

# The Island Capsule

A publication of  
the PEI Pharmacy  
Board

APRIL 2000

## Board Members

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Chair – Rustico Pharmacy
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*Neila I. Auld, BScPharm*

The Outlook  
NAPRA's newsletter

Login Brothers  
Book List

Fax regulations &  
forms

Canadian Adverse  
Drug Reaction

## Continuing Education: *Erin Farrell-MacKenzie*

CE Committee: Erin Farrell-MacKenzie, Carol Hilchie, Shaun Brown

The Board no longer records and maintains CE files for pharmacists. It will be the responsibility of the individual pharmacist to maintain their own personal file of CE status. These records should be kept for a minimum of 4 years. Each pharmacist will be on an "honor system" - and annually, prior to renewal of licenses, the Registrar will conduct a random check for the required CE accumulation (15 ceu's by December 31st). If a pharmacist cannot support their claims of 15 ceu's with approved documentation, there will be a \$500 fine, and a requirement to accumulate the necessary ceu's before license renewal in April. *Pharmacists are also reminded that there is no longer any "carry over" of excess ceu's into the next year.*

### CE 2000 Update

## NAPRA Website – On Line!

The newest pharmacy resource on the Internet is located at [www.napra.org](http://www.napra.org). It features an array of information for pharmacists, pharmacy organizations, industry & the general public. The site features information about the regulation of pharmacy in Canada, becoming a pharmacist, drug scheduling and contact information for provincial

regulatory bodies. A special "pharmacist only" section is planned, along with a national register of Canadian pharmacists and pharmacies for use by the registrars.

It is time, once again to consider our learning needs and educational goals for another licensing year. Island pharmacists should review their personal learning portfolios and reflect on their own practice setting to determine which educational tools will be of benefit in achieving these goals.

### Highlights for 2000:

Through the College at Dalhousie

The CCCEP Home Study Program

University for a Day, and Half-Day

Industry – sponsored Live programs in PEI will offer sessions on Men's Health Issues (2 locations); Astra Clinical Updates & Workshops (full day) addressing cardiology, respiratory & other issues, and business issues affecting practice; Smoking cessation & the Pharmacist workshops.

A 3 module homestudy program

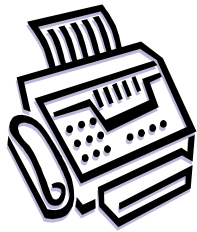
titled "Treatment of Diabetes in Community Pharmacies: A Patient Centered Approach" is also available to pharmacists free of charge. It has been CCCEP approved for a total of 4 CEU's and is sponsored by Lifescan. Interested pharmacists may contact Erin (566-3211) to obtain the program or to inquire further. Many other programs are being developed to provide a variety of educational opportunities. If anyone has any suggestions that will assist them in achieving personal educational goals, contact the CE Committee.

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★ *Special Notice* ★  
★ *The Island Capsule is* ★  
★ *considered an official* ★  
★ *method of notification to* ★  
★ *Island Pharmacists.* ★  
★ *These newsletters will be* ★  
★ *used as proof of notification.* ★  
★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

electronic forum where pharmacy professionals can discuss current issues.

NAPRA, formed in 1995, guides the regulation of the pharmacy profession in Canada.





Insert to Act binder – regulation policy section

## Transmission of Prescriptions by Facsimile

Guidelines for transmitting prescription authorization by facsimile are again attached. They are also available on the NAPRA Website. These have been communicated with the Medical Society. Faxing prescriptions should not become a primary means of communication between pharmacists and prescribers. It is meant to be a supplementary tool to address

special needs where enhanced communication can accommodate better patient care. We continue to work with Health Canada to obtain approval for the use of more advanced electronic technologies to transmit health information between care providers. The principles outlined in the guidelines should be strictly followed

to maintain security and integrity within the drug distribution system. You must also ensure that the prescriptions you receive are authentic & valid. Prescriptions are transmittable only from a physician to a pharmacist, & using the format & procedure outlined. Deviations are not permissible!

## Change of Pharmacist-in-Charge



When a pharmacist-in-charge (PIC) leaves the pharmacy, he or she shall immediately notify the Board in writing of the change and return the original pharmacy permit to the Board office with the date of the change noted on the permit. A copy of the permit shall be made and posted in the pharmacy. Therefore, it is the duty of the departing pharmacist-in-charge to make a copy of the permit and place it upon the pharmacy wall and send in the original permit to the Board office with a letter informing the Board that he or she has ceased to be pharmacist-in-charge.

A pharmacy owner shall notify the

Board immediately of the departure of the PIC. The pharmacy permit holder shall immediately designate a new PIC and write the name on the posted copy of the pharmacy permit. Until a pharmacist-in-charge is designated and written in ink on the pharmacy permit, the pharmacy shall not operate. Each day of operation in the absence of a designated PIC is considered a separate offense. The pharmacy permit holder shall use the "Change in Pharmacist-In-Charge" form, available from the Registrar, to notify the Board of the replacement within 30 days of the change. Upon receipt of this information, the Board shall provide a newly printed permit to the pharmacy.

In summary, there are two parties that have responsibilities when the PIC leaves the pharmacy. The departing PIC must make a copy of the permit, place it on the wall, and send the original permit to the Board with the date of change noted on the permit.

Secondly, the pharmacy permit holder must immediately designate the new PIC, write that name in ink on the copy of the permit, and place it in the pharmacy. Then he or she must complete a PIC Change Form and wait to receive the new permit from the Board.

## Confidential Information



Fox news in the US recently reported that confidential information, including prescription labels, vials and other related documents, is being accessed by individuals from dumpsters or other trash disposal processes. Recommendations to assure that confidential information is not inadvertently released through disposal include:

1. Shred all paper documents, and black-out information on prescription container labels prior to placing in the garbage;
2. Return empty prescription containers to the patient;
3. Assure your pharmacy garbage is kept in a secure area until transferred to a disposal firm for incineration or other method of destruction, such as through a medical waste disposer.

### ◆ Prescription Transfers

- ◆ With the changes pending from Provincial Pharmacy, pharmacists are reminded they **cannot** accept a transfer by fax. They can accept a **written** transfer **if** the pharmacy the Rx is being transferred to is indicated on the copy, as well as where it is from. All other transfer information is also required on the order. **No other pharmacy may fill the transfer.**

# National Standards of Practice

NAPRA has developed and approved a national model for standards of practice for pharmacists.

The national model, which includes six core standards, was unanimously endorsed by the provincial licensing bodies. The standards will be implemented over the next five years. Currently NAPRA is developing tools and guidelines to help pharmacists adopt the new standards, listed below:

- ◆ The pharmacist, using unique knowledge & skills to meet a patient's drug related needs, practices patient-focused care in partnership with patients and other health care providers, to achieve positive health outcomes and/or to maintain or improve quality of life for the patient.
- ◆ The pharmacist practices within legal requirements and ethical principles, demonstrates professional integrity, and acts to uphold the professional standards of practice.
- ◆ The pharmacist identifies, retrieves, evaluates, interprets and provides appropriate drug and pharmacy practice information to achieve safe and effective patient care.
- ◆ While respecting the patient's right to confidentiality, the pharmacist communicates and educates to provide optimal patient care and promote health.
- ◆ The pharmacist manages drug distribution by performing, supervising or reviewing the functions of selection, preparation, distribution and storage of drugs to ensure safety, accuracy and quality of supplied products.
- ◆ The pharmacist applies knowledge, principles and skills of management as they pertain to the site of pharmacy practice, with the goal of optimizing patient care and inter-professional relations.

The National Continuing Competency Committee, of which Allan Greene and Erin MacKenzie sit, are using these Standards to develop a national model program for assessing ongoing competency to practice pharmacy in Canada.



*Raising the standards of the pharmacy profession in Canada, and PEI.*

## Pharmacy Practice Toolkits

The National Association of Pharmacy Regulatory Authorities recently launched a series of "toolkits" to provide guidance to pharmacists in meeting the National Standards of Practice for Canadian Pharmacists.

The series consists of nine modules, each involving development tools, resources, reading references and sample forms.

The modules can be reviewed on the NAPRA Website, [www.napra.org](http://www.napra.org)

under the "Pharmacy Practice" section. Print copies from each tool kit can also be purchased from NAPRA. The papers include:

- #1 Pharmacy Care Plans: General Introduction and Getting Started
- #2 Pharmacy Care Plans: Care Plan Tools
- #3 Pharmacy Care Plans: Documentation
- #4 Pharmacy Care Plans: Documen-

- tation & Integrated Resources
- #5 Facilities, Equipment, Supplies, Workflow & Facility Re-Design
- #6 Drug Information Resources
- #7 The Professional Services Area
- #8 Minimizing Medication Errors
- #9 Recycling & Disposal of Dispensed Drugs



*Tools to help you meet your professional obligations!*

## NAPRA's National Licensing Program

The National Association of Pharmacy Regulatory Authorities is currently developing a National Model Licensing Program to assist the inter-provincial movement of pharmacists. The program includes language fluency, jurisprudence, and structured practical training requirements.

A mutual recognition agreement between provincial licensing authorities is under development, which will satisfy the requirement of the Agreement on Internal Trade and will facilitate the movement of pharmacists across Canada.

# Drug Alerts and Warnings

## Antihistamine Abuse

The Board has become aware that some teenagers are abusing Nytol, with several overdose reported in Nova Scotia hospitals. Pharmacists are encouraged to monitor the sales of these and other similar drugs and to place behind the counter if necessary.

## Warning: Blue-green Algae

Health Canada recently issued a warning to consumers regarding Blue-green Algae. The product, sold in tablet, capsule and powder form to boost the immune system and improve memory is available in many health food stores in Canada. Recently it has been promoted for use in attention deficit disorder.

Samples performed on nine brands of Blue-green Algae indicated that all contain microceptins – toxins that can accumulate in the liver and cause severe liver damage.

Health Canada warns that this product should not be given to children.

## Dextromethorphan (DXM)

There are increasing reports of DXM abuse, a cough suppressant found in many over-the-counter cough medicines. The drug produces feelings of euphoria and enhanced awareness that can last up to six hours. DXM has also been reported to be taken with other drugs, such as antidepressants. Adverse effects include impaired judgement and mental performance, loss of coordination, dizziness, nausea, hot flashes, dissociation, and hallucinations.

Available in pharmacies and other retail outlets, the Internet is also becoming a source for ob-

taining the drug, and a number of DXM-related Websites list specific information on companies that sell DXM. Recent information indicates that DXM is has become available in both powder and pill form in the illicit market place.

Street names for DXM include: “dex”, “dextro”, “syrup”, (robo”, “rome”, and “X”. Using DXM is called “robodosing”, “robotripping”, and “robocopping”. An 8 ounce bottle of cough syrup is an “eighter”.

## Pseudoephedrine Alert

All pharmacists should be aware that over-the-counter (OTC) drug products can be used to make drugs, such as methamphetamine. One of the most common products is pseudoephedrine, a nasal decongestant found in many cold, flu and allergy medications. It has been reported that some manufacturers will add sulfur and ammonium to their tablets, along with polyethylene oxide gum and sodium laurel sulfate surfactant. The sulfur and ammonium produce a foul smell during the synthesis of the illegal drug, and the gum and surfactant block the purification process.

Here are some things to watch for in detecting suspicious transactions:

- OTC customers buying large/frequent quantities of pseudoephedrine
- Customers who buy only the large size
- Customers who buy other methamphetamine processing products at the same time: alcohol, Coleman fuel,

acetone, road flares, drain cleaners, iodine, muriatic acid, rock salt, starter fluid/ether, dry gas/alcohol, coffee filters, large amounts of matches, etc.

- Customers who indicate they resell the product
- Iodine customers with no legitimate reason for large quantities
- Customers who purchase hydrogen peroxide and more than 4 fluid ounces of iodine
- Customers who want to purchase red phosphorous or iodine
- Customers who always pay with cash.

## Guaifenesin Alert

Pharmacists should be aware that guaifenesin, an expectorant in many cough medications, is being taken in large doses for a hallucinogenic effect.

## Sound Alike : Look-Alikes

Prandase and Prednisone

Androcur and Andriol

Celexa (citalopram), Celebrex (celecoxib) and Cerebyx (fosphenytoin). Confusion may be reduced between these 3 products by encouraging physicians to include the drug's indication when prescribing these products; adding an alert to the pharmacy computer to remind the pharmacist to verify the diagnosis; and limiting verbal orders to emergency situations, spelling the name back to the prescriber, and confirm the drug's indication with the prescriber.



*Updates for your practice!*

# Preceptor Post –Dalhousie University

The Dalhousie College of Pharmacy is eager to announce the commencement of their new Preceptor Education Seminars (PES). This program has been developed in conjunction with the progressive move forward of the Problem-Based-Learning (PBL) Program at the College and the resultant expansion of the Practice Experience Program (PEP). This first educational module will assist pharmacists who are interested in participating as preceptors in the PEP to effectively educate our students in becoming more competent and highly qualified practitioners. The goal of these education sessions is to facilitate the transition from health professional to educator and mentor. By participating in the program, the pharmacists are making a direct contribution to improving patient care delivery as well as to the overall advancement of the profession.

The preceptor education session will be the first in a series of progressive modules offered over the next few years. The program will be facilitated by Nadine Wentzell and Paul Murphy, a professional facilitator from the IWK Grace. Topics to be covered include learning styles, emphasizing needs assessment, self-assessment, conflict resolution, and evaluative feedback. Specifics on the new PECs will also be reviewed. The program will be delivered in a variety of formats, using small and large group discussion, role plays and lectures. Watch for a mailing from the Continuing Education Division of the College, for more information on this seminar. Space is limited, so for those interested, please contact Tracy Jollimore (494-3832) to book your confirmed attendance.

The educational session is sched-

uled to take place Saturday April 15 from 8:30am until 5:00pm at the Prince George Hotel in Halifax, Nova Scotia. There is no charge to pharmacists participating in the preceptor program; in addition, lunch and refreshments will be provided. A block of rooms has been reserved for those interested in staying at the hotel. For information on reservations, please call 1-800-565-1567. For more information on the session, contact Nadine Wentzell at the College of Pharmacy (494-3464). CE credits will be assigned, based on criteria from the respective regulatory authorities, and confirmed prior to the seminar.



## Narcotic and Control Drugs Regulations

Pharmacists are reminded that, although Narcotic Reports are no longer required to be sent regularly to Health Canada, the federal regulation regarding the purchase and sale of controlled substances has not changed. You are still required to keep prescriptions for narcotics and controlled

drugs in a separate file from other prescriptions. Records of purchases and sales must be kept for 2 years and available for inspection on request. Health Canada no longer supplies the “narcotic book” so familiar to most pharmacists. It is advisable to keep your own book, or keep

duplicate packing slips of all purchases in chronological order. You should also still be generating regular narcotic sales reports, filing for ready inspection. Regular inventory counts are recommended, particularly in a change of pharmacist-in-charge.



### *Attention Employers and Pharmacists*

NAPRA will be adding a “Career Opportunities” component to their Website. Canadian employers are invited to submit job opportunities for pharmacists, which will be posted to the site. Submissions may be forwarded to Debbie Foran, Website Coordinator for NAPRA.

Fax: 1-613-569-9659

Email [napra@istar.ca](mailto:napra@istar.ca)

# Mandatory Patient Package Inserts

In July of 1999, Health Canada advised Registrars and NAPRA that Patient Package Inserts have been made mandatory as part of the marketing authorizations, Notice of Compliance (NOC) and/or Drug Identification Number for the drugs listed below. The mandatory documents would have been submitted to the Therapeutic Products Program by the manufacturer with its application to market a drug product, and reviewed as part of the submission.

The patient material supplied by the manufacturer should be dispensed with:

## 1. Prescription drugs:

- Drugs delivered with the assistance of a device (eg. Inhalers, transdermal patches)
- Isotretinoin & other tretinoids, except those used in oncology
- Methotrexate for rheumatoid arthritis
- Nonsteroidal anti-inflammatory drugs (NSAIDS)
- Oral contraceptives
- Ticlopidine

## 2. Biologicals-all drugs intended for self administration:

- Erythropoietin
- Gonadotropins
- Human Growth Hormone
- Insulins
- Interferons
- Wound healing Factors

## 3. All drugs where the Product Monograph or Prescribing Information indicates that a patient information document is available.



*Patient counseling for better health outcomes*

# Drug Updates

## Celebrex ADR Alert

Celebrex (celecoxib) the new cyclooxygenase-2 (COX-2) inhibitor used in inflammatory disorders is contraindicated in patients with a history of sulfonamide allergy. The product monograph states that it should not be given to patients who have demonstrated allergic-type reactions

to sulfonamides. This is because celecoxib contains a sulfonamide group in its chemical structure.

## New Nitroglycerin Sprays

Pharmacists are reminded that special counseling should accompany the dispensing of the new nitroglycerin sprays:

- The spray only works when the device is in the upright

position. In most cases this means the patient must be upright when using the sprays.

- It is important to prime or pump the spray prior to use.
- Pumps should be primed or pumped at the end of the month if the device has not been used.



# Incident Reviews/Complaints 1999

During the calendar year of 1999, the Board's Investigation Committee considered the following areas of complaint:

- ⇒ Violations to the Advertising Guidelines (coupons/bonusing incentives)
- ⇒ Violations to the Advertising Guidelines (Pre-printed prescription pads)
- ⇒ Scope of practice issue
- ⇒ Dispensing an outdated BCP/physician sample
- ⇒ Dispensing a drug with incorrect dosage

# Prescription for Reducing Errors

By Larry Trippiedi, RPh Illinois

The National Coordinating Council for Medication Error Reporting in the US has prepared standards for safe prescription writing practices. The Council recommends the following to prescribers when preparing medication orders and prescriptions.

- ◆ All prescription documents must be legible. Prescribers should move to a direct, computerized order-entry system.
- ◆ All prescription orders should be written using the metric system, except therapies that use standards units, such as insulin and vitamins. The term "units" should be spelled out rather than as "U".

- ◆ The medication order should include the drug name, the exact metric weight or concentration, and the dosage form.
- ◆ A leading zero should **always precede** a decimal expression of less than one. A terminal or trailing zero **should never be used after a decimal**.
- ◆ Prescription orders should include a brief notation of purpose (eg infection, inflammation), unless considered inappropriate by the prescriber.
- ◆ Prescribers should include the age, and when appropriate, the weight of the patient on the prescription or medication order.
- ◆ Prescribers should not use

vague instructions, such as "Take or use as directed", as the sole direction for use.

- ◆ Prescribers should avoid the use of abbreviations and Latin directions for use.

In addition, consideration needs to be given by prescribers to eliminate the use of multiple prescriptions on one prescription blank.

In addition, only one prescription should be assigned per prescription blank, and the multiple choice of a drug name, quantity and direction for use by checking boxes (cookbook prescription) increases possible errors by prescribers and should not be used.

## "Rave" Scenes and Drug Abuse

Reports from New Hampshire indicate an increase in Rave clubs and arrests for possession of **gamma-hydroxybutyrate (GBH), gamma-butyrolactone (GBL), and 1,4-Butanediol, (1,4-BD)**. There is also significant abuse of legal drugs such as caffeine and herbals. Products such as "Herbal Ecstasy" and "Cloud 9" may contain stimulants such as ephedra and ephedrine. Taken in large quantities, these products produce a euphoric stimulation, highly increased energy levels, and increased sexual sensations.

**GHB** is possibly the most prevalent, so-called "date rape" drug to be identified. Also known as Georgia Home Boy, Liquid Ecstasy, Soap, Liquid X, and Cherry Meth, it is found in the form of a

clear liquid or white powder. On the street it is usually sold in small bottles (similar to hotel shampoo bottles) for \$10-\$15 per bottle ("hit").

**GBL** is an analogue of GBH, which causes similar euphoric effects. Some of the more common street names include Blue Nitro, Invigorate, and Gamma G. Renewtrient and Revivarant-G. are two trade name products found in several health food stores (in NH). At least five "overdose" situations have been reported recently.

**1,4-BD** is also referred to as BVM, GHRE, SomatoPro, ZEN, and Enliven.



Assistance for implementing national standards of practice

## Board Committees

The Board would like to acknowledge the dedication on numerous pharmacists who are participating in the working committees of the Board, both provincially and nationally.

### Standards for Pharmacy Services to Institutional Patients & Nursing Homes

Allan Greene – Chair

Pat Crawford

Rollie Boudreau

Andrea Tweel

Patti Taylor

### Dalhousie College of Pharmacy:

#### **Pharmacy Endowment Fund**

Kendra Day

Royden Stetson

#### **Practice Experience Committee**

Neila Auld

#### **PEBC Rep**

Neila Auld

### Investigations Committee

Allan Greene – Chair (Exp 2001)

James Sampson (Exp 2003)

Rollie Boudreau (Exp 2002)

Reid Sangster, lay (Exp 2001)

### Continuing Education

Erin MacKenzie – coordinator

Shawn Brown (hosp)

Carol Hilchie (community)

### Jurisprudence / Examinations

Jeff Jardine

Mark Walker

### NAPRA Committees

*National Continuing Competency Committee (NCCC)* - Allan Greene

*National Advisory Committee on Licensure (NAACL)* - Neila Auld (also Chair of this national committee)

### Advertising Guidelines – Review

Arlene McKay

Candace Marcum

## APOTEX GRANT

Enclosed with this package is a current, updated copy of the PEI Pharmacy Act/Regulations and Policies for each pharmacist registered with this Board. Students and Pharmacies have already received their copies. The Board would like to acknowledge the provision of a continuing education grant from Apotex that covered production costs and will also maintain the binder for a period of time.

Pharmacists are asked to update their copy as new and amended regulations are distributed.



Pharmacists & Industry working together for the public & the profession

## Professional Marketplace

### **Stanton Regional Health Board**

Fulltime **Pharmacist Position** at Stanton Regional Hospital in Yellowknife. A 100 bed accredited facility, the hospital is located in the NWT capital providing acute and longterm care to the Western Arctic.

We offer a comprehensive benefit pkg, including support for

continuing education, relocation assistance, northern living allowance, medical, dental & pension benefits. Salary range: \$53,820 to \$61,074 per annum.

Please forward your resume to:

Angela Messier, Human Resources Officer

Employee Services, Stanton Regional Health Board

P.O. Box 10

Yellowknife, NT X1A 2N1

Phone: 867-669-4208

Fax: 867-669-4209

Email: [angela\\_messier@gov.nt.ca](mailto:angela_messier@gov.nt.ca)

Reference#: 99-075



Join the team!



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Fax: 902-658-2780  
Email: peipharm@auracom.com

# J O B S

## **Safeway Food and Drug**

Has employment opportunities for **Licensed Pharmacists**.

Interested individuals should have an outgoing personality along with a high level of professional customer service. These positions offer a competitive salary plus a full range of company benefits, including pension. Interested applicants may FAX a resume to "Regional Pharmacy Manager":

Canada Safeway LTD

British Columbia (Dawson Creek, Prince Rupert) 604-322-2507

Manitoba/Sask. (Regina, Portage la Prairie, Selkirk, Thompson, Winnipeg) 204-946-4364

Alberta (Calgary) 403-730-3923

## **Cambridge Memorial Hospital**

Is a full service community hospital with a vision of excellence in the delivery of patient care. We are looking for a motivated, self-directed individual with excellent critical thinking, problem solving and interpersonal skills to assume the role of **Pharmacist Full-time position**.

As an integral member of the team, you will be responsible for distribution services (all shifts and weekends) and for providing pharmaceutical care, counseling individuals and patient groups, teaching medication classes and participating in a variety of clinical services. You will also conduct staff inservices, weekly rounds, computer based pharmacokinetic monitoring and drug utilization reviews. Experience in unit dose and Meditech computer systems would be an asset. Interested individuals should forward their resume to:

Cambridge Memorial Hospital, Human Resources Services, 700 Coronation Blvd., Cambridge, ON N1R 3G2 FAX: 519-740-4907

## **Lillooet, British Columbia**

An independent pharmacy in Lillooet, BC has an opening for a **Licensed Pharmacist** and dispensary manager. Contact:

Catherine Stathers, at 1-800-664-DRUG or email at cstathers@lilloonet.org

## **Summerside, P.E.I.**

Full time **Licensed Pharmacist** Position. No Sundays or Holidays. Contact:

Joanne Duncan at Zellers Pharmacy 902-436-7471

## **Churchill Regional Health Authority**

Full time **Pharmacist** position reporting to the Director of Patient Services, responsible and accountable for the operation of combined clinical and enhanced retail pharmacy services to the public at the Churchill RHA. Minimum 3yrs clinical & supervisory experience. Excellent benefits, Northern Living Allowance & more. Contact: Human Resources Coordinatoe, Churchill RHA Inc, Churchill, MB, R0B 0E0. Email: crhahr@cancom.net. Fax:204-675-2285. Wesite: www.cancom.net/- crhaexec