



May 22, 2020

Nancy Lum-Wilson  
Registrar, Ontario College of Pharmacists  
483 Huron Street  
Toronto ON, M5R 2R4

**RE: Pharmacists Prescribing of Minor Ailments Regulations**

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Dear Ms Nancy Lum-Wilson,

The Canadian Society of Hospital Pharmacists Ontario Branch (CSHP OB) appreciates the opportunity to respond to the consultation of the proposed draft regulations under Regulation 202/94 of the Pharmacy Act that would enable the expanded scope of practice for pharmacists to prescribe for minor ailments.

CSHP OB is in support of the initial preliminary list of the 12 minor ailments that has been proposed; however, would request expansion of the AHFS medication categories listed for specific conditions, as follows:

- Condition # 9 GERD, add Proton-Pump Inhibitors (PPI) (AFHS 56:28.36)
- Condition # 5 Allergic Rhinitis, add Second Generation Antihistamines (AHFS 04:08)
- Condition # 1 Uncomplicated UTI, add Aminopenicillins (AFHS 08:12.16.08)
- Condition # 10 Dysmenorrhea, add Oral Contraceptives (AHFS 32:00)

As Pharmacists are responsible for ensuring that patients receive the correct medication, at the most appropriate dose and frequency based on their individual indications for use and characteristics (e.g. age, drug interactions, allergies), in addition to maintaining patient safety, further expansion of the medication categories would allow Pharmacists to best manage situations such as drug shortages and Health Canada recalls (ie. the recent NDMA impurities in ranitidine), to ensure optimization and access to medications for all patients.

According to recent Canadian Institute for Health Information (CIHI) analysis, growth in Canada's seniors' population is expected to accelerate over the next 20 years — expected to grow by 68% (ie. approximately 10.4 million). This expected growth will place greater demands on the current healthcare sector. With the current draft regulations, Pharmacists would be restricted to medication categories which may be prescribing medications inappropriate for older adults.

The American Geriatrics Society (AGS) Beers Criteria recommend that H2-receptor antagonist be avoided due to increased adverse anticholinergic central nervous system effects in older adults with or at high risk of delirium, dementia or cognitive impairments. The Screening Tool of Older Persons' Prescriptions / Screening Tool to Alert to Right Treatment (STOPP/START) criteria also recommend assessment scales to measure anticholinergic drug burden. The addition of PPIs would support the management for GERD in circumstances whereby the risk of prescribing an H2-receptor antagonist would outweigh the benefits for older adults.

In addition, for the management of Allergic Rhinitis, second generation antihistamines (AHFS 04:08) would be an appropriate and safer alternative for older adults, whereby a first-generation antihistamines may increase a patient's risk for falls. These are recommendations by the American Academy of Family Physicians, which also align with the 'Choosing Wisely' campaign, and supported by the STOP criteria.

As per Geri-RxFiles, amoxicillin/clavulanate (Clavulin) (AFHS 08:12.16.08) would be a possible alternative for empiric management of uncomplicated UTI for patients with sulfa allergies and/or at risk of hyperkalemia (ie taking medications that ↑ K+ (e.g. ACEI, ARB)) in older adults.

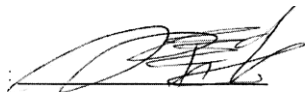
For the management of Dysmenorrhea, select hormonal contraceptives (AHFS 32:00) are approved for the treatment of primary dysmenorrhea and would be reasonable options in women with primary dysmenorrhea who also desire contraception<sup>2</sup>, which would also streamline the number of medications for patients.

CSHP OB ask the Ontario College of Pharmacists (OCP) to ensure that virtual prescribing is possible, in addition to consider expanding the medication categories for specific minor ailments to allow Pharmacists the scope to prescribe all possible therapeutic options for each minor ailment, accounting for all demographics and individual patient characteristics (ie age), as well as considerations for allergies, clinical practice guidelines, best practices and recent evidence in the medical literature. This will ensure Pharmacists have the flexibility to prescribe up-to-date medications, optimize medication management in crisis situations (ie. pandemic), improving access to care and avoiding the need to make regulatory changes when new medications are approved, while maintaining the principle of patient safety and mitigating factors compromising patient safety while ensuring care across all sectors of the Ontario healthcare system.

CSHP OB would also like to emphasize that ensuring care across all sectors of a patients' journey in the current health care system is limited due to the restrictions of the Public Hospitals Act, creating administrative 'red tape' preventing Pharmacists and other Interprofessional Healthcare Professionals from practicing at full scope.

Please do not hesitate to contact me if you have any questions or would like to discuss this matter further with CSHP OB.

Yours sincerely,



Samantha Yau RPh, BScPhm, ACPR, PharmD, BCGP  
President, CSHP OB

1. DKC Sur, ML Plesa. Treatment of Allergic Rhinitis. *Am Fam Physician*. 2015 Dec 1;92(11):985-992.  
<https://www.aafp.org/afp/2015/1201/p985.html>

2. Amimi S. O, and Suarna, M. Diagnosis and Initial Management of Dysmenorrhea. *American Family Physician*. 2014;March;89(5).

3. Geri-RxFiles  
<https://www.rxfiles.ca/rxfiles/uploads/documents/An%20orientation%20to%20the%20GeriRxFiles.pdf>