

The Island Capsule

Newsletter of the Prince Edward Island Pharmacy Board

April 2007

PRINCE EDWARD ISLAND PHARMACY BOARD

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Office Hours: Monday thru Friday 9am-3pm

MEMBERS

David McLeod, Chair and NAPRA Delegate
(Lawton's St.Peter's Rd)
Ken Ramsay, Vice-Chair (Ramsay's Ph)
Wally Kowalchuk (Zellers Phcy)
Jeff Jardine (The Drugstore Phcy)
Kerry Murphy (Shoppers Drug)
Iain Smith (QEH)
Government Rep – Pat Crawford
Lay Rep: Tracey Cutcliffe, Charlottetown
Lay Rep: Dennis Edgecombe, Montague

REGISTRATIONS

Pharmacists: 156
Permits: 40 + 7 hospitals + Provincial Phcy
Students: 25

This newsletter is distributed to all licensed pharmacies in PEI, emailed and posted on our website. Decisions regarding all matters such as regulations, drug related incidents, etc. are published in it. The PEI Pharmacy Board therefore assumes that all pharmacists are aware of these matters

INCLUDED WITH THIS NEWSLETTER

- Learning Portfolio Information
- Policy on Certification Programs for Pharmacists
- Advertising Regulations
- Maternity Leave Policy on Fee Adjustments
- Current Physician's PhIP/DIS List

ARE YOU AND YOUR STAFF CONNECTED?

Pharmacy Managers are reminded that mailings and faxes are only going to them at the pharmacy of employment. **Please ensure your staff pharmacists receive any documents forwarded – this includes newsletters, guidelines etc.** if they are not accessing E-Link. Pharmacists can also go to www.napra.ca and click on PE to access newsletters and all other documents.

For the 2008/2009 licensing year the CE requirements will be **20** CEUs. Professional Development Log and information on program accreditation can be found on the PEI section of the napra website.

BOARD EMAIL SYSTEM

Your NAPRA email address is your name (jane.doe@peipb.napra.ca). This will remain for those who use the email as their regular address. Your own access, to go into the address and retrieve email or have it set up to forward to another regular email account (such as hotmail or simpatico), will **soon** be your license # (12345@peipb.napra.ca). This will prevent complications like same names, name changes in marriage, etc. when I forward a pharmacists'

updated list to NAPRA for inclusion or removal of pharmacists. Once you forward mail to another account, be sure to update this should you change servers (e.g. Eastlink instead of simpatico). Any questions on email addresses, passwords, etc can be directed to the Registrar.

PHARMACY DATABASE/REGISTRATIONS

Renewals will be done through the Board's new database, on-line. You must have your NAPRA account activated, at which time I will be forwarding information on registrations and provision of information to this service.

Initial renewal on this system has been complete. **Pharmacists are required to go on to the site whenever any changes are made to their license information** (e.g. mailing address, place of employment, name change) and the Registrar will be notified. In March 2008 pharmacists will again renew on-line and make any changes to their information. You must always complete **4 steps and click on the certification boxes on step 4, then click on "I agree" and enter your name.** When renewing, you will print off the completed form and mail it with payment.

This year was a "learning experience" for us all but now that everyone is on the system, it should make accessing it easier and convenient.

You would have received your user name and a password in this year's renewal process. Bookmark the address for easy access. If you forget your user name, contact the Registrar.

INFORMING THE REGISTRAR OF AUTHORIZATION CHANGES

Section 13(2) of the Pharmacy Act states "*The holder of a permit shall notify the Registrar whenever there is a change of persons working as a pharmacist, certified clerk or registered student in his pharmacy*".

Section 35 of the Authorization Regulations states *The holder of an authorization (permit, licensed pharmacist, student) shall without delay notify the Registrar of any change of status or change in the information provided in the most recent application that may affect the person's*

eligibility to practice or the Registrar's ability to contact the person".

Pharmacy owners, pharmacists and students are required to keep the Registrar informed. Pharmacists can easily update their file at www.healthregistration.ca. Failure to do so may result in discipline.

NURSE PRACTITIONERS

Sherri MacKinnon, NP at Eastern Kings Family Health Centre, and Janet Loo, NP at Hunter River Family Health Centre are authorized to prescribe from the *NP Authorized Practices Schedule* of prescription drugs. This list may be accessed on the PEI section at www.napra.org under *Practice Resources*.

MEDEFFECT CANADA

MedEffect Canada is a central gateway for Canadians to access health product safety information and to report their side effects, also known as adverse reactions. Once registered with the NAPRA email system, you should receive this newsletter automatically.

Get informed about the safety of prescription drugs and over-the-counter medicines, natural health products and medical devices.

Learn about adverse reactions at our Resource Centre through guidance documents, educational modules and find online information about side effects reported to Health Canada.

Subscribe to the [MedEffect e-Notice](#) to receive health product advisories, warnings and recall notices as well as the latest issue of the [Canadian Adverse Reaction Newsletter](#).

Report your side effects to marketed health products directly to us by phone, fax, mail or online.

Contact your nearest Regional Adverse Reaction Monitoring Office
By phone at **1-866-234-2345** or
Visit online at:
www.healthcanada.gc.ca/medeffect.

WHITE COAT CEREMONY

The White Coat Ceremony is organized by the Student Council and Faculty of Dalhousie University College of Pharmacy. This ceremony welcomes the first year students into the pharmacy program and the profession of pharmacy. The students receive their white coat, as a symbol of a health care professional, and recite the “Code of Ethics” and the “Student Pledge of Professionalism”. This year’s event took place in October at the World Trade and Convention Centre in Halifax. The coats are sponsored by the students’ respective provincial licensing bodies.

DALHOUSIE STUDENT PHARMACY SOCIETY

PLEDGE OF PROFESSIONALISM

As a student pharmacist, I believe there is a need to build and reinforce a professional identity found on integrity, ethical behaviour, and honour. The development of such an identity is a process that begins with my enrolment at the College of Pharmacy and is the foundation upon which a successful entry into professional practice and involvement with the profession is based. Integrity will be an essential part of my everyday life and I will practice all of my personal and professional undertakings with honesty and commitment to service.

To accomplish this goal of professional development, as a student pharmacist, I will:

- *Develop a sense of loyalty and duty to the profession by contributing to the well-being of others and by accepting the responsibility and accountability for future membership in the profession.*
- *Foster professional competency and the beginnings of life-long learning through my undergraduate educational experiences and professional involvement in an effort to provide optimal patient care and advancement of the profession of pharmacy.*
- *Support my colleague by actively promoting my personal commitment to the Dalhousie Pharmacy Student Society Student Code of Conduct and the Oath of the Pharmacist as well as the Code of Ethics as set forth by my*

respective provincial regulatory authority.

- *Dedicate my life and practice to excellence, which will require an ongoing reassessment of personal and professional values.*
- *Maintain the highest ideals and professional attributes to ensure and facilitate the covenantal relationship required of a pharmacist and to provide optimal care to patients.*

The profession of pharmacy is one that demands adherence to a high set of rigid ethical standards. These high ideals are necessary to ensure the quality of care extended to the patient whom I serve. I will strive to uphold these standards as I advance through the undergraduate curriculum at the College of Pharmacy toward full membership within the profession of pharmacy.

I voluntarily make the Student Pledge of Professionalism.

(Adapted from the Pledge of Professionalism developed by the American Pharmaceutical Association Academy of Students of Pharmacy and the American Association of Colleges of Pharmacy Council of Deans Task Force on Professionalism on June 26, 1994.)

The “Oath of a Pharmacist” recited by the students at **graduation** is included below:

OATH OF A PHARMACIST

At this time, I vow to devote my professional life to the service of all humankind through the profession of pharmacy.

I will consider the welfare of humanity and relief of human suffering my primary concerns.

I will apply my knowledge, experience, and skills to the best of my ability to assure optimal drug therapy outcomes for the patients I serve.

I will keep abreast of developments and maintain professional competency in my profession of pharmacy.

I will maintain the highest principles of moral, ethical and legal conduct.

I will embrace and advocate change in the profession of pharmacy that improves patient care.

I take these vows voluntarily with the full realization of the responsibilities with which I am entrusted by the public.

(Developed by the American Pharmaceutical Association Academy of Students/American Association of Colleges of Pharmacy Council of Deans (APhA-ASP/AACP-COD) Task Force on Professionalism; June 26, 1994)

FDA WARNING RE: DEATH AND LIFE-THREATENING SIDE EFFECTS OF METHADONE

The US Food and Drug Administration (FDA) have received reports of death and life-threatening side effects occurring in patients newly starting methadone for pain control and in patients who have switched to methadone for pain control and in patients who have switched to methadone after being treated for pain with other strong narcotic pain relievers. Methadone can cause slow or shallow breathing and dangerous changes in heart beat that may not be felt by the patient.

Pain relief from a dose of methadone lasts about four to eight hours. However methadone stays in the body much longer – from eight to 59 hours after it is taken. As a result, patients may feel the need for more pain relief before methadone is gone from the body. Methadone may build up in the body to a toxic level if it is taken too often, if the amount taken is too high, or if it is taken with certain other medications or supplements.

The FDA issued a public health advisory in November 2006 to alert patients and their caregivers and health care professionals to the following important safety information.

- **Patients should take methadone exactly as prescribed.** Taking more medication than prescribed can cause breathing to slow or stop and can cause death. Patients who do not experience good pain relief with the prescribed

dose of methadone should talk to their doctor.

- **Patients taking methadone should not start or stop taking other medicines or dietary supplements without talking to their health care provider.** Taking other medicines or dietary supplements may cause less pain relief. They may also cause a toxic buildup of methadone in the body leading to dangerous changes in breathing or heart beat that may cause death.
- **Health care professionals should be aware of the signs of methadone overdose.** Signs of methadone overdose include trouble breathing or shallow breathing; extreme tiredness or sleepiness; blurred vision; inability to think, talk or walk normally; and feeling faint, dizzy or confused. If these signs occur, patients should get medical attention right away.

You can view the full advisory on the FDA website at www.fda.gov/cder/drug/advisory/methadone.htm

METHAMPHETAMINE AND SINGLE-ENTITY PSEUDOEPHEDRINE

Remember that commercial products containing pseudoephedrine as a single entity are Schedule 2 drugs. These drugs must be stored and sold from within the dispensary **by a pharmacist.**

Your responsibilities when selling Schedule 2 drugs are: assessment of the patient, maintenance of the patient record, appropriate counseling and on-going monitoring. The Board also reminds you to monitor indicators of meth abuse in your community. Watch for individuals seeking to purchase abnormal quantities of pseudoephedrine or ephedrine, iodine or red phosphorous, acids, drain cleaners or other solvents, or lithium batteries. Consult www.methaction.org/meth_products11.htm to learn more about how you can keep your community safe from meth!

PHARMACISTS PLAY A ROLE IN METH ARRESTS

The Oregon State Board of Pharmacy newsletter for May 2006 indicates that information provided by local pharmacists led to the arrest of four men and to shutting down a suspected drug house located within 1,000 feet from a preschool. Methamphetamine, pseudoephedrine, chemicals used to make meth, meth-making paraphernalia, and directions for making meth were all found in the home.

The article states that pharmacists alerted investigators after noticing two individuals purchasing large amounts of non-prescription medications containing pseudoephedrine. The pharmacists' report showed that products were purchased from at least 13 different pharmacies. The pharmacists' partnership with the law enforcement agents was a key element of the investigation. You and your staff can play an important role in curbing the production of methamphetamine. Alert you local police if you notice unusual or suspicious purchases of meth ingredients.

POTASSIUM PERMANGANATE LABELLED WITH A CONTROLLED DRUG SYMBOL ON THE LABEL – CAN IT BE SOLD WITHOUT A PRESCRIPTION?

Potassium permanganate (KMNO₄) is considered a Class A precursor and is found in Schedule VI of the *Controlled Drugs and Substances Act*. Because it is a strong oxidizing agent, it can be used to accelerate chemical reactions, disinfect swimming pools and drinking water and to produce flame in camping survival kits. It can also be used to produce illicit drugs, particularly methcathinone, a recreational drug.

You can sell potassium permanganate legally, in compliance with the *Precursor Control Regulations* (PCR) and without a prescription, in quantities under 50kg per package and only to end users, not distributors.

Section 91.96 of the PCR states that when a pharmacist, practitioner or hospital sells or

provides on a retail basis a Class A precursor, or possesses for the purpose of sale or provision, preparations or mixtures containing a Class A precursor, the pharmacist or hospital must:

- Keep the product stored securely in the pharmacy,
- Notify the police within 24 hours after discovering a loss or theft of the product,
- Notify the Office of Controlled Drugs and Substances (OCDS) within 72 hours of discovering a loss or theft of the product, and
- Keep a record of notices sent to OCDS for future inspection.

You may also provide potassium permanganate in compounded preparations made pursuant to verbal or written prescriptions. In these situations potassium permanganate prescriptions may contain refills and may be transferred from one pharmacy to another.

Additional questions about chemical precursors can be directed to:

Mark Kozlowski, Head

Chemical Precursors Section

Office of Controlled Substances

Health Canada

Tel: 613-948-7352

Fax: 613-948-3585

FEDERAL LOSS AND THEFT; AND FORGERY REPORTS

Pharmacists are reminded that any loss or theft of narcotics, controls and targeted substances are reportable to the Office of Controlled Substances in Ottawa, as well as to the PEI Pharmacy Board **within 10 days** of the occurrence.

The Board Office has copies of these reports available for the asking. Presently, the Psychoactive Drug Loss and Theft Report is available on the PE section of the NAPRA

website (www.napra.org) under Practice Resources. Health Canada has yet to make the Forgery Report electronically, but as soon as it is, it too will be posted.

Please go to http://www.hc-sc.gc.ca/dhp-mps/substancontrol/compli-conform/loss-perte/index_e.html for information on reporting, as well as the form.

Complete the form, send a copy to Health Canada, keep one and forward one to the Board.

Office of Controlled Substances

Compliance, Monitoring and Liaison Division

Drug Strategy and Controlled Substances Programme

Healthy Environments and Consumer Safety Branch

Health Canada

AL 3502B

123 Slater Street, Ottawa K1A 1B0

INFANT DEATHS ATTRIBUTED TO COUGH AND COLD MEDICATIONS

The Centers for Disease Control and Prevention (CDC) in the U.S. issued a Morbidity and Mortality Weekly Report article describing three deaths of infants ranging from one to six months associated with cough and cold medications.

According to the report, the three infants – two boys and one girl – had what appeared to be high levels (4,743 ng/ml to 7,100 ng/ml) of pseudoephedrine in postmortem samples. One infant had received both a prescription and an over-the-counter (OTC) cough and cold combination medication at the same time; both medications contained pseudoephedrine.

During 2004 – 2005, an estimated 1,519 children younger than two years were treated in emergency departments in the U.S. for adverse events, including

overdoses, associated with cough and cold medications.

Because of the risks, parents and caregivers should consult a healthcare provider before administering cough and cold medications to children in this age group. Clinicians should use caution when prescribing cough and cold medications to children younger than two years. In addition, clinicians and pharmacists should always ask caregivers about their use of OTC combination medications to avoid overdose from multiple medications containing the same ingredient.

The complete article is available at www.cdc.gov/mmwr/preview/mmwrhtml5601a1.htm

SAFETY INFORMATION PROMETHAZINE HYDROCHLORIDE

The US Food and Drug Administration has issued a safety alert that warns parents and health care professionals they should not give drugs containing promethazine hydrochloride to children younger than two. The use of the products has the potential for fatal respiratory depression.

The warning includes all medications containing the drug, including syrups, suppositories, injectables and tablets.

Caution should also be used when administering promethazine HCl medications to pediatric patients two years of age and older.

The complete FDA advisory for health professionals can be found at www.fda.gov/cder/drug/InfoSheets/HCP/promethazineHCP.pdf

NONOXYNOL-9 INCREASES RISK OF HIV TRANSMISSION/ACQUISITION

In May of 2005 The Centre for Infectious Disease Prevention and Control of the Public Health Agency of Canada released a report on the spermicide, Nonoxynol-9 (N-9) and the risk of HIV transmission. N-9 has long been considered a safe and effective contraceptive method. Recent evidence

however, indicates that N-9 may damage both vaginal and rectal cells resulting in lesions, which could facilitate transmission/acquisition of HIV and other blood borne infections. In the case of rectal use, even the single use of a low dose of N-9 may increase the risk of HIV infection by causing disruptions and lesions in the rectal mucosal lining. Therefore, products containing N-9 should not be used rectally nor should they be promoted as a primary means of contraception in women with the potential for frequent usage. As well, products containing N-9 should not be promoted as an effective means for the prevention of HIV or STIs. For the prevention of STIs, including HIV, it is best to use a condom without N-9.

Currently in Canada, there are a number of products containing N-9 licensed for use as contraceptives. These products come in a variety of forms, including creams, films, foams, gels and condoms with N-9 lubrication.

Pharmacists should remove all N-9 containing products from sale in pharmacies and include information regarding the increased risk of HIV transmission/acquisition with the use of N-9 when counseling clients on safer sex practices.

The Public Health Agency of Canada Advisory may be found at <http://www.phac-aspc.gc.ca/publicat/hiv-vih-nonoxynol9/index.html>

HEALTH CARE IN CANADA SURVEY 2006: HIGHLIGHTS

The ninth edition of the Health Care in Canada Survey was released at the end of November 2006. This is the most comprehensive survey of the Canadian public and health care professionals on health care issues.

The survey found widespread support for more home and community care programs, higher medical school enrolment levels, equitable access to pharmaceuticals, ensuring the security of the Canadian

vaccine supply, increased funding for research, and a ban on the sale of junk food in schools.

Canadians are divided on the quality of health care services currently available and the impact of allowing the purchase of private health insurance for services already covered under Medicare.

Canadians continued to be concerned about the potential for errors while being treated in hospital.

What's of specific interest to pharmacists?

Who said better access to timely immunization was an important part of a national immunization strategy?

- 76% of respondents

Who thinks we should increase access to health professionals by requiring health professionals to work in teams with other types of health care providers?

- Public – 76%
- Doctors – 46%
- Pharmacists – 83%
- Nurses – 88%
- Health system managers – 94%

Who agreed that pharmacists and nurses should be allowed to prescribe drugs in some circumstances?

- Public – 72%
- Doctors – 56%
- Pharmacists – 89%
- Nurses – 75%
- Health system managers – 79%

Similar to last year's results, there seems to be a significant margin between patient and physician opinion.

You can access the full survey results on the Health Care in Canada website at <http://www.hcic-sssc.ca/>

ADVERSE REACTION NEWSLETTER

Pharmacists can subscribe to receive the Canadian Adverse Reaction Newsletter from the Health Canada website at www.hc-sc.gc.ca/dhp-mps/me_deff/subscribe-abonnement/index_e.html

LICENSING FEES ACROSS CANADA (\$)

	PhC	Permit
NF	433	920
PE	475	775
NS	495	656
ON	570	818
SK	630	975
MB	661	779
NB	662	866
BC	684	1124
AB	747	960
QC	762	

PEBC UPDATE

There were 1175 names added to the Register by examination in 2006 (1026 in 2005). Jeff Jardine of the Drugstore Pharmacy in Charlottetown, and a Board member, has agreed to sit on the PEBC Board representing PEI.

John Pugsley, PEBC Registrar, has reported on the first meeting of the Steering Committee for the Pilot Entry-to-Practice Examination for Pharmacy Technicians. The Ontario College of Pharmacists, Alberta College of Pharmacists and the College of Pharmacists of BC are collaborating in the development of the examination. The steering committee consists of Canadian Association of Pharmacy Technicians (CAPT), CPhA, CSHP, CCAPP, NAPRA, the Canadian Pharmacy Technician Educators Association (CPTEA), OCP, PEBC, ACP and

CPBC. NAPRA's Entry-to-Practice Competencies for Pharmacy Technicians will form a foundation for the blueprint. The CPTEA Educational Outcomes for Pharmacy Technician Programs will also be reviewed to consider important information that could enhance the blueprint. It was recommended that PEBC consider the development of an "evaluating examination" for on-the job trained technicians, graduates from non-accredited study programs and for international candidates.

ADVERTISING REGULATIONS

The Board's advertising regulations are attached and several areas are highlighted. Pharmacists are asked to review these regulations along with the enclosed *Policy on Certification Programs for Pharmacists*. While the Board encourages expanded services and training, the programs are not accredited for pharmacy specialties and as such, any designation offered by these programs cannot be associated with your license to practice pharmacy. This includes diabetic educator, asthma specialist, compounding etc. These programs are offered to a variety of health care professionals (LPNs, RNs, as well as social workers, etc) and are not pharmacy specific.

There are also other areas of violation in numerous advertisements, including on websites. Please review these regulations and make any changes needed to comply.

Additionally Standards Regulations 29(k) defines professional misconduct as "*purporting to have a special expertise which he does not in fact possess and which has not been recognized by the Board*".

Future violations will be automatically forwarded to Investigations. Should you have any question about your advertising and promotional material, do not hesitate to contact the Registrar.

STUDENT REGISTRATIONS: IF YOU A STUDENT THIS SUMMER THAT IS WORKING ON UNSTRUCTURED TIME SERVICE OR POST GRAD ENSURE THEY ARE LICENSED AND HAVE A PRECEPTOR/SITE APPROVAL FORM COMPLETED. ALSO – POST GRADS NEED TO GET THEIR MANUAL FOR THE 8 WEEK ROTATION.