

The Island Capsule

A publication of
the PEI Pharmacy
Board

SEPTEMBER 2000

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Outlook– NAPRA News

Adverse Drug Reaction Newsletter

International Conference Registration

IWK Order Formulary of Drugs & Dosing Manual

Guidelines For Automated Tablet Dispensers

I AM A PHARMACIST

Reprinted from the Alberta College of Pharmacists' "Communications".

At the June 2000 conference, William Leung, pharmacist of the year, offered his version of the Canadian rant. It was a an instant hit!

Hey, uhm, I'm not a glorified cashier or a stock person.

I don't count pills for a living, or stand six inches above everyone in a raised dispensary, or sample all the pills in the cabinets.

And I don't know Jimmy, Sally, or Suzie from the Class of 1996

Although I'm sure they're really really nice.

I have a patient, not a customer.

I drive a Toyota, not a Porsche

And technicians are an asset, not a threat.

I can proudly use my mortar and pestle to compound.

I believe in cognitive remuneration, not dispensing fees,

Resolving drug related problems, not enhanced counselling,

And that Viagra is truly a valuable and necessary medication,

Aspirin is a brand name; a generic is a lower cost alternative,

And it is pronounced acetaminophen, not acetaminophen, acetaminophen.

Pharmacy is the pillar of society, the second most trusted profession,

And the most under-rated and best part of the health care team,

My name is Wil, and I am a Pharmacist.



Federal Legislation

Effective immediately, pharmacists can find the Food and Drugs Act/ Regulations and the Controlled Drugs and Substances Act/ Narcotic Control Regulations on the NAPRA website at www.napra.org under "Federal Legislation".

The legislation is specifically compiled and organized by NAPRA

(the National Association of Pharmacy Regulatory Authorities) with the permission of Health Canada, for the convenience of pharmacists.

Legislative Renewal

The federal government is contemplating legislative renewal– the development of a single "health

MANUFACTURING & COMPOUNDING

The final version of the *Policy Framework for Manufacturing and Compounding Drug Products in Canada* is now available on the Therapeutic Products Programme (TPP) Website at: www.hc-sc.gc.ca/hpb-dgps/therapeut and can be accessed in the ISSUED section of the POLICIES page. The framework identifies and addresses issues related to compounding and manufacturing drugs in Canada. It was developed by the Therapeutic Products Programme in collaboration with the Canadian Society of Hospital Pharmacists (CSHP) and the National Association of Pharmacy Regulatory Authorities (NAPRA).

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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.* ★
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products act" to replace many antiquated pieces of legislation including the Food and Drugs Act. This will be a lengthy and complex process.



Creation of the Office of Controlled Substances

Please be advised all activities pertaining to controlled drugs and substances including industrial hemp and marijuana for medicinal purposes that were located in the Bureau of Drug Surveillance (BDS) have been transferred to the new Office of Controlled Substances (OCS).

The BDS is now focusing on the post-approval monitoring and assessment activities of the TPP.

The OCS will be managed by Ms. Carole Bouchard with the assistance of an Associate Manager, Mr. Michael Sharpe, currently on the Health Protection Management Develop-

ment Program.

The new OCS office address is:
Office of Controlled Substances
Therapeutic Products Programme
Health Canada, Ottawa, ON
K1A1B9 (613)954-6540

Benzodiazepines



In early 1999, Health Canada published an initial proposal to amend federal legislation to enhance the control of benzodiazepines. The Therapeutic Products Program of Health Canada has informed us that these amendments have proceeded, with implementation set for September 1, 2000. The complete regulation amendment can be found on the Web site of TPP : www.hc-sc.gc.ca/hpb-dgps/therapeut . By Sept.2001, all benzodiazepines will be identified with a identifier—*Benzodiazepines & Other Targeted Substances*.

These Benzodiazepines and Other Targeted Substances Regulations provide a regulatory framework

which ensures Canada's compliance with international control measures. These regulations apply to benzodiazepines, their salts & derivatives and to other psychotropic substances requiring similar level of regulatory controls. Activities of the pharmacist, both in Community and Hospital settings, will not be significantly impacted. There will be a small increase in paper burden resulting from new record keeping requirements for **receipt, disposal and destruction of targeted substances**. Pharmacists, pharmacies and hospitals would have to become licensed dealers in order to conduct wholesale distribution activities.

Benzodiazepines and Other Targeted Substances

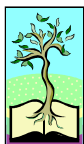
Alprazolam
Bromazepam & its salts
Chlordiazepoxide & its salts
Clobazepam & its salts
Clonazepam & its salts
Diazepam & its salts
Estazolam & its salts
Ethchlorvynol
Ethinamate
Flurazepam & its salts
Halazepam & its salts
Ketazolam & its salts
Lorazepam & its salts
Mazindol & its salts
Meprobamate
Methyprylon
Midazolam & its salts
Nitrazepam & its salts
Oxazepam & its salts
Pipradol & its salts
Prazepam & its salts
Temazepam & its salts
Triazolam & its salts

These drugs are now removed from Part I of Schedule F to the Regulations and placed in the new "Benzodiazepines and Other Targeted Substances" in the Controlled Drugs & Substances Act.

Natural Health Products

The Board, under the umbrella of NAPRA, continues to encourage Health Canada to apply an adaptation of the current drug scheduling process to regulate the sale of natural health products. There is widespread support for NAPRA's role (vis-à-vis the Registrars and National Drug Scheduling Advisory Committee) in regulating NHP's.

Health Canada has created a new office of Natural Health Products, with Phil Waddington as the new Executive Director.



American Patients and Prescriptions

Pharmacists are reminded that we **cannot** fill any—"emergency" or otherwise—prescriptions written by an American physician. The federal act defines a practitioner/physician as a person "licensed by a province or territory in Canada to prescribe". The PEI Pharmacy Act permits a prescription to be filled by a physician/prescriber from "another jurisdiction". By definition that means **in Canada**. A provincial law cannot weaken a federal law, it can only tighten it. Please refer American requests to an Island physician or a Hospital Emergency Department.

Faxing Prescriptions

Courtesy of the Alberta College of Pharmacists, here are some common questions concerning the faxing of prescriptions.

⇒ **If a physician's Office faxes a prescription to a specific pharmacy and the patient decides not to have the prescription filled at that pharmacy, does the pharmacy the patient has chosen have to call the physician to have the faxed copy sent?**

No. It is important to remember that the prescription, faxed or written, is the property of the patient. The pharmacist who receives the faxed Rx should document the date & time it was received, note that the faxed Rx is a valid one, sign the faxed Rx with academic initials (eg. BScPharm) and then give the faxed copy to the patient who can then take the Rx to the pharmacy of their choice.

⇒ **Does the faxed copy of the prescription need to be kept on file for two years or can I write a copy of the faxed Rx on a Rx pad instead?**

The faxed copy of the prescription must be kept on file for at least a two year period because a handwritten facsimile is not a legal document. Do not cut the prescription from the faxed page; the information at the top of the page, including the date and the number from which the document was faxed, are necessary for your files.

⇒ **Must the fax machine be kept in the dispensary? The post office is in close proximity to the dispensary and that should be good enough.**

Pharmacies must keep their fax machines in the pharmacy if they want to receive and dispense faxed prescriptions. This is clearly a confidential issue. The fax machine must be kept in the dispensary to ensure it is under the direct supervision of a pharmacist.

⇒ **What about faxed narcotic prescription?**

The faxed narcotic prescription must initially be handled like any other faxed prescription in terms of verifying its authenticity, etc. Once verified, it is then processed the same as any other narcotic prescription. In an area in eastern Canada, a reporter was able to fax a fake narcotic prescription to a number of pharmacies to obtain a narcotic from those pharmacies. This example underlines the necessity of verifying the authenticity of a faxed prescription, especially for narcotics, before dispensing the drug.



National Advisory Committee on Pharmacy Practice

NAPRA's National Advisory Committee on Pharmacy Practice has a number of exciting initiatives underway, including pharmacist prescribing, administration of injections and National Disease State Management Certification Programs. DR. Glen Pearson from the QEII Health Sciences Center is a member of this committee.

Board Approved Policy Statements

Enclosed with this newsletter are six POLICY STATEMENTS approved by the Board. Please insert these statements into the NON-REG POLICY section of your Pharmacy Act/Regs/Policies binder.

Pharmacy Managers are asked to inform all dispensary staff are aware of these policies, and to ensure their implementation.



Dispensing Methadone

In 1992, the federal government released guidelines for methadone maintenance programs. A copy of these guidelines is available upon request from the Board office. To date, these guidelines have not been revised, making them less appropriate, in the face of new studies and treatments for heroin addiction. Therefore the federal government intends to update these guidelines in the future. The federal government must approve prescribers of methadone. Pharmacists may contact the Office of Controlled Substances at (613)954-6540 to verify a prescriber's authorization.

International Conference on Pharmaceutical Competence

Last November at the 3rd International Conference on Pharmaceutical Competence (held in Sydney, Australia), excellent progress was made in developing “world core competencies” for pharmacists. Finalizing the international competencies and establishing a mechanism for their maintenance are crucial next steps along the path to achieving international reciprocity for pharmacists. What was once just an abstract concept is now becoming closer to reality!



International Pharmacists working together!

Using the foundation set by participants of earlier conferences (1993 in Amsterdam & 1996 in Maui) pharmacy regulators and educators from Australia, Canada, New Zealand, Samoa, South Africa, Thailand, the UK, and US produced a draft overriding statement and a preliminary framework of core competencies, as follows:

“The pharmacist, using a unique body of knowledge and skills to meet a patient’s pharmaceutical and health related needs, practices patient-focused care in partnership with the

patient and other health care providers to manage therapy in order to achieve optimal health outcomes and quality of life”.

Competency#1 Pharmacists contribute to the management of patients’ pharmaceutical and health-related needs to optimize health outcomes.

Competency#2 Pharmacists provide pharmaceutical goods and services.

Competency#3 Pharmacists use information to promote optimal health outcomes.

Competency #4 Pharmacists practice pharmacy in a professional, legal, and ethical manner.

NAPRA is hosting the next International Conference, set for October 15-19, 2000 in Ottawa. Over the past year, and international steering committee (including Dawn Frail from NS) has expanded and refined the draft world core competencies, and prepared the groundwork for developing a model licensing program for

mutual recognition purposes.

We are very excited about hosting pharmacists, educators, and regulators from around the world in October. Aside from ensuring the conference is focused and productive, we are also dedicated to offering a social and recreational program for you, family members, and guests that is unsurpassed. Ottawa is magnificent in October—the weather is perfect for sightseeing and outdoor activities., and the autumn colors are at their peak! The conference will be held downtown Ottawa Congress Center, with accommodation reserved at the adjacent Westin Hotel and the spectacular Château Laurier, featured on A&E’s “Grand Tour” series.

Details are enclosed. Why not make plans right now to join us in October as we make history happen? For registration or more information, contact NAPRA at (613)569-9658 or email napra@istar.ca. Also check NAPRA’s website at www.napra.org!

A registration form is enclosed.

Consent to Treatment and Health Care Directives Act

The Department of Health and Social Services has informed the Board that the *Consent to Treatment and Health Care Directives Act* was recently proclaimed, with the exception of Sections 12(e) and 32, and became effective July 1, 2000. Executive Council also approved the recommendation to have the Act amended in the future to include reference to the *Human Tissue Donation Act*.

Enclosed is a brief summary of key concepts in the law. For copies of the *Consent to Treatment and Health Care Directives Act* and *Regulations*, contact Island Information Services, 1st Floor Jones Bldg, Charlottetown, 368-4000. If you have any questions please contact Mary MacKenzie at 894-0278, or Mary Driscoll, 368-6507, of the Department.



Pharmacists Caring for Patients with HIV/AIDS

The Canadian HIV/AIDS Pharmacists Network has just published a position paper for pharmacists caring for patients living with HIV/AIDS in the Canadian Journal of Hospital Pharmacy, 2000;53(2):92-103. This paper provides guidelines for practice for Canadian pharmacists caring for HIV/AIDS patients, including issues about adherence, patient counselling, managing drug interactions and adverse reactions, medication acquisition and payment, drug information, research, complementary or alternative medicine, pediatric issues, and needs of special populations. Reprints of this paper may be obtained by contacting:

Dr. Sandra A.N. Taylor, Dept. of Pharmacy
Sunnybrook and Women’s College Health Sciences Center,
Room E-300
2075 Bayview Avenue
Toronto, ON M4N 3M5
email: sandra.tailor@swchsc.on.ca

This conference and exhibition brings together health professionals from a wide range of disciplines and countries. The objective is to approach the challenges of the 21st Century in a participative fashion, within a global perspective. The event is presented by the International Association of Health Professions (IAHP) and the Association of Health Industry Partners (AHIP), with broad industry support.

The Health 2000 Congress pioneers an original approach towards health-care, based on a business mindset. As Montreal prepares for the merger of several medical institutions into the futuristic billion dollar plus CHUM (Center Hospitalier de l'Université de Montreal) and MUHC (McGill University Health Center), the moment is right for a sharing of the best ideas concerning the future of health-care.

Website: www.health2000.org

Email: health2000@health2000.org

Highlights:

- ⇒ Five days of conference, debates and one-on-one exchanges
- ⇒ Speakers from all regions of the globe
- ⇒ A focus on 5 important themes: Telemedicine, Ambulatory Care, Biotechnology, Ethics, Economy and Optimal Healthcare Management
- ⇒ Opportunities of a scientific, practical and commercial nature

Key Sponsors:

- ⇒ The Government of Canada
- ⇒ The US Dept. of Commerce
- ⇒ GlaxoWellcome
- ⇒ Merck Frosst

Errors involve look-alike and sound-alike drug names are a common occurrence in pharmacy practice. Ex-

amples include: chlorpromazine/chlorpromazine, hydralazine/hydroxyzine, Cefin/Cefzil, Lasix/Losec, Celebrex/Celexa/Cerebyx. To reduce the likelihood of these errors, pharmacists must ensure that error prevention is a major focus of their everyday practice. Following are a few recommendations reprinted from the N.S. Pharmaceutical Society's *President's Bulletin*, the Ontario College of Pharmacist's *Pharmacy Connection*, including reference to *Medication Errors* by Michael Cohen from the American Pharmaceutical Association.

1. If your drugs are stored alphabetically, Diclet and Diclectin are often located next to each other. Remove one and leave a note of its new location.
 2. Place red stickers/caution labels on these "high risk" drugs to alert the pharmacist.
 3. Diclectin immediately follows Diclet when scrolling through drug names on many software systems. Suggest to your software vendor a space be left between these two drugs. Alert flags may also be added to these drug files (eg flashing screen) thereby alerting the pharmacist of the potential error.
 4. If both drugs are from the same manufacturer (eg chlorpromazine and chlorpropamide), consider switching the manufacturer of one to reduce the similarity between the two products.
 5. Ensure your dispensing procedure includes a triple-check process.
 6. Whenever possible, ensure that there are at least two individuals involved in the checking process.
 7. Review the purpose of the medication with the patient.
- This is not only an important component of counseling, but also acts as a safety check in the process of dispensing.

Automated Tablet Dispensers

If your pharmacy utilizes automated tablet dispensers (Baker Cells) please ensure that your pharmacy staff read and understand the enclosed "Guidelines for the Use of Automated Tablet Dispensers". Please place this document in the NON-REG POLICIES section of your Pharmacy Act binder.

The Institute for Safe Medication Practices (ISMP) suggests the following tip for preventing medication errors: As a part of their check system, some pharmacists use a yellow felt tipped marker and a check list when dispensing medications. In an orderly fashion, they observe the original prescription, the typed label and the prepared medication. While progressing through their

Medication Errors

check, they keep track by "yellowing out" on the prescription, the patient's name, address. Drug name, dose route, directions, etc. This methodical process helps to ensure that nothing is overlooked, especially during times when the pharmacy practitioner is unavoidably distracted.



St. John's Wort/Digoxin

New evidence suggests that St. John's Wort interacts with digoxin, lowering the blood level of digoxin significantly. The interaction may occur as a result of the induction by the herb, of P-glycoprotein in the gut. P-glycoprotein aids in the elimination of many drugs, including calcium channel blockers and chemotherapy agents.

HOSPITAL PHARMACY INSIGHTS

Reprinted from the College of Pharmacists of British Columbia Newsletter—Mar/Apr 2000 Vol.25No.2

Fatal KCl Errors

Potassium Chloride (KCl) injection that is infused too rapidly or given by direct IV can cause cardiac arrest. There are numerous reports of accidental deaths that have occurred in hospitals across North America as a result of medication errors where KCl concentrate has been given by direct injection. The most common scenarios include:

- ⇒ A KCl polyamp is picked up instead of normal saline. KCl concentrate is then accidentally used to flush an IV line.
- ⇒ KCL is stored next to heparin and is accidentally used to flush a central venous catheter.
- ⇒ A KCl polyamp is picked up instead of sterile water for injection. KCl is used to reconstitute a medication given by IV push.
- ⇒ Medication orders commonly include orders for furosemide 40mg IV push and a concurrent IV infusion with KCl 40mmol/L. Many errors have been reported where “40” of KCl was given by direct IV instead of “40” of furosemide.

If your hospital still has KCl concentrate available as stock on any nursing unit, this error could happen at any time.

Preventing KCl Errors

The single most effective way to prevent KCl medication errors is to remove KCl concentrate from all nursing units, including medication storage areas, medication carts, unit dose carts, night cupboards, etc.

Strategies to Remove KCl Concentrate

- ⇒ Begin a campaign to educate physicians and nurses about the risks and potentially fatal consequences of KCl medication errors.
- ⇒ Encourage physicians to prescribe oral KCl whenever possible.
- ⇒ Premixed KCl large volume parenteral and minibags are commercially available. The increased cost of the premixed solutions is far outweighed by the potential consequences of KCl error.
- ⇒ Prohibit the addition of KCl concentrate to premixed KCl solutions. KCl concentrate can pool at the injection port, effectively delivering a “bolus” of KCl to the patient.
- ⇒ Use automatic substitution orders (e.g. For orders 1-30mmol KCl/L, substitute premixed 20mmol KCl/L. For orders for >30mmolKCl/L, substitute premixed 40mmol KCl/L).
- ⇒ Update the hospital’s KCl IV monograph. The monograph should note the use of premixed solutions only, the maximum infusion rate, the use of an infusion device to prevent “runaway” infusion of KCl, etc.

The 10 Most Common Lethal Medication Errors

1. Concentrated potassium chloride injections
2. Insulin errors
3. Intravenous calcium and magnesium
4. Inadvertently administered 50% dextrose
5. Known allergy
6. Miscalculated digoxin dosing in pediatrics
7. Confusing vincristine and vinblastine
8. Concentrated sodium chloride injections
9. Intravenous narcotics
10. Aminophylline errors

Source: Hospital Pharmacy, 5/2000

Investigations Committee

As we are into a new licensing year, the Board would like to identify areas that were investigated in the previous year by the Investigation Committee—that include Allan Greene (Chair), Rollie Boudreau, James Sampson and Reid Sangster (lay rep):

- ⇒ Advertising/coupons on prescriptions(2 incidents)
- ⇒ Advertising/pre-printed prescription pads (4 incidents)
- ⇒ Scope of practice issue & confidentiality issue
- ⇒ Two (separate) dispensing errors
- ⇒ Failure to appropriately patient counsel

In this area, the Board met with expenses in excess of \$4000. The Board would like to thank all members of the committee for their dedication and professionalism used in all referrals of complaints.