

The Island Capsule

Newsletter of the Prince Edward Island Pharmacy Board

July 2003

PRINCE EDWARD ISLAND PHARMACY BOARD

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MEMBERS

Wally Kowalchuck, Chair & NAPRA Delegate
(Zellers Phcy)
David McLeod, Vice-Chair(A&M Pharmasave)
Greg Burton, (Medicine Shoppe)
Angela Doucette (Provincial Phcy)
Candace Marcum (Zellers Phcy)
Linda Gordon-MacEachern (Sobeys)
Nancy Canham, LayRep
Connie MacKinnon, Layrep
Mar Thomson, Government Rep

REGISTRATIONS

Pharmacists: 141
Permits: 42 + 6 hospitals + Provincial Phcy
Students: 22

ENCLOSURES

Manual Additions
Adverse Drug Reaction Newsletters
On Your Behalf – NAPRA Update
Aids PEI Memo to Pharmacists
Heart & Stroke Foundation of PEI Memo

Hospital Residency Program Memo
Canadian VIPPS Announcement

ANNOUNCEMENTS

The PEI Pharmacy Board held its Annual Meeting on Sunday July 6, 2003. Wally Kowalchuck was elected Chair for a two- year term, and NAPRA delegate to Council for a one- year term. David McLeod was elected Vice- Chair for a one- year term.

The Board extends sincere gratitude to Greg Burton who has served as Chair and NAPRA delegate for the past three years. He continues as a valuable Board member.

Lois Canton, Council delegate from the Manitoba Pharmaceutical Association was elected as President of NAPRA during the April Annual Meeting held in Ottawa.

MANUAL UPDATES

The Board has approved a new series of policy positions/statements (that support the PEI Pharmacy Act and its Regulations). These documents are included with this newsletter for insertion into the appropriate section of your yellow pharmacy manual : under **Policy Statements** – Pharmacists Offering Pharmacy Services via the Internet, and Temporary Closures Due to Pharmacists Absence.

Guidelines on Making Application For a Permit to Operate a Pharmacy (replace). Replace **Regulation Policy** for Minimum Library Requirements for Pharmacies (new CPhA OTC references). It is hoped these documents will assist you in your practice.

THE PERSONAL INFORMATION and ELECTRONIC DOCUMENT ACT (PIPEDA)

This federal legislation was developed to:

- Regulate collection, use and disclosure of personal information
- Provide individuals with right of access to personal information
- Establish formal complaints process for inappropriate personal information management practices

PIPEDA will cover all personal information, as well as personal health information. It will not include “business card” information. Any organization that collects, uses and discloses personal information in the course of commercial activities will be covered. As of January 1, 2004, all organizations must be compliant with the legislation.

All Pharmacy Managers are encouraged to discover how PIPEDA will impact upon the manner in which personal information (patient and employee) is collected, used, stored and disclosed by the pharmacy. The key principle in the Act is the requirement for organizations to obtain an individual’s consent when they collect, store, use or disclose personal information. Personal information can only be used for the purpose it was collected. Individuals should be given the assurance that their information will be protected by specific safeguards, like locked cabinets, computer passwords and encryption and proper destruction methods.

For more information or to obtain a guide to help your business meet the new obligations under the Act, contact:

The Office of the Privacy Commissioner of
Canada
112 Kent Street
Ottawa, ON K1A 1H3
1-800-282-1376
Fax: 613-947-6850
www.privcom.gc.ca
email: info@privcom.ca

NEW WEBSITE FOR THERAPEUTIC PRODUCTS DIRECTORATE of HEALTH CANADA

The Therapeutic Products Directorate (TPD), the Marketed Health Products Directorate (MHPD) and the Biologics and Genetic Therapies Directorate (BGTD) of Health Canada have jointly launched a new website that has

endeavoured to provide a more user-friendly service with improved navigation tools. The new site is found at:

www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/index_e

STATEMENTS ON CROSS BORDER SALE OF PRESCRIPTION DRUGS

Two national regulatory authorities have agreed to work together on the issue of cross-border importation of prescription drugs and to protect the citizens each are mandated to serve.

Our National Association of Pharmacy Regulatory Authorities (NAPRA) and the US National Association of Boards of Pharmacy (NABP) have issued a joint communiqué outlining their concerns about the cross-border sale of prescription drugs.

You can read this communiqué at

www.napra.ca/pdfs/news/CrossBorderPressRelease.pdf

LOOKING FOR EXPERTS

NAPRA is recruiting Canadian pharmacists who are considered experts in diabetes, asthma, hyperlipidemia and anti-coagulation to serve as content reviewers for specific disease-state management programs offered by the US National Institute for Standards in Pharmacist Credentialling (NISPC).

The goal is to review the NISPC examinations to determine whether the credentialing program could be adapted for Canadian pharmacists and administered through NAPRA.

If you have a special expertise or interest in these conditions and are interested in participating in the program, or if you want to be updated on the development of the programs, contact NAPRA at lgaulin@napra.ca

WEBMAIL

NAPRA recently switched to a more flexible email system. New software allows you to forward messages to your personal email box. Please check your NAPRA email box to obtain instructions on how to set up your personal options and for a few new messages. If you have not yet set up a mailbox on this system and need help, contact the Registrar at peipharm@auarcom.com. This mailbox is now also useable as your general email address. If you have lost your password or do not yet have access to the webmail, please contact the Registrar. The Board and NAPRA will be using

this email service to distribute important time-sensitive material to pharmacists routinely.

PROBLEM ADVERTISING

According to Health Canada, non-compliant advertising or promotions that make unproven claims are beginning to appear in pharmacies. It is important for you as a pharmacist to screen the advertising that accompanies products, including website claims, to ensure legislative compliance (see relevant sections of the Food and Drugs Act below). Failure to do so may result in consumer complaints and follow-up compliance action by Health Canada.

Therapeutic claims for a product must be included for review with a product's DIN application. The claims must be approved before the companies can make the claims on the labels or in the advertisements. Making such claims could be a violation of Section 3 of the Food and Drugs Act:

3(1) No person shall advertise any food, drug, cosmetic or device to the general public as a treatment, preventative or cure for any of the disease disorders or abnormal physical states referred to in Schedule A.

3(2) No person shall sell any food, drug, cosmetic or device

- a) that is represented by label, or*
- b) that the person advertises to the general public as a treatment, preventative or cure for any of the diseases, disorders or abnormal states referred to in Schedule A.*

9(1) No person shall label, package, treat, process, sell or advertise in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character, value, quantity, composition, merit or safety.

9(2) A drug that is not labeled or packaged as required by, or is labeled or packaged contrary to, the regulations shall be deemed to be labeled or packaged contrary to subsection (1).

Q & A IN PRACTICE

? Can any physician prescribe methadone?

No. Under the *Narcotic Control Regulations*, physicians are prohibited from administering, prescribing, giving, selling or furnishing methadone to any person unless they are exempted under section 56 of the Act (CDSA). Exempted physicians fall into two categories of

methadone prescribers – Methadone Maintenance Treatment Program (MMT) or methadone for treatment of pain. Physicians can qualify for one or both of the programs and must be recertified regularly. Physicians can only prescribe for the programs in which they are certified.

Before dispensing methadone, pharmacists must first ensure that the prescribing physician is exempted and can legally prescribe methadone. You should call the College of Physicians and Surgeons at 566-3861 or the Pharmacy Board (Registrar) at 658-2780. The information provided is confidential and for pharmacist and physician use only. Complete lists of physicians are not provided and only information relevant to the specific practitioner or specific area can be provided.

? Can any pharmacist dispense methadone?

Yes. The *Narcotic Control Regulations* do not place any prohibitions on pharmacists wishing to dispense methadone. However, the Board strongly recommends that pharmacists wishing to dispense methadone consider completing the methadone workshop provided by the Centre for Addiction and Mental Health (CAMH).

The CAMH provides education and training on the Methadone Maintenance Treatment Program. CAMH has also published "*Methadone Maintenance: A Pharmacist's Manual*" which provides the necessary guidelines that must be followed when dispensing methadone.

The Board recommends each pharmacist become familiar with the guidelines and understand the pharmacist's role in this program prior to dispensing methadone. For information on the training program and/or to order the manual, contact:

Centre for Addiction & Mental Health
33 Russell Street
Toronto, ON M5S 2S1
416-595-6059
www.camh.net

? May I transfer a prescription to another pharmacist via facsimile?

Yes, pharmacist-to-pharmacist communication of prescription transfers (for other than narcotic and controlled drugs) may be completed by fax. However, along with the other required documentation, the fax must include:
a) the name of the transferring pharmacist

- b) the address of the transferring pharmacy
- c) the name of the pharmacist requesting the transfer.

The receiving pharmacist is responsible for ensuring the authenticity of the transmitted prescription.

?Can I transfer a prescription that has not been filled?

A patient may present you with two or more prescriptions on one form. If s/he would like to have one or more of the prescriptions dispensed at another pharmacy, you may:

- Return the **ORIGINAL** prescription to the patient, provided that it is not a narcotic, control or Targeted Substance.
- Cross off the prescription(s) you have dispensed and note your pharmacy name, your initials and the date on the original prescription.
- Photocopy the original or make a transcription of the prescriptions you have dispensed. Make a note that the original was returned to the patient.
- Return the original prescription to the patient. The patient can then have the undispensed prescriptions dispensed at the pharmacy of his/her choice.
- If the prescription that you dispensed is a narcotic or controlled drug **KEEP** the original prescription for your prescription files and log the other prescriptions in your pharmacy software. You may provide the patient with a copy of the undispensed prescription as long as it is not a narcotic or controlled drug. Note your pharmacy name and telephone number on the copy so that the other pharmacy can contact you for the transfer.
- If you receive a prescription copy, contact the original pharmacy to transfer the undispensed prescription from the patient's record.
- You may transfer the prescriptions by fax after you have communicated directly with the other pharmacist involved in the transfer.

? Is it necessary to obtain approval from Health Canada prior to destroying Targeted Substances such as benzodiazepines?

Prior approval is not required, however, records including the name, strength and quantity if the Targeted Substance destroyed must be kept for

three years. The destruction must render the product unusable, and it must be witnessed by another health care professional. An exemption is made for hospital practice, where a hospital employee, who is a health care professional, may destroy an opened ampoule containing amounts of a Targeted Substance without a witness.

? Is it permissible for a pharmacist to accept a refill authorization when the practitioner only states "Please refill Rx#123456"?

No, the directive from a prescriber to repeat a prescription must identify the patient, the drug, and the quantity to be dispensed.

? I am being audited by a third party adjudicator (e.g. DCAP, ESD). Should I be doing anything to prepare for this visit?

A third party adjudicator is normally acting on

You are responsible for ensuring patient confidentiality. You must allow access to only those prescriptions under audit.

STANDARD OF PRACTICE #4

DON'T FORGET YOUR CEUs!

Pharmacists must have accumulated their 15 CEUs **by December 31, 2002** for re-licensure March 31, 2004. While all pharmacists will be required to submit the Professional Development Log with the listing of CEUs and learning accumulated, 20% will be audited to include confirmation of the content declared. Failure to comply will result in a \$500 fine – and the pharmacist must then accumulate the missing CEUs by March 31st, 2004. Record sheets are enclosed, and are also available on-line. This fall, the CE Committee will be offering information sessions for pharmacists who have any questions to this process. Dates and places to be announced..

METHOTREXATE OVERDOSE ALERTS

The Institute for Safe Medication Practices (ISMP) has received a number of reports of accidental daily administration of oral methotrexate where weekly dosing was intended. Some reports have resulted in fatalities.

The use of methotrexate is well established in oncology. The drug CAN be prescribed daily for some indications in oncology. When used in the

treatment of autoimmune disorders such as rheumatoid arthritis or inflammatory bowel disease, however, the drug is usually administered once or twice a week.

Because of the potential for fatalities from errors with oral methotrexate, it should be considered a high alert medication. A few safeguards that ISMP recommends to reduce the risk of error when oral methotrexate is provided are:

- Ensure you know the indication for the medication. If the patient cannot tell you or is not available, speak directly with the prescriber to determine the indication, verify the proper dosing schedule, and promote appropriate monitoring.
- Talk to the patient and ensure they understand their dosage schedule.
- If you provide written drug information leaflets ensure they contain clear advice about the patient's weekly or twice a week dosing schedule.
- Explain to patients that taking extra doses is dangerous and the medication should not be used "as needed" for symptom control.

<http://www.dal.ca/~pharmwww/youcanfindit/tutorialintroduction.html>

POSSIBLE VIAL DEFECT

Roche Diagnostics Canada has identified a defect in a small number of plastic vials in which Advantage Comfort test strips are supplied. The defect results in a crack that could allow moisture to affect the strips and result in an erroneously low or high blood glucose reading.

Please advise your patients to inspect each vial before use and to keep the vial securely closed. If you or a patient identifies a crack in a vial, please contact Roche's Diabetes Care Info-Line at 1-800-363-7949 for a replacement or additional information.

NEW MEDICAL ALERT PAMPHLET SERVICES

DRUG INFORMATION RESOURCES FOR PHARMACISTS

The "Drug Information Resources: Guide for Pharmacists" and "Internet Tutorial for Pharmacists: Finding Drug Information on the Web" have been revised by the College of Pharmacy at Dalhousie University. The URL has changed – so update your bookmarks:

<http://www.dal.ca/~pharmwww/druginfo/table.html>