

A Publication of the **Manitoba Society of Pharmacists Inc.**

COMMUNICATION

The Voice of Pharmacists in Manitoba

Events

**The Manitoba
Pharmacy
Conference 2014**

Updates

**Public Relations
Committee
Pharmacist
Awareness Month**

**Manitoba
Pharmacist Initiated
Smoking Cessation
Project**

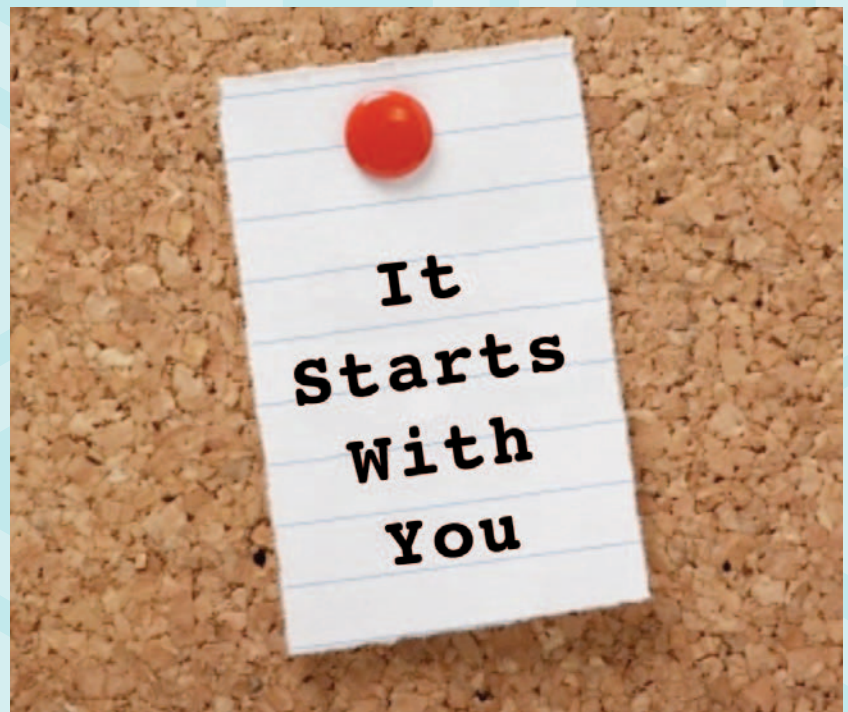
Feature

**Dandruff and
Seborrhea**



MANITOBA SOCIETY OF
PHARMACISTS
CONFERENCE

EMBRACING CHANGE



MANITOBA SOCIETY OF
PHARMACISTS

APRIL/MAY/JUNE 2014

Volume 39 | No. 4

Publication Mail - Agreement No. 40013710
Return Undeliverable Canadian Addresses to:
Manitoba Society of Pharmacists
202-90 Garry St., Winnipeg, MB R3C 4H1

This Issue

APRIL/MAY/JUNE 2014

Manitoba Society of Pharmacists

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COMMUNICATION is published four times a year. The subscription rate is \$18.90 per issue, \$75.60 per annum (including GST). The inclusion of proprietary names in this publication is for reference only. The inclusion of brand names does not imply that the brands listed are in any way preferable to those not listed. The sources of information are published articles in pharmaceutical and medical journals, private communications, etc. Incorrect quotations or interpretations are possible but not intentional. The views expressed in COMMUNICATION do not necessarily reflect the views of the Manitoba Society of Pharmacists Inc. The Society assumes no responsibility for the statements and opinions advanced by contributors in COMMUNICATION. Material from COMMUNICATION may be copied provided that the source is acknowledged. The deadline for submission of material for inclusion in COMMUNICATION is the 1st of February, June, September, and December.

ISSN 0829-6197

Printed in Canada by:
Esdale Printing Ltd. (204) 957-4900

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A Message from the President

Here we are at the start of another New Year, and what a year it is going to be! The new Pharmaceutical Act & Regulations were enacted on January 1, 2014, and finally bring the long-awaited expanded scope to the profession of pharmacy in the province.

We, the Board of MSP, have been working hard for our membership towards the goal of making certain that the newly acquired professional responsibilities will be compensated for, and that new services become insured services for all Manitobans. To that effect, we continue to meet with Manitoba Health as part of an Advisory Committee to complete a **Recommendation for a Pharmacist Remuneration Framework Report** for the Minister of Health. We have also reached out to our stakeholders and our membership and have asked them to let their MLA's know through correspondence that we as a profession are united in our goals.

The Manitoba Pharmacist Initiated Smoking Cessation Pilot Program is now in full swing with pharmacies selected and participants recruited. A lot of work has been completed by the steering committee which includes representatives from Manitoba Healthy Living and Seniors, Manitoba Health, MSP, College of Pharmacists of Manitoba, Faculty of Pharmacy, University of Manitoba, MANTRA, and community pharmacists with expertise in and passion for smoking cessation. It is fabulous to see this program come to fruition.

Media coverage has been surprisingly plentiful. MSP distributed a media release in December 2013 and since that time we have participated in print, radio and television interviews. We continue to develop a media relations strategy to improve awareness and recognition of the pharmacist's role in health care and to promote our role as medication experts.

MSP Board members, committee members, and staff have been driven in their duties and we are seeing a number of strategic milestones either coming to fruition or approaching the goal. Each committee and sub-committee has worked with MSP's strategic plan, developing and defining goals which provide the direction to achieve our mission. Here is a sampling of MSP committee and sub-committee goals which have been achieved and are underway:

- Government Relations Committee:
 - o Personal Care Home Sub-Committee: A proposal for PCH Pharmacy Services Contract has been tabled with Manitoba Health. Negotiation meetings are pending.
 - o NIHB Sub-Committee: Work has begun on developing a new NIHB Contract.
- The Finance & HRCC Committee has developed the 2014 budget and has reviewed the investment portfolio of the Society.
- The Good Governance Committee has completed an MSP Media Policy and Social Media Policy and a Member Privacy Policy is currently under development
- The Membership Committee has seen Active Memberships grow to a number higher than ever before, mainly due to the new requirements for all pharmacists to carry professional liability insurance, and is working hard to develop a plan to sustain our pharmacist memberships.
- The Professional Relations Committee has been extremely busy, and we have seen many new offerings and proposals from them. A second MSP Pharmacy and Immunization Webinar will be held on March 11, 2014 after the success of the first webinar. The Professional Services Market-

ing Pre-Conference Workshop developed in collaboration with the Asper School of Business, University of Manitoba will be held on April 24 and 25, 2014. The contest for branding the Manitoba Medication Review Toolkit is close to being complete and the committee is looking into multiple opportunities for professional development. The Injection Training Program and change in Brandon on March 20th, 2014 to in Brandon in May, 2014 was a resounding success. An Injection Training Program and Workshop has been organized with Pear Healthcare Solutions and will be offered in Brandon in May, 2014.

- The Public Relations Committee has been exceptional as always, and following a very successful fall campaign, is looking forward to a fantastic Pharmacist Awareness Month Campaign in March. The committee has been very strategic and innovative in their messaging about pharmacists and identifying new ways to share our messaging with the public. The committee continues to benefit from pharmacist involvement through community participation and is looking to involve many members throughout the year in the promotion of pharmacist's expertise and cognitive services.

MSP has been working hard to represent our pharmacists in Manitoba. We have the ball rolling and are gaining momentum. We are grateful for the engagement and support from all our volunteers. You help make each strategic goal a reality which helps us achieve our mission **"To enhance the recognition and compensation for professional services while inspiring excellence in practice"**.

Scott McFeetors
President, MSP

ANNUAL GENERAL MEETING



MANITOBA SOCIETY OF
PHARMACISTS

Sunday, April 27th, 2014
11:00 am
RBC Convention Centre
375 York Ave. Winnipeg, MB

The Annual Report will be circulated electronically to members and posted to the MSP website at www.msp.mb.ca prior to April 1st. Print copies will be available at the Annual General Meeting. Members who wish to receive a print copy of the Annual Report in advance of the meeting, should contact the MSP office at 956-6681 or 1-800-677-7170 prior to April 1st, 2014.



Welcome Message Embracing Change



This conference is hosted exclusively by the Manitoba Society of Pharmacists (MSP) which is a not-for-profit voluntary organization whose vision is to unify and advance the profession of pharmacy, and whose mission is to enhance the recognition and compensation of professional services, while inspiring excellence in practice.

This year's conference theme, "Embracing Change", highlights the newly expanded scope of the profession of pharmacy and the expected benefits to the healthcare of all Manitobans. The year 2014 marks the beginning of a new era for Manitoba pharmacists and the citizens of the province. The new Pharmaceutical Act and Regulations, which were enacted on January 1, 2014, enable a broad new range of professional services that pharmacists are able to provide.

The Manitoba Society of Pharmacists works closely with the College of Pharmacists of Manitoba (CPhM), the Faculty of Pharmacy at

the University of Manitoba and the Canadian Society of Hospital Pharmacists, MB Branch (CSHP) to provide Manitoba pharmacists quality continuing education programs during this annual event.

The objective of this conference is to provide professional development and continuing education programming to advance pharmacy practice, enhance the knowledge of pharmacy practitioners, and enhance the quality of pharmaceutical care provided to patients.

The Annual Conference is the one opportunity pharmacists in the province have to come together and celebrate the profession of pharmacy. The conference provides a chance to share experiences and interact with peers while participating in educational sessions that are relevant to you, your practice and the changing pharmacy environment. The Annual General Meetings of both MSP and the CPhM are hosted as part of the Annual Conference,

and provide pharmacists the opportunity to hear what the regulatory and advocacy bodies are doing on your behalf and for you to provide feedback.

The conference is not all about learning. We have a number of opportunities for you to catch up with colleagues including the MSP Social Evening at Tavern United Pub on Friday, April 25th as well as the Gala Dinner on Saturday, April 26th at the Delta Winnipeg Hotel.

The conference weekend also features an opportunity to celebrate the accomplishments of outstanding colleagues in the profession. Take in the Gala Dinner on Saturday evening and the College of Pharmacists of Manitoba Awards Luncheon on Sunday afternoon and join your peers in recognizing the achievements of these esteemed individuals.

We look forward to seeing you there!

Scott McFeetors

President

Manitoba Society of Pharmacists

Sound Familiar?

Increased work volumes
Staffing problems
No breaks
Patients with no patience

Ever feel like saying
"who peed in your corn flakes this morning?"
We have all experienced some trying moments
at work - some more challenging than others.

Read what your colleagues have said
in the Survey Says results at the
Manitoba Pharmacists at Risk website.

Please visit us at

www.pharmarisk.mb.ca

Let us know what you think



"let us help...YOU...keep it together"



Session C: 2013 CDA CPGs - What are the Big Changes?

Friday, April 25th

3:30 pm to 4:30 pm

Lori Berard, RN, Nurse Manager, WRHA & HSC Diabetes Research Group

The Canadian Diabetes Association has recently launched the 2013 Clinical Practice Guidelines for Diabetes Care. Coupled with recent Manitoba initiatives and the release of new evidence, this program is designed for assisting and facilitating of timely screening, evidence based intervention and promotion of best practices.



ANNUAL GENERAL MEETING AGENDA

Sunday, April 27, 2014

11:00 am

RBC Convention Centre, Winnipeg, Manitoba

Chair – Mel Baxter

- | | |
|---|--------------------|
| 1. Minutes of the Annual General Meeting, April 6, 2013 | |
| 2. Business Arising | |
| 3. President's Address | S. McFeetors |
| 4. Auditor's Report | |
| 5. Finance Report | S. Smith-Vercaigne |
| 6. Canadian Pharmacists Benefits Association Report | M. Baxter |
| 7. Executive Director's Report | B. Shearer |
| 8. Smoking Cessation Pilot Project | B. Frith |
| 9. New Business | |
| 10. Closing Resolution | |

NEW Mobile App for Delegates!

1. On your mobile device, access the app store
2. Open the search window and enter Grupio.
3. Download the Grupio app when it is displayed.
4. Open the search window and enter **MSP Manitoba Pharmacy Conference**
5. When the Conference is displayed, click on the link.
6. The app is free and is available on all mobile devices.

When you download the mobile app you will be able to access information about our event from the convenience of your mobile device including the complete schedule, speakers, sponsors, exhibitors and more.



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Carol Steel, Business Development Manager at 403-471-0952 | carols@remedys.ca

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The Local Drug Store



Professional Services Marketing

Showcase Your Value as a Healthcare Professional

A 2014 Manitoba Pharmacy Conference
Pre-Conference Workshop • April 24 & 25, 2014

PROGRAM DESCRIPTION

The Manitoba Society of Pharmacists, in partnership with the Asper School of Business, is proud to offer this brand new workshop to help Manitoba pharmacists adapt to legislation changes.

The pharmacy landscape is changing rapidly and the new Pharmaceutical Act has enabled a new scope of services that should be evaluated and implemented carefully. Over two days, you will learn about marketing principles and how they apply to the provision of professional pharmacy services, including how to implement a fee-for-service model that will work for you and your patients.

ASPER FACULTY

Presenter: Subbu Sivaramakrishnan
Acting Associate Dean / Associate Professor

Dr. Sivaramakrishnan's primary research is in the area of consumer behaviour and he has taught a wide range of topics related to marketing, research, marketing management, and consumer behaviour. He has received awards for both teaching and research.

Guest Speaker: Nathan Greidanus
Assistant Professor of Entrepreneurship
One of Dr. Greidanus' primary teaching interests is in the area of innovation. Dr. Greidanus was recognized with the 2013 Associates Award for outstanding performance in teaching.

INVESTMENT

Your workshop investment of \$500.00 (plus GST) includes all course materials and a light lunch and coffee/tea.

PROGRAM BENEFITS

- Develop a Pharmacy Services Map that will help identify opportunities to turn free services into revenue producing services, while enhancing patient satisfaction.
- Understand marketing principles and how they apply to the provision of professional pharmacy services
- Learn how to implement a fee-for-service model
- Understand how to adapt to the full scope of practice enabled by the new Pharmaceutical Act, and be recognized and compensated for those services
- Recognize how your patients evaluate the professional services you provide, and how those services are different from the goods you also provide
- Understand the relevance and importance of stakeholder relations and corporate social responsibility

DAY ONE

April 24, 2014 – 8:30 am to 4:30 pm

TOPICS COVERED:

- Marketing theory, creativity, and innovation, and how they play a role in identifying fee-for-service potential
- Develop a patient interaction process map and pharmacy service map relevant to your practice
- How other industries have successfully introduced fee-for-service models
- Identify opportunities for new revenue-producing products and services

Continental Breakfast, coffee and tea will be provided

DAY TWO

April 25, 2014 – 8:30 am to 12:00 noon

TOPICS COVERED:

- Share homework assignments and review ideas with other participants and workshop moderator
- Prepare a final summary of your pharmacy service map

Continental Breakfast, coffee and tea will be provided

The Workshop will be held at the James W. Burns Executive Education Centre – 177 Lombard Avenue, 2nd floor. A limited number of registrations will also be available for online delivery.

Some homework will be required before the workshop and between sessions in order to apply the day's learning.

Registration is open and exclusive to members of either the Manitoba Society of Pharmacists (MSP) or the Canadian Society of Hospital Pharmacists (CSHP).

Registration is limited to 25 in-person with an additional 25 online participants.



HOW TO REGISTER

To register visit the Manitoba Pharmacy Conference Registration page at https://www.mbpharmacyconference.com/register_1.asp

or the Asper website at <http://umanitoba.ca/asper/execed>

QUESTIONS

Jill Rowe, Asper School of Business
E: jill.rowe@umanitoba.ca
P: 204.946.0232

Presented by:



with support from CSHP, RHAM, and the Faculty of Pharmacy.





MANITOBA SOCIETY OF
PHARMACISTS
CONFERENCE

Manitoba Pharmacy Conference Schedule 2014

FRIDAY APRIL 25, 2014	
1:00-1:15 pm	Welcome Remarks from the Honourable Erin Selby, Minister of Health
1:15-2:15 pm	Session A: Negotiation Primer: Tricks and Traps
2:15-3:15 pm	Session B: Adult Immunization: A Grown-up Thing to Do
3:30-4:30 pm	Session C: 2013 CDA CPGs: What are the Big Changes?
4:30-5:15 pm	Session D: Unsung Heroes in the World of Pharmacy: An Inconvenient Truth
5:30 pm	MSP Social Evening @ Tavern United Pub
SATURDAY APRIL 26, 2014	
8:15-9:00 am	Session E: Emerging Topics in Cybersecurity & Continental Breakfast
10:30 am-3:15 pm	Poster Presentations in Exhibit Venue
9:00-10:30 am	Session F: Short & Snappy
11:00-11:45 am	College of Pharmacists of Manitoba Annual General Meeting
11:45 am-1:15 pm	Exhibitor Buffet Lunch
1:15-4:45 pm	Issues Forum & Young Leaders Awards Acknowledgement <i>1. Update on the New Practice Legislation in Manitoba</i> <i>2. Medication Review Toolkit</i> <i>3. Current Topics with Manitoba Health</i> <i>4. Get Covered and Stay Covered: Practice with Malpractice Insurance</i>
6:00 pm	Gala Dinner at the Delta Winnipeg Hotel
SUNDAY APRIL 27, 2014	
8:30-9:30 am	Session G: Getting to the Bottom of Gastrointestinal Discomfort & Continental Breakfast
9:30-10:45 am	Session H: Practice Spotlight
11:00-11:45 am	Manitoba Society of Pharmacists Annual General Meeting
11:45 am- 1:30 pm	CPhM Awards Luncheon
1:30-3:30 pm	Session I: Headline News for Pharmacists <i>1. Medical Lab Tests and Pharmaceutical Care: Making the most of a valuable tool</i> <i>2. Brave New World: Pharmacy and the Epidemiology of Testing</i> <i>3. Subsequent Entry Biologics</i>
1:30-3:30 pm	Pharmacy Student Preparations



Session B: Adult Immunization: A Grown-up Thing to Do

Friday, April 25th
2:15 pm to 3:15 pm
Kathy Slayter BSc(Pharm), Pharm D, FCSHP

Despite the success of the Canadian immunization program, we have observed re-emergence of and continued prevalence of vaccine preventable diseases and it is increasingly recognized that immunization rates are not at an optimal level. Among the strategies suggested to improve these rates is the training of non-traditional immunization providers such as pharmacists to administer vaccines safely and effectively in their practice settings. The focus of this session will be therefore to provide an update on the management of vaccine preventable diseases. Practical pearls will be presented on how to quickly identify patients at risk and tools and resources will be explored to enhance vaccine knowledge.

Objectives:

- Describe the burden of select infectious diseases in adults
- Discuss current NACI recommendations
- Review strategies to help protect adults against select infectious diseases

Sponsored by Merck

Session D: Unsung Heroes in the World of Pharmacy: An Inconvenient Truth

Friday, April 25th
4:30 pm to 5:15 pm
Neal M. Davies, BSc(Pharm), PhD, R.Ph.
Dean & Professor Faculty of Pharmacy, University of Manitoba

The importance of pharmacists and our contributions to society are both world class and world changing and can never be understated. In this presentation you will be taken on a historical and contemporary non-stop two-way journey through the proud world of the pharmacist. We will travel through community, industry and research, over athletics, politics, and the food and beverage industry, to philanthropy and the great unknown and back again.



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Update from Your Public Relations Committee

There is only one thing in the world worse than being talked about, and that is not being talked about." –Oscar Wilde

As the scope of Manitoba pharmacy practice grows, so does public interest in Manitoba pharmacists. We are in a period of very exciting change and we want to communicate the value of this change to the public, government and all of our stakeholders. As we move into Pharmacist Awareness Month 2014 (March), the Public Relations Committee has focused on three key messages:

- 1) Pharmacists are medication experts.
- 2) Manitoba Pharmacists can do more for you than ever before. Talk to your pharmacist.
- 3) Your health. Your pharmacist.

Each of these messages supports recognition of pharmacist expertise and empowers the patient to seek our advice and counsel. Throughout March, you will see many different avenues of outreach to ensure as many Manitobans as possible receive our message.

Health Media Network

Our messages will be seen in clinics and waiting rooms across Manitoba and could touch over 300,000 people during March 2014!

Manitoba Clinic - Winnipeg Clinic- Winkler Clinic- Brandon Clinic- Point Douglas Clinic - South Eastman Health, Bethesda Hospital - Sunrise Credit Unions

Television

Several very exciting interview opportunities will allow MSP pharmacists to share their message! Throughout March, on-air interviews and spots are being pursued to ensure wide-reaching coverage of Pharmacist Awareness Month.

Billboards

Two Winnipeg digital billboards will again be used to reach commuters. Look for our ads on Pembina Highway and Kenaston Boulevard!



Print Media

Coffee Time News: Winnipeg and area. Feb. 23 - Mar. 29.

Senior Scope: Rural Manitoba. Mar. 4 issue. **Plus editorial content from Curtis Hughes**

First Nations Voice: Over 100,000 recipients throughout MB. Mar. 1 issue and online banner ad throughout March. **Plus editorial content**

Wheat City Journal: Brandon and area. Mar. 6, 13, 20 and 27. **Plus editorial content**

Dauphin Herald: Dauphin and Parkland area. Mar. 4, 11, 18 and 25. **Plus editorial content**

Parkland Shopper: Dauphin and Parkland area. Mar. 7, 14, 21 and 28. **Plus editorial content**

Metro: Winnipeg and area. Feb. 18th **Plus editorial content** and Mar. 5, 10, 19 and 24.

WAVE Magazine: Over 40,000 recipients in the Winnipeg area. Mar./Apr. issue.

Lifestyles55: Southern Manitoba. Mar. issue. **Plus editorial content from Bobby Currie**



Radio

CJOB: Southern Manitoba. 74 x 30 second commercials throughout March.

Plus support provided for the March 1 Health Report

CKDM: Parkland. 30 x 30 second commercials throughout March. **Plus an on-air interview with Barret Procyshyn, MSP Vice-President and Public Relations Committee Co-Chair**

Star FM: Brandon area. 32 x 30 second commercials throughout March.

NCI FM: Throughout Manitoba with an average daily audience of 140,000! *Plus editorial posting on NCI website and Facebook page and an on-air interview!*



MANITOBA SOCIETY OF PHARMACISTS

MAR 3-16	Mon	Tue	Wed	Thur	Fri	Sat	Sun	TOTAL
5:30a-10a	1	1		1	1			4
10a-3p		1	1	1	1			4
3p-8p	1		1	1	1			4
8p-12a	1		1		1			3
7a-10p						2	2	4
MAR 17-30								
5:30a-10a	1	1		1	1			4
10a-3p		1	1	1	1			4
3p-8p	1		1		1			3
8p-12a	1		1		1			3
7a-10p						2	2	4



PHARMACIST AWARENESS MONTH – HOW CAN I GET INVOLVED?

In-store Events

- Use the CPhA's Kids and Medications colouring book for a colouring contest
- Host a disease specific clinic day (smoking cessation, hypertension, diabetes, etc.)
- Invite a local school class to colour some of your pharmacy bags for delivery to seniors
- Use a poster to announce that March is Pharmacist Awareness Month (available for free from bobbycurriemsp@gmail.com)

Local Community Outreach

Talk to a sports club, a seniors group, a parenting class, or any community group in your area.

Presentations for Your Use:

Manitoba Institute of Patient Safety: <http://www.mbips.ca/hp-med-safety-patient-safety-is-in-your-hand.html>

Manitoba Society of Pharmacists: Seniors and Medications (contact bobbycurriemsp@gmail.com)

Teva Adult Community Presentations: <http://www.tevapharmacysolutions.com/adult-community-seminars>

Teva Pediatric Community Presentations: <http://www.tevapharmacysolutions.com/pediatric-community-seminars>

Write a Letter!

On Jan 10, 2014, MSP emailed all members a letter template to send to their MLAs. If you haven't done so yet, fill it in and send it to your MLA today to have your voice heard!

Local Media

Talk to your local community newsletter, paper or condo organizations about submitting a health article of interest to them.



Career Opportunity NORTHERN HEALTH REGION

STAFF PHARMACIST Thompson General Hospital (2 positions)

2014-004 - 1.0 FTE

2014-005 - 1.0 FTE

Thompson, Manitoba

Salary Scale: \$44.70 - \$54.23

Position Summary:

The incumbent will provide comprehensive pharmaceutical services to acute and long term care facilities and other programs in the Northern RHA according to professional standards under the provisions of the Pharmaceutical Act of Manitoba, the philosophy, objectives and policies of the Northern Regional Health Authority and in accordance with the Canadian Council on Health Services Accreditation standards

QUALIFICATIONS:

- Completion of a Bachelor of Science in Pharmacy or equivalent undergraduate pharmacy degree.
- Licensed, or eligibility for licensure as a pharmacist in the Province of Manitoba.

Desirable Qualifications:

- Demonstrated interpersonal communication, facilitation, negotiation, and conflict management skills.
- Project management skills to plan, organize and coordinate multiple activities.
- Ability to facilitate effective teamwork among multi-disciplinary professionals.
- Demonstrated leadership abilities and human resources management.
- Ability to create and maintain effective working relationships.
- Ability to adapt readily to changing demands and situations.
- Excellent analytical, problem solving skills.
- Results-orientated team player.
- Must demonstrate responsibility for continuous self-improvement and professional progress.
- Ability to utilize information systems technologies for communication, word processing, spreadsheet applications and other common needs.

Full job description available on request

Please submit resume:

Mr. Dion McIvor, Aboriginal/External Recruitment Officer
867 Thompson Drive South
Thompson, Manitoba, R8N 1Z4
Fax 204-778-1477
Email: recruiter@brha.mb.ca
Local 204-778-1455 or Toll Free 1-877-677-5353

Northern RHA has a Representative Workforce Strategy. We encourage all applicants to self-declare. Criminal Record and Child and Adult Abuse Registry Check are required. We thank all candidates for applying. Only those selected for interview will be contacted.

Closing Date: Until Filled

New Year, New Career

The New Year is a time for resolutions and new beginnings.

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Do you have superior leadership skills and strive for excellence in all you do?

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Manitoba Pharmacist Initiated Smoking Cessation Project

In the fall of 2013, the Manitoba Pharmacist Initiated Smoking Cessation Pilot Project was officially launched! Smoking is a major public health concern that takes the lives of approximately 2,000 Manitobans every year. The role of the pharmacist is evolving and ever expanding to meet the needs of their clients. Pharmacists are one of the most accessible health care professionals who provide a wide range of clinical services in the neighborhoods, towns and cities across this province. The goal of the pilot program is to evaluate the feasibility, impact and cost effectiveness of a pharmacist initiated smoking cessation program in Manitoba. The program will benefit up to 100 Manitobans who want to quit smoking.

Through a comprehensive application and selection process fifteen pharmacies were selected to participate in the program. Bonnie Frith, Program Manager, states, "We are very pleased with the calibre of the pharmacists selected. They are all enthusiastic, pleased to be participating and committed not only to the program, but more so, to providing valuable and accessible counselling services to their eligible clients who want to quit smoking. The client's needs are first and foremost." The participating pharmacies include:

Tache Pharmacy, 400 Tache Avenue, Winnipeg
Loblaw Pharmacy 1512, 1035 Gateway Road, Winnipeg

Dauphin Clinic Pharmacy, 622 - 3rd Street SW, Dauphin
West-Man Medical Centre Pharmacy, 146 - 6th Street, Brandon
Pharmacie Dufresne, 10 - 1321 Dawson Road, P.O. Box 229, Lorette

Shoppers Drug Mart #547, 32 Marion Street, Winnipeg
Reavie's Pharmacy, 243 Main Street North, Russell
Safeway Pharmacy, 1612 Ness Avenue, Winnipeg
Loblaw Pharmacy, 80 Bison Drive, Winnipeg
Shoppers Drug Mart #546, 230 Main Street, Winnipeg
Loblaw Pharmacy #1506, 1578 Regent Avenue, Winnipeg
Shoppers Drug Mart, 2211 Pembina Highway, Winnipeg
Shoppers Drug Mart #2421, 1017 McPhillips Street, Winnipeg
Loblaw Pharmacy #1505, 2132 McPhillips Avenue, Winnipeg
Shoppers Drug Mart #2422, 777 Sherbrook Street, Winnipeg

The program seeks to enhance the utilization of the pharmacist in preventive health-care delivery and reduce the number of Manitobans that smoke. The primary outcome is the self-reported quit rate at 6 months. The program is off to a great start and a detailed full report of the pilot program will be available December, 2014.

Bonnie Frith, Project Manager



Canadian Foundation for Pharmacy

CFP announces \$25,000 Innovation Fund Grant, Pfizer matches donation

Grant to support Manitoba Pharmacists Smoking Cessation Project

Toronto, January 7, 2014 – The Canadian Foundation for Pharmacy has had the opportunity to support multiple projects this year. The winners of a \$50,000 grant are the Manitoba Society of Pharmacists in association with the Canadian Association of Chain Drug Stores. Pfizer will match the foundation's grant in support of the Manitoba Pharmacists Smoking Cessation Project.

This initiative will implement a pharmacist initiated smoking cessation program in the province of Manitoba. It will facilitate the role of the pharmacist to begin discussions with patients and customers about smoking cessation and heighten the possibilities for success.

The primary objectives of the project include reducing the number of Manitobans who smoke through a provincial smoking cessation program, enhancing utilization of pharmacists in preventive health care delivery and demonstrating the economic impact of the project in terms of outcomes and value.

"One of the ways pharmacies can provide innovative care is to offer accessible services for health concerns like smoking cessation," said Marie Mitchell, CFP President. "The CFP Board felt that the proposal from Manitoba offered a unique opportunity to assess the introduction of a pharmacy-based smoking cessation program in that province."

"Pfizer has supported the role of pharmacists in the provision of

clinical services for many years," said Dr. Bernard Prigent, Vice-President of Medical Affairs, Pfizer Canada Inc. "Clinical services such as smoking cessation counseling are very beneficial to help patients achieve success in their quit attempts. As the most accessible health-care professional, pharmacists play an important role in smoking cessation counselling."

"Smoking is a major public health concern in Manitoba. Smoking rates have decreased in the past decade, however 1 in 5 Manitobans are smokers," said Dr. Brenna Shearer, Executive Director, Manitoba Society of Pharmacists.

"Support from CFP gives us an opportunity to fulfill our vision of providing accessible healthcare to all Manitobans, and complements our new expanded scope of practice legislated on January 1st."

The Canadian Foundation for Pharmacy is Canada's national pharmacy charity supporting the advancement of the profession. Through its **Innovation Fund**, the foundation currently supports projects and research that facilitate the evolving role of the pharmacist, and has invested over \$700,000 since 2004 to this cause.

Contact:
Dayle Acorn
Executive Director,
Canadian Foundation for Pharmacy
<http://www.cfpnet.ca>

5809 Fieldon Rd.,
Miss. ON L5M5K1
Ph: 905.997.3238
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Dr. Shawn Bugden, Principal Investigator and Dr. Brenna Shearer, Chair, Pharmacist Initiated Smoking Cessation Steering Committee



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Dandruff and Seborrhea

Meera Thadani, M.Sc. (Pharm.)

What is dandruff (pityriasis simplex capitis)? A scaly scurf formed on and shed from the scalp, sometimes caused by seborrhea (Figure 1). [dand-, of unknown origin + dialectal hurf, scurf (from Old Norse hrufa, crust, scab).]¹

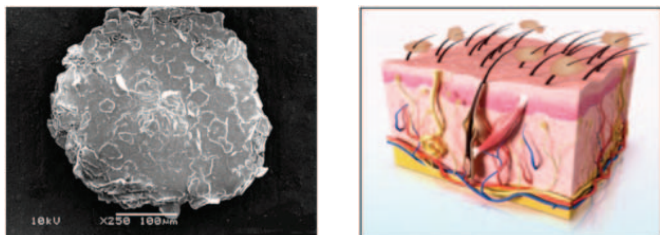


Figure 1 Dandruff flake and skin with dandruff

There are many advertisements dramatizing the dreadful appearance of little white flakes on dark hair or clothing. Dandruff flakes are scales from the scalp. A few bits of dandruff go unnoticed. Too much, either chronically or in response to triggers, can produce itching, redness and irritation. It is estimated that about half (50%) of the population is affected by dandruff and these patients often present themselves at the pharmacy seeking treatment for physiological and psychological reasons.

What is seborrhea (seborrheic dermatitis)? Seborrhea is an inflammatory itchy, scaling red rash on the scalp, in the ears, on the upper eyelids, brows, forehead, in the folds that extend from the nose to the corners of the mouth, and occasionally on the mid-chest and mid-back (Figure 2).¹

Both conditions have a similar origin. However, dandruff is non-inflammatory while seborrhea is *inflammatory*. Sometimes it is difficult to distinguish one from the other.



Figure 2 Seborrheic dermatitis on the nose and scalp

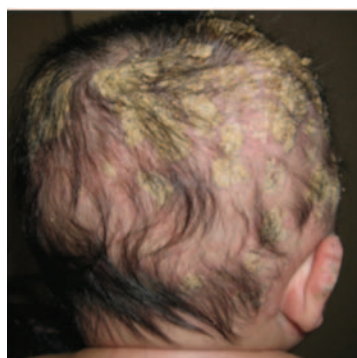


Figure 3 Cradle cap

What is Cradle Cap?

Seborrheic dermatitis in infants is called cradle cap. It can affect other parts of the body as well, including the creases in the diaper area. It frequently spontaneously remits. Treatment with mild shampoos usually is sufficient. Topical antifungals and weak topical steroids prescribed by a physician may rarely be required to treat it.

Is hair care at fault? White specks can arise from dried hair mousses, sprays, or other hair care products that flake off the hair and fall on the shoulders. Some people avoid shampooing regularly thinking that washing leads to a dry scalp, damages hair, or will destroy their hairdo. Scale from an unwashed scalp can accumulate and then appear as excessive dandruff. The scalp skin is full of follicles with active sebaceous glands producing large quantities of grease. In fact, having a dry scalp is very rare.

What are the signs and symptoms of dandruff? These include:

- silver-grey scales in patches or all over the scalp
- scales that detach when combed or separate from the scalp and flake off on their own
- lack of other skin diseases on the scalp or other areas of the body
- scalp redness is absent
- an absence of scales in bald areas of the scalp

What are the signs and symptoms of seborrhea? These include:

- greasy scales on the scalp, as well as areas that are rich in sebaceous glands such as hairy areas near the hairline, eyebrows, moustache, beard, ears, trunk, and body folds (navel, groin, axillae, and anogenital areas)
- small patches that spread forming scales that are white, off-white or yellow
- patches that appear with stress as the trigger
- scales on eyelashes that can produce blepharitis or conjunctivitis.
- facial seborrhea around the nose, ears, hairline can be the result of wearing unclean headgear (helmets) or clothing used in contact sports such as boxing, judo and wrestling.

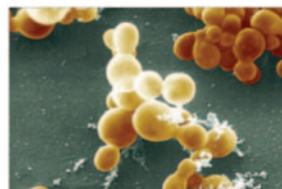


Figure 4 Malassezia yeast

Is there a pathogen involved with dandruff and seborrhea? While a dry environment may exacerbate dandruff and seborrhea, the lipophilic yeast *Malassezia* can be present as the organism that stimulates the inflammatory process (Figure 4).²

What other conditions can cause an itchy scalp?

Head lice produce an itchy scalp. The six-legged louse or its egg case attached to a hair shaft is required to confirm the diagnosis. Contact dermatitis caused by allergies to hair coloring, perm solutions, or shampoo preservative may cause confusion with seborrheic dermatitis because it often is associated with excess scaling on the scalp. Tinea capitis (ringworm) can produce itching, dandruff and bald patches where the fungus has invaded the scalp tissue (Figure 4).



Figure 4 Head lice and tinea capitis



What are the risk factors and triggers for seborrhea?

- genetics - incidence of familial allergies
- environment - stress, low humidity and temperature
- co-morbidities - immuno-compromised patients, Parkinson's disease, mood disorders, depression and pityriasis versicolor
- drugs that can provoke seborrhea - Metals: gold, arsenic, lithium; buspirone, chlorpromazine, cimetidine, penicillamine, androgens (Danazol), phenothiazines, thiothixine, psoralens

What are the treatment goals for dandruff?

- reduce or eliminate flaking
- implement scalp hygiene plan
- avoid triggers

What are the treatment goals for seborrhea?

- eliminate the causative organism
- alleviate symptoms (itching)
- implement scalp hygiene plan
- avoid triggers

Treatment for dandruff

Use a non-medicated shampoo to remove the flakes at least 3 times a week. Shampooing the scalp is a simple procedure. A modest amount of shampoo in the palm of one hand and vigorous rubbing into wet hair with careful scalp massage with fingertips is suggested. The shampoo should remain on the scalp for about five minutes and then get completely rinsed out.

Dandruff may improve with increased humidity and a cool air humidifier can be suggested.

Treatment for seborrhea

Medicated shampoos available without a prescription can effectively control seborrheic dermatitis. These anti-seborrhea shampoos contain a variety of chemicals that are beneficial in diminishing the inflammation and scaling of seborrhea. They include ketoconazole (Nizoral), selenium sulfide (Selsun Blue), zinc pyrithione, coal tar extract, salicylic acid and sulfur. Because some of them may have a trace of unpleasant odour, application of a mild conditioner afterward would mitigate the odour. Tar shampoos can stain gray or bleached hair a brownish-yellow hue.

Ketoconazole - is an antifungal that inhibits cell turnover of the organism by inhibiting the conversion of lanosterol to ergosterol, an essential component of the fungal cell membrane. It is available as a 2% shampoo non-prescription formulation to be applied 2 to 4 times a week initially, then once weekly as a preventive measure. It has a favourable response in most (up to 80%) patients, when used correctly, within 4 weeks of treatment.

It can be applied to other hairy areas such as the beard, body, and face but care needs to be taken to avoid the eyes. The 2% cream requires a prescription. Both the cream and shampoo are generally well tolerated.

Selenium sulfide - is classified as a keratolytic that slows down epidermal turnover. It is fungicidal to *Malassezia*. Available as a shampoo in concentrations of 1% -2.5%, it is used twice weekly for 2 weeks to judge response, then at weekly intervals when required to control the condition. It is not to be used more than 3 times a week because it can cause oily hair and hair loss.

Zinc pyrithione - also inhibiting cell structure and function, the shampoo is applied twice a week for the first 2-4 weeks to see response to treatment. Then application can be decreased with positive response to treatment.

Salicylic acid and sulfur - Salicylic acid is a keratolytic and sulfur is keratolytic, fungicidal and antibacterial. Shampoos containing salicylic acid 2-3% and sulfur 3-5% are used twice weekly to judge response. Avoid the eyes and mucous membranes when using shampoos, bars and lotions.

Coal tar - is keratolytic, antiseptic and has minimal antifungal activity. Shampoos, ointments, lotions, and gel forms have an odour and can stain clothing and light coloured hair. It can make treated areas sun sensitive.

Topical steroids - hydrocortisone 0.5% cream along with with ketoconazole 2% shampoo will provide the best non-prescription combination to treat dandruff and seborrhea.



The backyard pharmacy - Superiority of natural product extracts over synthetic substances is a fabrication of popular culture and the Internet. There is little or no evidence to support safety and efficacy. The perception that a plant recently harvested from a personal garden might cure a real ailment and is perfectly safe does have a

romantic cost-saving appeal. Many plants contain pharmacologically potent chemicals, when purified and standardized, become approved medications that must be marketed as "drugs" rather than health and beauty products, for example, the vinca alkaloids used in cancer therapy.

It is best to make patients aware of the problems of the untested backyard pharmacy and guide them to seek proper medical care. Delay in treatment of a medical condition can cause complications and result in more aggressive treatment.

When to refer

1. If basic measures such as avoiding triggers, warm water cleansing and a regular shampoo (not highly scented and indicated for dry hair) are ineffective then suggest an antifungal shampoo (ketoconazole, selenium sulfide, zinc pyrithione). If this is effective with proper use, then taper the medication to maintain control.
2. If suggestions in Step 1 are not effective, consider adding a keratolytic product (salicylic acid \pm sulfur) \pm hydrocortisone 0.5% for up to 3 weeks to judge response. If this is effective with proper use then taper medication to maintain control.
3. If suggestions in Steps 1 and 2 are ineffective refer to a physician because antifungals and topical steroids by prescription may be required. This will require follow-up and monitoring by the physician to ensure response to treatment.

References:

1. American Heritage Dictionary of the English Language, Fourth Edition, Houghton Mifflin Company, 2009.
2. www.clinicalkey.com/topics/dermatology/seborrheic-dermatitis.html, Clinical Key, Elsevier Science
3. <http://quizlet.com/9929644/phm220-seborrhea-dermatitis-flash-cards/>
4. http://www.pharmacists.ca/index.cfm/products_for_minors_ailments.

Be proactive with your financial plan

Reviewing your financial plan on a regular basis is an important part of your investment strategy. While a well-designed plan can help you achieve the long-term returns you need and see you through changing markets, it's necessary to make periodic adjustments as market conditions warrant, or as your personal circumstances change.

This is especially important in today's climate, as economic conditions are changing quite rapidly. As a result, you may have more questions about your investments and how they affect different parts of your financial plan. We can help you see how your overall financial picture affects your short-term and longer-term goals, and help you fine-tune your portfolio to address your concerns. As well, we can suggest strategies to keep you moving toward your goals.

Here are some that you may want to explore.

Bridging the gap

A decline in your portfolio may have set back your progress toward achieving major financial goals. While in some cases it may be necessary to revise your time horizon, it may be possible to bridge the gap in other ways. For instance, it could be worth considering boosting your savings by making short-term lifestyle changes. If you are near retirement age, you may consider an alternative strategy, such as negotiating a phased-in retirement with your employer or taking on a consulting role.

Depending on the kinds of assets in your portfolio, we can also consider selling certain assets to direct toward more important uses. We can also revisit your risk profile to see whether rebalancing your portfolio with more growth securities is appropriate.

Boosting income

Some investors may have experienced a reduction in income as a result of reduced investment returns. Redeploying some of your assets into high-yielding dividend stocks, income trusts, or fixed-income investments can produce new sources of income, while still retaining some growth potential.

Today, for instance, corporate bonds have more attractive yields than government bonds. We can discuss these opportunities in the context of your goals and risk tolerance.

Tax-efficient investing

Paying less tax on your investment earnings is another important strategy in today's more challenging climate. We can help ensure that your overall portfolio is managed from a tax perspective, including making full use of the Tax-Free Savings Account (TFSA).

Another strategy to increase your family's after-tax income is to lend money to a lower-income spouse. The prescribed rate for family loans is at a historical low and creates an attractive income-splitting opportunity.

Addressing a portfolio imbalance

Sudden market movements can quickly cause an imbalance in your portfolio, increasing your risk. In today's markets, rebalancing your portfolio can present opportunities to increase your potential long-term gains by acquiring core equity holdings at low prices.

Revisiting estate issues

The sweeping revaluation of assets in recent months may have changed the value of property you have bequeathed to your heirs. We can carry out a strategic review of your estate plan, and suggest ways to rebalance your bequests to

equalize their values. Depending on your estate-planning needs, this may involve bringing in our trust specialists or coordinating strategies with your lawyer and accountant.

While it's important not to overreact to short-term changes in the markets and economy, taking a fresh look at your financial plan is a prudent decision whenever significant changes occur.

We can help your plan evolve to accommodate changing markets and your changing needs.

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Medication Review Toolkit

Issues Forum

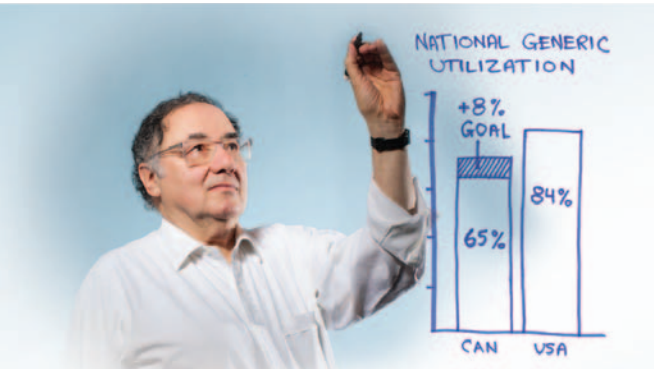
Saturday, April 26th

1:15 pm to 4:45 pm

Britt Kural, BSc(Pharm)

Tara Maltman-Just, BSc(Pharm)

Join us in a discussion about how you can incorporate Medication Reviews into your practice. MSP has developed a toolkit to provide you with the forms, direction on the process, sample reviews and other resources to get you started. Incorporating Medication Reviews into your practice can have great payoffs for your patients and is a tremendous way to elevate your job satisfaction.



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Session G: Getting to the Bottom of Gastrointestinal Discomfort: The Enhanced Role Pharmacists Can Play in the Management of Self-Limiting Minor Conditions

Sunday, April 27th
8:30 am to 9:30 am
Carlene Oleksyn BSc(Pharm) Owner/Pharmacist, Meridian Pharmacy, AB

Upon successful completion of this continuing education session delegates will be better able to:

1. Define a self-limiting minor condition
2. Discuss when and why comprehensive patient assessment is important in the management of self-limiting minor conditions
3. Discuss the steps involved in patient assessment and discuss the importance of each
4. Demonstrate how to effectively assess a patient with a self-limiting minor condition
5. Promote the use of over-the-counter (OTC) and behind-the-counter (BTC) products in the management of self-limiting minor conditions

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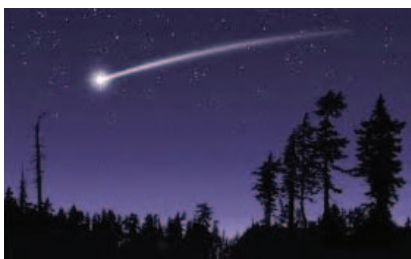
If you would like to pursue this opportunity further, please send a cover letter and resumé by e-mail or fax to the address below:

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Tips for a STELLAR Consulting Program

Pharmacists are brilliant. I believe they have a deep-seeded perfectionism, an underlying conviction of wanting to be their best and do their best for others (and I'm not necessarily saying that's what makes pharmacists so anal...) You know what I'm talking about... there's a good probability considering the competition to enter the program that you were a star of your class in high school or early university, wouldn't you agree? Somewhere along the way, whether through training or upon facing the "real-world", that lustre can become dulled by the medical hierarchy, politics or simply good old-fashioned burn-out! But now, it's time to get our twinkle back!



As the owner of a full-time clinical practice, I meet patients from across the country willing to invest in private fee-for-service consultations with - you've guessed it - a pharmacist. They value our expertise, as do the allied profession-

als that refer patients to Vitality Integrative Medicine. What I find most intriguing, of note, is that it's often other pharmacists themselves who seem most astonished about this novel endeavour. From here, questions pour in about how they can make it work for themselves.

And I use the word 'work' loosely, because when you love what you do, it really doesn't seem so much like work!

In light of the recent passing of the regulations, I hope to see more and more pharmacists taking on a consultative role. If you're thinking about starting up, here are some tips that may help you shine your brightest!

1. **Start** small - but start! *You don't need to wait for conditions to be perfect.*
2. **Time** - allot specific times for specific tasks. *Consults should be booked apart from dispensing shifts.*
3. **Envision** where you want to be in 1 year. *Dream big and boldly!*
4. **Listen** - to your patients' concern. *Then identify how you can help them.*
5. **Learn** - from colleagues who are doing things well, or poorly. *This helps with #2.*
6. **Appreciate** - each small success.
7. **Remember** #3, #4 & #6 whenever you feel discouraged. And don't give up. After all, the darkest nights produce the brightest stars.

Tara Maltman-Just, B.Sc.(Pharm.), ABAHP, FAARFM is the founding clinician and licensed pharmacist at Vitality Integrative Medicine in Winnipeg. She focuses on "treating the person, not just the disease", to help people live better, more balanced lives. www.vitalityintegrativemedicine.com

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Subsequent Entry Biologics

Session I: Headline News for Pharmacists
Sunday, April 27th
1:30 pm to 3:30 pm
Dan Martinusen, BSc(Pharm)

This session will discuss:

- *the differences between innovator biologics and SEBs
- *the factors influencing the decision to use biologic agents and the opportunities and challenges of introducing SEBs
- *the dynamics associated with pharmacovigilance, continuity of care and patient support and how these elements are integrated into the clinical care of patients on biologic therapies
- *regulatory context of SEBs and impacts on pharmacy practice

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Student Session
Sunday, April 27th
1:30 pm to 3:30 pm

Chris Tsang, BSc(Pharm) , Managing Pharmacist, Loblaw Pharmacy & Anna Sprikina, BSc(Pharm)

This session is designed for 4th Year Pharmacy Students and International Pharmacy Graduates who are entering the profession of pharmacy. Students will be given mock scenarios with pharmacists as the patients. Come and interact with licensed pharmacists and receive tips to help you prepare for exams.

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Gala Dinner

Delta Winnipeg Hotel
Saturday, April 26th
6:00 pm



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Takeda Magnum Opus Award Recipient Tara Maltman-Just

This award specifically recognizes pharmacists who have completed advanced training or education and have successfully expanded their practice as a result. Sponsored by Takeda.



The Award of Merit and the Magnum Opus award will be presented at the Annual Awards Gala on Saturday, April 26, 2014, at the Delta Hotel. Complete biographies for these award recipients are located on the Manitoba Pharmacy Conference website at www.mbparmacyconference.com.

The College of Pharmacists of Manitoba Award Recipients



Pfizer Consumer Health Bowl of Hygeia Recipient Janice Coates

This award is given annually in appreciation of the time and personal sacrifice devoted by pharmacists to the welfare of their respective communities.

2013 Pharmacist of the Year Recipient W. Gary Cavanagh

This award is presented annually to a Manitoba pharmacist who in the opinion of his/her peers, has made a significant contribution to the profession during his/her career.

Bonnie Schultz Memorial Award for Practice Excellence Recipient Jennifer Gibson

The recipient of this award demonstrates outstanding excellence in optimizing patient care. Factors considered include serving as a role model; excellence in communication skills, empathy and concern, and demonstration of skilled practice.

Patient Safety Award Recipients Scott McFeetors and Gayle Romanetz

This award recognizes the achievement of an individual pharmacist, a group of pharmacists, an interdisciplinary group or a pharmacy organization that have made a significant and lasting contribution to improving patient safety and health care quality through a specific initiative or project.

Canadian Foundation for Pharmacy Past President Award Recipient Kyle MacNair

This award is presented to the outgoing President of the College of Pharmacists of Manitoba in appreciation of their time and committee to the College.

Centennial Award Christopher Louizos, Lavern Vercaigne, and Kimberly McIntosh

This award is presented to a pharmacist or pharmacists for a particular project that has had a positive impact on pharmacy.

Complete biographies for these award recipients are located on the Manitoba Pharmacy Conference website at www.mbparmacyconference.com.

The awards for the Bowl of Hygeia, the Pharmacist of the Year, the Bonnie Schultz Memorial Award for Practice Excellence, the Patient Safety Award and the Past Presidents Award will be presented at the Annual Awards Gala on Saturday, April 26, 2014, at the Delta Hotel.

The Centennial Award will be presented at the College's Annual Awards Luncheon on Sunday, April 27, 2014, at the RBC Convention Centre.

The following pharmacists will receive 50 Year Gold Pins and Certificates:

J. Dexter Boyd	Barbara Cinnamon	Wayne Couling
Michael Dembinsky	Richard Stephanchew	Shirley Surbey

The following pharmacists will receive their 25 Year Silver Pins and Certificates:

Robert Ariano	T. Stuart Bellingham	Kelly Borisenko	Scott Davidson
Blondina Funk	Alan Gillis	Kevin Harris	Robert Hawkins
Nicholas Honcharik	Patricia Hunter	Stephen Khoe	Ernest Kiz
Shaun Kohut	Florence Kwok	Tan Luong	Tara Jean Martin
Michael McShane	Phuong Phan	Carla Strang	Kathryn Taback
Louise Van De Spiegle	Earl Winzinowich	Kenneth Zink	

The 25 year and the 50 year award recipients will be honored at the Annual Awards Luncheon scheduled for Sunday, April 27, 2014, at the RBC Convention Centre.





MANITOBA SOCIETY OF
PHARMACISTS
CONFERENCE

MSP Social Evening @ Tavern United Pub

345 Graham Ave
Friday, April 25th
5:30 pm



MANITOBA SOCIETY OF
PHARMACISTS

All are welcome to attend!

**Delegates will receive one complimentary drink*

Session E: Emerging Topics in Cybersecurity Continental Breakfast

Saturday, April 26th
8:15 am to 9:00 am

Scott MacLennan, Senior Manager KPMG Risk Consulting

Scott MacLennan, Senior Manager in KPMG's Information Protection practice in Winnipeg, will present a number of emerging topics in Cybersecurity, Information Protection, Data Leakage and other information technology risks faced by the Pharmaceutical industry. Pharmacists handle extremely sensitive client information on a daily basis. Scott will outline a selection of important risk scenarios faced by the industry and provide information you can use to help protect against these risks.

Issues Forum

Get Covered and Stay Covered: Practice with Malpractice Insurance = Practice with Confidence

Saturday, April 26th
1:15 pm

Grant Stefanson, Partner, D'Arcy & Deacon

Get Covered and Stay Covered: Practice with Malpractice Insurance = Practice with Confidence

- To err is human but to err without proper insurance in place is foolish
- Learn about the basics of professional negligence
- Learn about the safety net provided by malpractice insurance

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D'ARCY & DEACON LLP enjoys a carefully built reputation as one of the foremost law firms in Winnipeg. Our lawyers bring comprehensive experience and proven expertise to the institutions, businesses, organizations and individuals we serve. Respect for the well-being of our clients, while maintaining the flexibility required to ensure the provision of direct and cost-effective representation and counsel, remain the cornerstones of our practice.

As part of that mandate, **D'ARCY & DEACON LLP** is proud to provide legal services to Members of the Manitoba Society of Pharmacists ("MSP"). In consultation with the MSP, the Firm has developed a unique Legal Assistance Program to maximize advantages available to Manitoba Pharmacists. Written information regarding **D'ARCY & DEACON LLP** and the Legal Assistance Program is available to all Members from both the Firm and MSP.



Young Leaders Awards Acknowledgement

Saturday, April 26th
1:15 pm

This award is given annually to those students who have made a professional impact in their community or amongst their peers in the Faculty, and in the case of pharmacists, those who have been in practice for less than 5 years.

This event is supported by the Manitoba Society of Pharmacists and the College of Pharmacists of Manitoba.

Please join us in recognizing the achievements of these young leaders in our profession.



Session I: Headline News for Pharmacists Access & Use Medical Lab Test Results

Sunday, April 27th
1:30 pm
Dr. Jamie Falk, BSc(Pharm), PharmD
Dr. Curtis Oleschuk, PhD, FCACB

In this session, Dr. Falk and Dr. Oleschuk will be discussing the appropriate use, interpretation, and access to common medical laboratory tests. Issues related to frequency of lab ordering, standard error, and biological variation will be addressed.

They will also examine these new opportunities and cautions involved with screening tests in the community pharmacy. An overview will be provided, with regards to current and future regulations, of what lab tests pharmacists can order and what they can and should do with them. Lastly, clinical perspectives on principles of effective use of lab tests for monitoring of drug therapy will also be highlighted.

The College of Pharmacists of Manitoba Annual Awards Luncheon

Sunday, April 27th
11:45 am

Come and applaud your colleagues who have made significant contributions to your profession.



Session H: Practice Spotlight

Sunday, April 27th
9:30 am

Full details are available online at www.mbpharmacyconference.com

Session F: Short & Snappy

Saturday, April 26th
9:00 am to 10:30 am
Dr. Shawn Bugden, BSc(Pharm), M.Sc., PharmD, Associate Professor, Faculty of Pharmacy, University of Manitoba.

Shawn Bugden will highlight the following topics during this session:

1. Meperidine – Doing the Right Thing?
2. Canadian Network for Observational Drug Effect Studies (CNODES) Isotretinoin and Pregnancy
3. Parkinson's Disease and the Domperidone Debate
4. To Crush or Not To Crush
5. The Quality of Polypharmacy
6. Citalopram Safety Check
7. 3-minute Thesis

Session I: Headline News for Pharmacists Brave New World: Pharmacy and the Epidemiology of Testing

Sunday, April 27th
1:30 pm
Dr. Shawn Bugden, BSc(Pharm), M.Sc., PharmD, Associate Professor, Faculty of Pharmacy, University of Manitoba
Christopher Louizos BSc(Pharm), Pharm D Candidate, Pharmacy Practice Instructor, Faculty of Pharmacy, University of Manitoba

As a pharmacist's role expands into laboratory testing, our profession needs to consider not only when to perform a test but how the test performs. In an environment which is seeing exponential growth in self-administered testing options, the ability to translate this understanding to our patients will be critical to public health.





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Getting to Know Your Manitoba Pharmacists - Advit Shah

Name: Advit Shah

Place/Year of Graduation: University of Manitoba, Faculty of Pharmacy, 2010

Years in Practice: 4 years and I'm ready to retire.

Currently Working: On staying sane. But I work at Wal-Mart.

Accomplishments in pharmacy:

Started The Red Party at the University of Manitoba Faculty of Pharmacy, a social that gives 100% of its earnings to charity; Injection certified; Asthma-Trek® Certified; member of the Professional Development Committee at the College of Pharmacists of Manitoba; Proud to have initiated and co-presenting Manitoba's (and possibly Canada's) first LGBT Healthcare in Pharmacy continuing education module in 2014; Program Coordinator for the Pharmacy Technician Program at Winnipeg Technical College; and have been published a few times (CPJ, IPJ, Canadian Healthcare Network).

Family: I'm single... so if you're single, smart, good-looking, and fun then look me up! I like short walks on the beach (sand tends to get into places that are really hard to reach making long walks unbearable), have style, and I smell good. I'm also short as a hobbit, but my mom says I'm just as good as any normal sized pharmacist; my dad and brother just roll their eyes.

Hobbies: Gym, Photography, Laundry.

Community activities: Hold a clinic and medication return day each June to raise awareness of the impact on our environment when we throw away or flush medications. The clinic topic varies each year.

Favorite thing about Manitoba: Discovering a new scent of mosquito spray each summer that will complement my cologne (I smell good).

Most relaxing vacation choice: I've never gone on a "relaxing" trip where I just sit and do nothing. I like exploring and seeing what the place offers. Then I usually return home wishing I had a holiday to recover from my holidays. I have to rethink my days off.

Pet peeves: Soccer moms; Minivans; Soccer moms in minivans; and hospital discharge prescriptions for 15 medications that need blister packing on a Friday night at 8pm, when the doctor and pharmacist familiar with the patient left 4 hours ago, there are quantities missing, 3 contraindications, and the patient is looking at me wondering why it's not ready even though "they" said it would be. Thanks WRHA!

Favorite fictional character and why: I don't like this question. I'll tell you who inspires me: Madonna and my parents. Both came from nothing to make something great out of their lives. Madonna - for being truly original, a trailblazer for those without a voice and for being one step ahead of everyone else. She's scathingly smart and seldom gets the credit she deserves. And my parents, who came to Canada with just their education as a foundation to build a family, work tirelessly to give their two children everything they wanted, to encourage them to think about more than what is in the 30km radius of themselves, all to see their kids graduate and become professionals. Fictional characters are



made up to relate to you on some level, but these "real" people shape you into becoming a better person so you can relate to someone else on every level - respect.

What could you do without forever: Winter - snow is annoying water.

What couldn't you do without for even a day: Wishing I was a little bit taller.

What you love about pharmacy: At work: knowing that I'm the sane one in the room. In general: see 'at work'.



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Why Doesn't Big Pharma Move into Dispensing? It Would be a Waste of Their Capital

By Andrew Allentuck

Making drugs, especially what big pharma likes to call research based pharmaceuticals, is a terrific business. Among all manufacturing businesses, making pills and potions has the highest return on equity of any industry group, averaging 20% during the first decade of the millennium. The rate of return was twice that of utilities. In this difference between two industries lies the key to the structure of the pharmaceutical manufacturing business in Canada and in much of the world. Utilities, of course, are capital intensive. They require dams or other power stations, vast wire networks to distribute power, transformer stations, and more. Their product prices are regulated. Yet making drugs is a far better business. Like utilities, which have local monopolies for distributing power, drug makers get temporary monopolies on their products through patents. But unlike electrical power prices, what patients pay for their pills has no central regulation. Moreover, health plans use tax money to subsidize drug purchases by patients. From the point of view of drug makers, it is a sweet spot in the business world. And, as we'll see, it is why drug makers like to stick to their own business and not branch out into making unrelated products or retail pharmacy.

Drug makers have their own story, of course. They say that it is expensive and very time consuming to create new drugs. That is true, even though much research is done by governments via universities and, as well, that much of what passes for research is marketing and confecting me-too drugs with a few altered molecules.

Yet investors, which these days mean institutions able to do their homework on their investments, prize drug makers. At the end of the first millennium, healthcare stocks were priced at an average of 109 (yes, over 100 – that is not a typo) times companies' book value compared to 4 times for consumer products, 1.7 times for financial services companies and 26 times for industrial goods.

Investing in the drug business has been very good business for investors. Shares of Pfizer Inc., for example, have more than doubled since 2010. Eli Lilly & Co. is up 83% and shares of Novartis AG are up 100% in the same period. Yet that has not deterred drug makers from shelling out vast sums to buy up patents and the competitors which own them. Drug makers have an incentive to buy each other, for expiring patents deplete a company's market value very quickly.

Traditional pharmaceutical companies such as Merck & Co. and Pfizer have been slow to develop new blockbuster drugs. To expand their product lines, Roche Holding AG bought Genentech in 2008 for US\$44 billion, Merck bought Schering-Plough Corp. for US\$47 billion and Pfizer bought Wyeth LLC for US\$64-billion. In August, 2013, Amgen Inc. agreed to pay US\$10.4 billion for Onyx Pharmaceuticals Inc., which has developed a treatment for cancer.

Biotech stocks, which make products that are new and difficult for competitors to emulate, are exceedingly profitable. Gross margins for the S&P 500 Biotech Index averaged 84% last year.

Critics of the pharmaceutical industry say that it creates diseases for what its labs cook up, especially in the field of mental illness where such things as shyness have been medicalized as "social affective disorder." Unlike orthopedics, where a broken bone is unlikely to be mistaken for something else and unlikely to be ignored by its owner, psychiatric illnesses can be mislabeled, the ordinary made pathological and the extraordinary missed entirely unless the mentally ill person seeks help.

There is a down side to making new drugs – product liability. Drug makers' liability exposure has made them what one Toronto hedge

fund manager has called "the next tobacco companies." Failure to detect and then warn of side effects, a problem that can arise when tests among 5,000 volunteers fail to reveal a special sensitivity found just once in 50,000 patients, can turn profitable companies into market casualties. A memorable example is the Dalkon Shield, made by the A.H. Robins Company. A birth control device to be inserted in the vagina, it had a string which had a tendency to wick up fluids. Women experienced infection, pain, and septic spontaneous abortion. The company attempted to conceal the problem. The device's inventor and promoter, a physician on the faculty of the Johns Hopkins Medical School, had a financial interest in the sales of the device and adapted research to accommodate his business. There were 300,000 lawsuits filed against Robins, which later filed for bankruptcy. The Dalkon Shield case was egregious. The law it left in its wake speaks to the risks all medical device and pharmaceutical product makers carry.

In spite of the risks of litigation, the profit erosion caused by competition and generic drugs, the pharmaceutical industry has advantages other industries do not. They are global, can use transfer pricing to incur costs in jurisdictions where it is expensive to do research and book profits where taxes are low. Their trans-nationality means they can keep assets where they are safe. Their scientists can adjust molecules to make them patentable as new drugs even when they are not, and can make drugs which remain in high demand and at high prices for decades.

So far, big pharma's architecture has been to take over competitors and firms making novel products in order to extend the lives of their pipelines of new drugs. What they have not done is move from manufacturing to the retail level, taking over dispensaries and their front of store retail operations. Some retailers brand their own generics, but top down takeovers in which Merck or Bristol-Myers put up their own sign and then pay the pharmacists who dispense their products have not happened.

There are precedents for top down takeovers. In the United Kingdom, large brewers have taken over many pubs. In France, wholesale bakers making frozen baguettes have intruded heavily into retail baking by eliminating local boulangeries' need to work flour and yeast into bread. Yet in retail pharmacy, there are as yet no examples in any major jurisdictions of big drug makers buying up or opening community pharmacies.

The reason is clear from the financial statements of companies that own many community pharmacies. Selling drugs in the competitive retail market is not as profitable as making the drugs. Even makers of generics such as Mylan Inc., with a return on equity of 17.7%, are able to clobber the returns of community pharmacies.

The U.S. pharmacy chain Walgreen Company, for example, has a 14.2% return on equity. CVS Caremark Corporation has an 11.9% return on its equity. Those are good returns for retailers. Yet compare the profits in making the drugs. Eli Lilly has an eye-popping 29.0% return on equity. Regeneron Pharmaceuticals Inc., a biotech company, boasts a stunning 63.9% return on equity. For these drug makers, selling drugs and front of store merchandise would be a waste of shareholders' money. Retail pharmacy is a fine business with demographics – the aging population – behind it. Making drugs with all the risks of failure of new compounds and massive lawsuits for unforeseen harm to patients is a very different business. The odds that a drug maker will move into retail pharmacy are slight. The gulf of profitability which separates big pharma from community pharmacy is likely to endure.





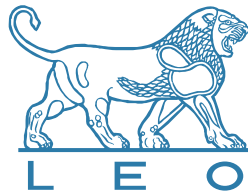
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