitate online reporting of loss and theft of controlled drugs and substances to the Office of Controlled Substances.

Pharmacists now have the ability to self-register on the Health Canada E-Services Portal and are no longer required to be invited onto the system.

Please see the following links:

- [Landing Page](#)
- [Reporting guidelines and process](#)

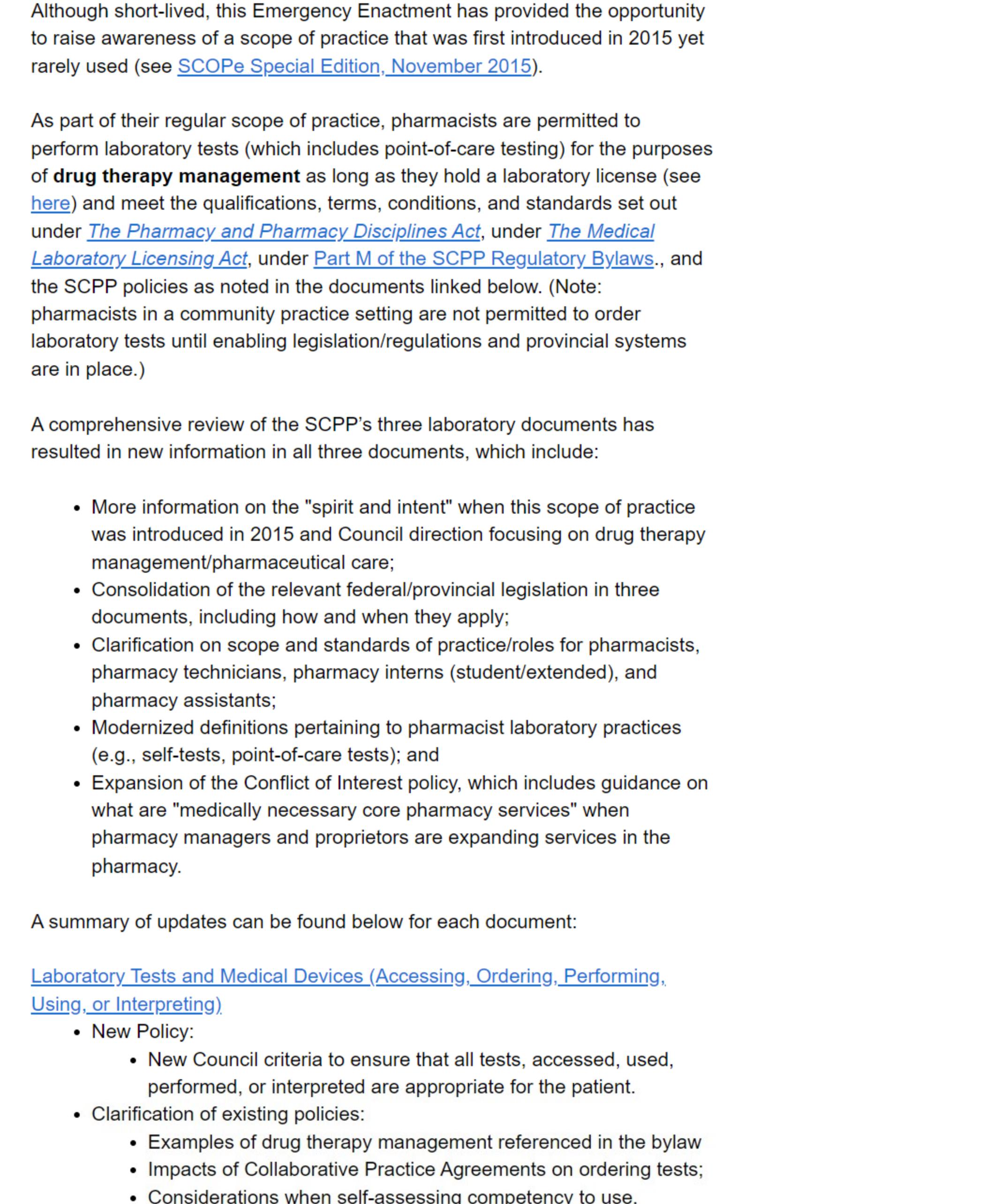
For a helpful graphic on the process of reporting, [please click here](#).

Why use the portal?

- Less paperwork required and no need to print, sign, and fax or email
- 24/7 access to reports and easier amendments
- Users can register for a personal account
- Pharmacy support staff and technicians can forward draft reports to pharmacists for submission
- Less multitasking and more patient care

Once completed, members need to download a PDF of the report and email to SCPP at info@saskpharm.ca.

[Learn more](#)



Health Canada Program: Stop Illegal Marketing of Drugs and Devices

Health Canada is promoting its Stop Illegal Marketing of Drugs and Devices (SIMDD) program to healthcare professionals, including pharmacists, to increase their level of knowledge and engagement.

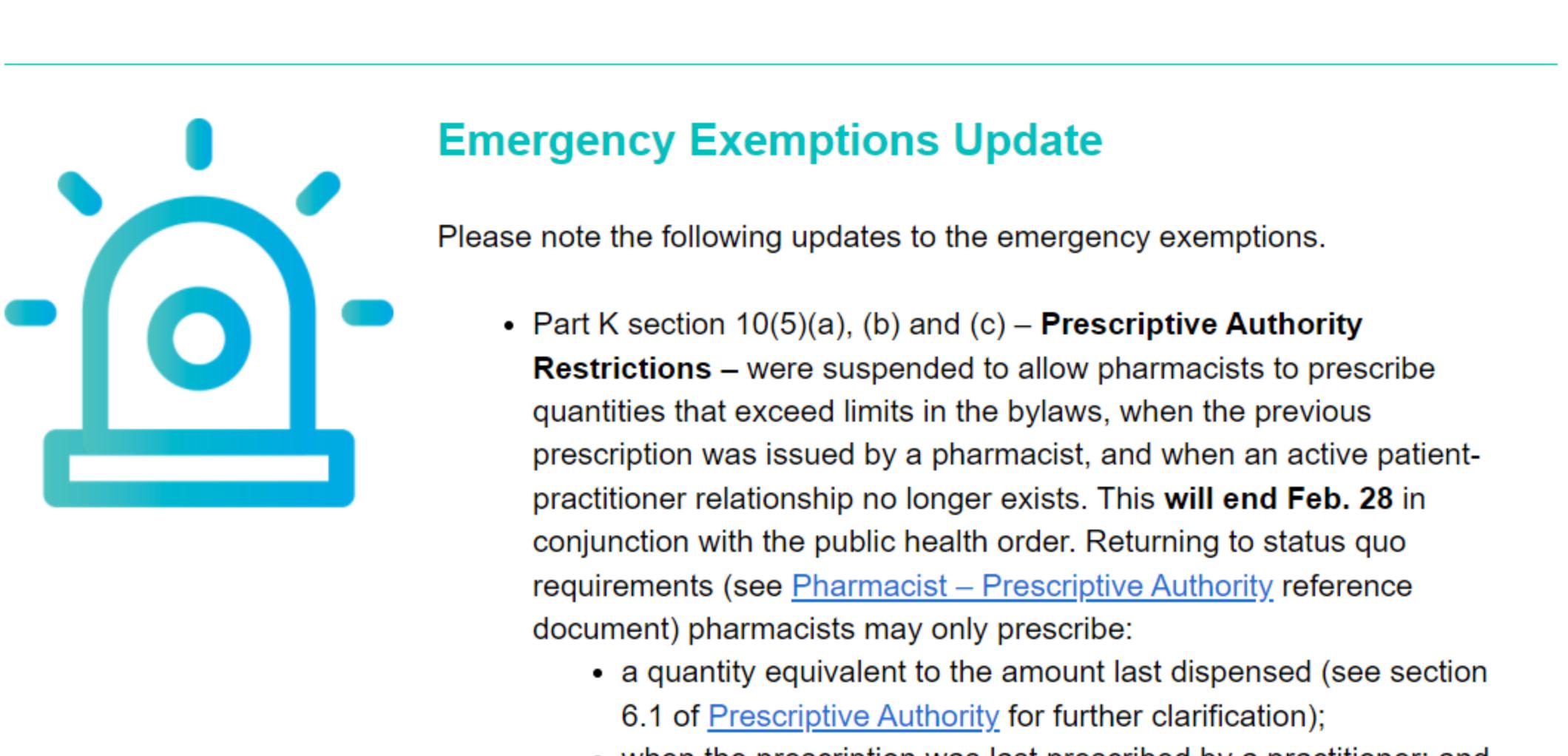
Reporting illegal marketing of drugs and devices to Health Canada will result in increased public protection. Please see [this infographic](#) about the program.

There are five main lines of health products included in this program:

- Opioids and other controlled substances
- Natural and non-prescription health products
- Biologics and biosimilars
- Veterinary health products
- Medical devices

Note the following helpful links:

- [Video about the program](#)
- [The Advertising requirements for drugs and medical devices](#)
- [Beware of these 6 marketing techniques](#)
- [Beware of these illegal marketing practices](#)
- [Filing a drug or device marketing complaint](#)
- [Illegal marketing of drugs and devices reporting form](#)
- [You report. You protect](#)



NAPRA Updated NDS to Remove NHPs

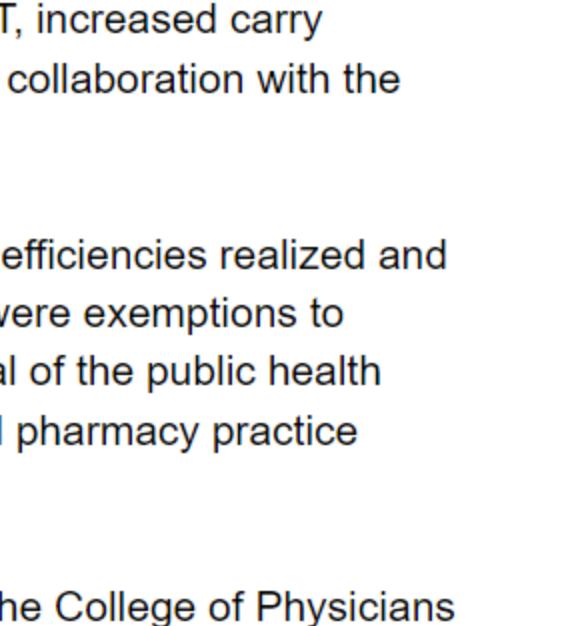
In accordance with its [Policy for Natural Health Products \(NHPs\)](#), the National Association of Pharmacy Regulatory Authorities (NAPRA) has progressed with the planned [removal of NHPs from the National Drug Schedules \(NDS\)](#), in the stepwise, risk-based approach initiated in 2019.

NHPs in lower-risk categories were removed in 2020, while NHPs in all other categories (Schedule I and II) were removed Jan. 2, 2022, with the exception of ephedrine and pseudoephedrine, which will be removed from the NDS in January 2024. These exceptions were made in consideration of the impact of COVID-19 and the substance use crisis in Canada.

Note that in Saskatchewan, ephedrine and pseudoephedrine are listed in [SCPP Administrative Bylaws](#) as Schedule I and II, respectively.

As of 2024, all products with a Natural Product Number (NPN) or Drug Identification Number-Homeopathic Medicine (DIN-HM) from Health Canada will be considered outside the scope of NAPRA's NDS.

Part M of the Regulatory Bylaws – Status Quo



Since the beginning of the COVID-19 pandemic, pharmacists have been relied upon by the provincial health system to practise to their full scope of practice on a daily basis. To support them in this important work, the SCPP has created many new bylaws and updated reference documents to ensure that pharmacy professionals have clear information and guidance on the terms, conditions, and standards.

The most recent example is the Emergency Enactment of Part M of the SCPP Regulatory Bylaws on Jan. 28 ([see here](#)) authorizing COVID-19 rapid antigen testing in Pharmacies to support the proof of negative test public health measure for public access to non-essential businesses, work, and travel.

On Feb. 8, 2022, the Government of Saskatchewan announced that it will be removing the Proof of Negative Test requirement as a COVID-19 public health measure ([see here](#)), effective **Feb. 14, 2022, at 12:01 am**. For more information on what this means for testing activities in the pharmacy, see [memo sent Feb. 10, 2022](#), and [Status Update – COVID-19 Rapid Antigen Tests in Pharmacies](#).

Although short-lived, this Emergency Enactment has provided the opportunity to raise awareness of a scope of practice that was first introduced in 2015 yet rarely used (see [SCOPE Special Edition, November 2015](#)).

As part of their regular scope of practice, pharmacists are permitted to perform laboratory tests (which includes point-of-care testing) for the purposes of **drug therapy management** as long as they hold a laboratory license (see [here](#)) and meet the qualifications, terms, conditions, and standards set out under [The Pharmacy and Pharmacy Disciplines Act](#), under [The Medical Laboratory Licensing Act](#), under [Part M of the SCPP Regulatory Bylaws](#), and the SCPP policies as noted in the documents linked below. (Note: pharmacists in a community practice setting are not permitted to order laboratory tests until enabling legislation/regulations and provincial systems are in place.)

A comprehensive review of the SCPP's three laboratory documents has resulted in new information in all three documents, which include:

- More information on the "spirit and intent" when this scope of practice was introduced in 2015 and Council direction focusing on drug therapy management/pharmaceutical care;
- Consolidation of the relevant federal/provincial legislation in three documents, including how and when they apply;
- Clarification on scope and standards of practice/roles for pharmacists, pharmacy technicians, pharmacy interns (student/extended), and pharmacy assistants;
- Modernized definitions pertaining to pharmacist laboratory practices (e.g., self-tests, point-of-care tests); and
- Expansion of the Conflict of Interest policy, which includes guidance on what are "medically necessary core pharmacy services" when pharmacy managers and proprietors are expanding services in the pharmacy.

A summary of updates can be found below for each document:

[Laboratory Tests and Medical Devices \(Accessing, Ordering, Performing, Using, or Interpreting\)](#)

- New Policy:
 - New Council criteria to ensure that all tests, accessed, used, performed, or interpreted are appropriate for the patient.
- Clarification of existing policies:
 - Examples of drug therapy management referenced in the bylaw
 - Impacts of Collaborative Practice Agreements on ordering tests;
 - Considerations when self-assessing competency to use, interpret or discharge services involving tests;
 - Considerations when providing test results at the request of a patient;
 - Council policy on documentation, record keeping, and communication.

[Laboratory Tests – Sale and Distribution of Medical Testing Devices and Other Diagnostic Products](#)

- Clarification of existing policies:
 - Correction on what is permitted when demonstrating a test. A sample must not be taken;
 - SCPP policy when selling/distributing testing devices as part of federal/provincial publicly funded programs or as part of private third-party arrangements.

[Laboratory Tests – Performing Tests for Drug Therapy Management](#)

- New Policy:
 - Requirements when providing testing services, which are only permitted when enacted by the SCPP Registrar in extraordinary circumstances.
 - Council criteria when selecting point-of-care testing devices for pharmacy program/services.
- Clarification of existing policies:
 - Outlines Pharmacy Requirements and Standards of Practice for Pharmacists when performing tests.

[Learn more](#)

Tramadol Listed in CDSA Effective March 31

The Office of Controlled Substances (OCS) would like to remind Pharmacy Regulatory Authorities (PRA) that as of March 31, 2022, tramadol will be removed from the Prescription Drug List (PDL) and listed in Schedule I of the Controlled Drugs and Substances Act (CDSA).

Tramadol will also be listed in the Schedule of the Narcotic Control Regulations (NCR) and therefore subject to all the regulatory requirements set out in the CDSA and NCR. Controlling tramadol will strengthen Health Canada's oversight of legitimate activities with this substance and facilitate detection and prevention of diversion.

See the [complete bulletin here](#).

[Learn more](#)

Emergency Exemptions Update



Please note the following updates to the emergency exemptions.

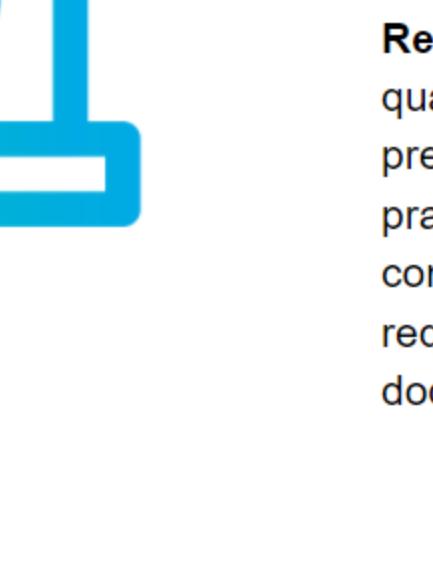
- Part K section 10(5)(a), (b) and (c) – **Prescriptive Authority**
Restrictions – were suspended to allow pharmacists to prescribe quantities that exceed limits in the bylaws, when the previous prescription was issued by a pharmacist, and when an active patient-practitioner relationship no longer exists. This **will end Feb. 28** in conjunction with the public health order. Returning to status quo requirements (see [Pharmacist – Prescriptive Authority](#) reference document) pharmacists may only prescribe:
 - a quantity equivalent to the amount last dispensed (see section 6.1 of [Prescriptive Authority](#) for further clarification);
 - when the prescription was last prescribed by a practitioner; and
 - when an active patient-practitioner relationship exists.
- Part K section 10(5)(d) – **Notification Requirement for Prescriptive Authority** – was suspended and pharmacists were not required to fax the prescriber to notify them when prescribing for their patients (e.g., minor ailments, interim supplies), but were still required to do so for any prescribing of Prescription Review Program (PRP) medications and therapeutic substitutions (when authorized). This **will end Feb. 28** in conjunction with the public health order. Returning to status quo requirements, pharmacists must notify the patient's primary practitioner with a Pharmacist Assessment Record (PAR) when they prescribe any medication.
- Part K section 10 – **Enactment of the emergency bylaws to address Health Canada's ARB recall – extended until March 31, 2022**.
- **Opioid Agonist Therapy** – exemptions to direct observed therapy and take-home doses/carries (i.e., delivery of OAT, increased carry dosages, etc.) – will require consultation and collaboration with the practitioner as per the OAT Standards.

NOTE – SCPP acknowledges that there have been efficiencies realized and new processes created through the pandemic that were exemptions to legislative and policy requirements. With the removal of the public health order, those exemptions are no longer available and pharmacy practice resumes to status quo.

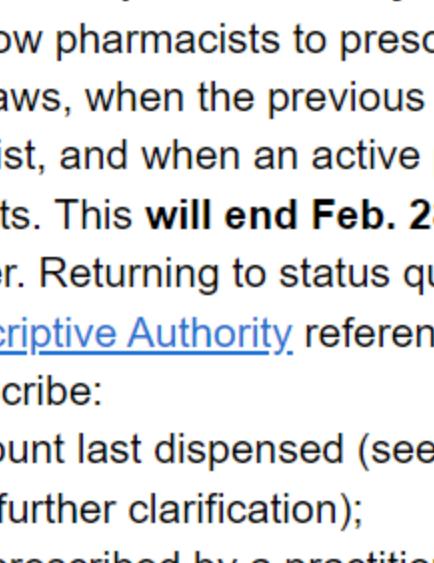
SCPP will be consulting with stakeholders such as the College of Physicians and Surgeons of Saskatchewan, the Dental Surgeons of Saskatchewan, the College of Registered Nurses of Saskatchewan, the Ministry of Health, and others to discuss potential bylaw amendments in the future.

Please see the following applicable documents:

- [Practice Changes for Community Pharmacy During COVID-19 Pandemic](#)
- [Emergency Enabled Prescribing Authority – Therapeutic Substitutions for ARB Recall](#)



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There are multiple routes to the information and alerts you need. All SCPP's newsletter articles, announcements, and alerts can be found in the Latest News section.

[Exercise your right to vote in March!](#)

[Learn more](#)

The profession of pharmacy is continually evolving. Information in past publications may likely be outdated, and it is vital and incumbent on pharmacy professionals to seek out the most updated version of SCPP policies, guidelines and [bylaws](#) in more recent publications, the [news section](#), and the [Reference Manual](#).

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