

The Island Capsule

Newsletter of the Prince Edward Island Pharmacy Board

October 2001

PRINCE EDWARD ISLAND PHARMACY BOARD

P.O. Box 70
South Shore Professional Bldg.
Crapaud, PEI C0A 1J0
902-658-2780 (fax 2198)
peipharm@auracom.com

Registrar: Neila I. Auld, BScPharm
Office Hours: Monday thru Friday 9am-3pm

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ENCLOSURES

- 2001/2002 renewal stickers/receipts
- Manual Updates (regulations, Policies & Guidelines)
- *OutLook* (NAPRA's newsletter)
- Adverse Drug Reaction Newsletters
- Dal's Hospital Pharm. Residency
- Dal's *Preceptor Post*
- CE Certificate for Attendance (Herbs, Nutraceuticals, and Women's Health)

- Registration for "Understanding Collaborative Practice in PEI"
- Email Notification letter

MANUAL UPDATES

The Board has approved a series of policy positions/statements (that support the PEI Pharmacy Act and its Regulations), guidelines, and Regulations' statements. These documents are included with this newsletter for insertion into the appropriate section of your (yellow) pharmacy manuals. They include former documents – and all are relabeled for a clearer indication of what are regulation (law), guidelines (recommended based on laws) and policies (position statements of the Board – recommended based on professional practice issues). You are asked to remove the policy statement sections (2) of the manual and replace with these three. In the future, new statements/policies will be distributed for insertion to each of these areas. While some *may not be specific laws, pharmacists would be expected to adhere to these recommendations based on what is usual and customary practice in both P.E.I. and Canada.*

There will be an intensive CE Evening in the New Year to discuss these documents, new Act/Regulation changes and any questions pharmacists may have. There will also be an update on the Mutual Recognition Agreement and the national Continuing Competency Program.

PHARMACISTS CAN NOW DISTRIBUTE MEDICATION SAMPLES

The Board has approved a policy (refer to Manual Updates) that permits pharmacists to dispense or distribute medication samples (*also see the National Oral Contraceptive Program article*). A medication sample is defined as a trial package of medication distributed to the pharmacist without cost. It does not include “free or bonus goods” provided as part of a larger purchase.

A pharmacist may now dispense sample medication that contains a prescription drug (Schedule I/F) pursuant to prescription, labeled in compliance with the rules governing labeling in the jurisdiction, and may charge a professional fee but not charge for the cost of the medication. The pharmacist must inform the patient when medication samples are being dispensed.

Distribution to patients of sample medication containing Schedule II, III or Unscheduled (OTC) drugs does not require a prescription. The distribution must be done, however, in compliance with the conditions for sale set for the schedule in which the drug is categorized and the labeling requirements under the Regulations to the *Food and Drugs Act*. Without further packaging or labeling, there should be no charge for distributing the manufacturer’s packaged sample of nonprescription medication.

NEW NATIONAL ORAL CONTRACEPTIVE COMPASSIONATE ASSISTANCE PROGRAM

Oral contraceptives remain one of the most popular and effective means of contraception in Canada. However, over the past decade, there has been an excessive reliance on the distribution of free samples as a means of providing for the contraceptive needs of women who choose this method. By the late 1990s as many as 7 million samples per year were being distributed in Canada. This is excessive given that only 250,000 women chose to start the pill, switch to a new brand, or restart the pill each year.

Effective 1 January, 2001, all oral contraceptive providers were asked to reduce waste and the indiscriminate use of samples. Pharmaceutical manufacturers are no longer promoting starter packs with 3 months of medication. All new oral contraceptive prescriptions are to be accompanied by a one month sample for demonstration purposes and for immediate contraception. A National Oral Contraception

Compassionate Assistance Program has been established to ensure that access to contraception is not denied to patients because of lack of funds. Physicians can fax a signed request form for a patient to the toll free number (866)888-7455. The forms are available from the manufacturers’ representatives and through the Society of Obstetricians and Gynaecologists of Canada office and website, www.sogc.org.

MARIHUANA FOR MEDICAL PURPOSES

New federal regulations governing the possession and production of marihuana for medical purposes came into effect 30 July 2001. Individuals can now apply to the Minister of Health (forms are available on the Health Canada web site at <http://www.hc-sc.gc.ca/english> under “Marijuana”, from Health Canada offices, or on the NAPRA web site:

www.napra.org/ndsac/fedleg/marikh_regs0601.pdf

The application form must include information provided by the individual’s physician to confirm the patient’s medical status. The regulations allow for the production and possession of marihuana by approved patients or designated production license holders.

The criteria for application and authorization to possess marihuana include symptoms associated with terminal illnesses with a prognosis of death within 12 months, symptoms associated with medical conditions.

The current regulations do not authorize or require pharmacists to dispense marihuana or medical purposes. Hospital pharmacists who are asked about the advisability of nursing or other staff assisting patients with smoking marihuana should recommend that an institutional policy be developed to address this issue.

The federal government is providing funding to conduct research on the efficacy of smoked marihuana for selected conditions. A Saskatoon company has received licensing approval to grow a legal supply for the government’s medical marihuana initiative.

PROFESSIONAL PRACTICE ISSUES

Hospital for Sick Children’s Suspensions

The Hospital for Sick Children (Toronto) has changed the standard formulations for dipyridamol, ketoconazole, dantrolene and chloroquin phosphate, which have been used for

many years. They are also implementing a flecainide suspension. The Oraplus/Orasweet is the vehicle now being used except for dantrolene suspension made in simple syrup. Update copies of these formulations are available on the Hospital for Sick Children's website, www.sickkids.on.ca/pharmacy/manu.asp

Look-alike, sound-alike alert

Amatine (midodrine hydrochloride) is a vasopressor that may be used to attenuate symptoms of chronic orthostatic hypotension due to autonomic failure in patients with chronic conditions such as diabetes mellitus and Parkinson's disease. It is supplied as 2.5mg and 5mg tablets. **Amantadine** (Symmetrel) is used in the treatment of Parkinson's disease. It is supplied as 100mg capsules and 50mg/5ml syrup.

Diabetic Education Clinics

The Board has been receiving complaints regarding the *Diabetic Clinics* being sponsored in community pharmacies, offered by Insulin manufacturers. Concerns include:

1. Insulin products are listed as non-interchangeable in the Diabetes Control Program.
2. Reasons for switching insulins appear to be more related to market share, and not clinical.
3. Some pharmacies are being paid on the number of calls to physicians to have insulin products switched.
4. Patients are not aware the clinic is a "market share" tactic.

The Board would like to encourage pharmacists to offer patient education clinics. However, there are concerns they may be violating their Code of Ethics (see attached Manual Updates) and/or bordering on "professional misconduct"... *performing an act associated with practice that would be regarded by the vast majority of pharmacists as dishonorable or seriously offensive to a patient.* Please use professional judgment when conducting in-store clinics and if you have any questions, contact the Registrar.

Brand vs. Generic Dilaudid

Provincial Pharmacy have been made aware that IV drug abusers are requesting the brand name Dilaudid tablets, rather than the generic. Apparently brand name Dilaudid tablets can be dissolved in water and injected, whereas generic PMS-Hydromorphone tablets cause nausea if

injected. Government drug programs are planning to monitor/audit Financial Assistant claims to attempt to identify specific problem clients.

How long is a filled prescription valid if it has refills, and how is this affected if the refills are transferred to another pharmacy?

Refills are valid for one year *from the date of the original fill*. If the refills are transferred to another pharmacy, that pharmacy must record the original filling date and the prescription will expire at the same time if it had remained at the original pharmacy.

Who is responsible to notify the Registrar's office when there has been a change of pharmacist staff or pharmacist in charge?

The holder of the permit (owner) must notify the Registrar *within 7 days* of any changes in regard to the permit issued (Section 15 Auth. Reg), including pharmacist staff or pharmacist in charge. Failure to do so poses a risk that the permit will be revoked, or a fine imposed. Additionally, the pharmacist is required to notify the Registrar "without delay" of any changes to their license, including address, employment, etc. (Section 35 Auth. Regs)

Is there a link between measles-mumps-rubella (MMR) vaccine and autism or inflammatory bowel disease (IBD)?

Assumptions of a cause and effect relationship between the MMR vaccine and autism have led to parental concern regarding the safety of this childhood vaccination. This concern was raised by a small study, consisting of 12 patients that alluded to a temporal relationship between an autism-bowel syndrome and administration of the MMR vaccine. Central to the author's theory was the idea that vaccination with the MMR vaccine can lead to a chronic enterocolitis in children, which in turn may be related to behavioral disorders. In their study however, behavioral changes preceded bowel changes in nearly all of the cases reported, demonstrating a major logistical flaw and making this theory unlikely.

Selection bias, recall bias, lack of controls, lack of blinding, and erroneous reporting have also been identified as methodological flaws. AS well, the first dose of the MMR vaccine is typically given at a time when autism may first manifest itself, resulting in an inappropriate association.

Rejection of MMR vaccination could lead to a resurgence of measles, mumps and rubella. Complications include otitis media, bronchitis, pneumonia, convulsions, permanent neurological problems, and death. It should be stressed to parents that the benefits of MMR vaccination far outweigh the risks of going unvaccinated. Subsequent large studies support the conclusion that there is no possible association between MMR vaccination and autism or IBD. This is also the position of the World Health Organization, and all other consulted national public health authorities.

What are some drug information sites for healthcare professionals on the web?

Here are some websites to help with questions about drug availability:

- Drug Product Database, Health Canada:
www.hc-sc.gc.ca/hpb/drugs-dpd/index.html

Contains all human or veterinary products in Canada that are assigned a DIN, list of ingredients, trade name & manufacturer.

- The Canadian Pharmacists Assoc.:
www.cdnpharm.ca

Contains a Product News Table that has information on new and revised products submitted since the release of the 2001 CPS

- The US Center for Drug Evaluation Research:
www.fda.gov/cder/index.html

Contains information about drug approvals in the US

- BIAM (French site):
www.biam2.org/acceuil.html
- Contains information of foreign drug products allowing you to search by trade name or country of origin

Can the Board suggest some methods to help pharmacists ensure patient confidentiality?

The Board has approved the model provincial privacy guidelines document developed by the Registrars/NAPRA, to assist pharmacists in adhering to provincial pharmacy legislation. They are enclosed.

During the course of a day, duplicated prescription hard copies, cancelled prescriptions, amended prescriptions, notes from patients, receipts and various other documents accumulate in the trash of a pharmacy. Each of these is a potential breach of confidentiality if they find their way into the wrong hands. Every pharmacy deals with this problem differently. Some

pharmacies have purchased paper shredders. Shredding documents with patient health information is an effective and inexpensive method of ensuring confidentiality as well as instilling a confidence in the patient that their information is protected.

Many software programs also print a history of a patient's most recent medications with the receipts. Pharmacists are reminded that, if patient's histories are in plain view on the receipt, confidential patient health information may be divulged when the prescription is picked up by either an agent or family member. Store policies should be established to prevent this type of information.

COLLEGE OF PHARMACY NEWS

The Dalhousie College of Pharmacy has recently updated "Compounding Formulas from the Recent Journal Literature" on its web site. It is a listing of compounding formulas published in four pharmacy journals from 1997 to date.

Veterinary compounding formulas are grouped in their own section. The listing runs 29 pages and can be accessed at

www.dal.ca/~pharmwww/compound/

The Division of Continuing Education is pleased to unveil their newly upgraded web site:

www.dal.ca/pharmacy/cpe

HEALTH CANADA NOTICES

Electronic Mailing List

The Bureau of Licensed Product Assessment of the Therapeutic Products Directorate (TPD) in Health Canada would like to announce the introduction of the *Health_Prod_Info mailing list* that will enable health professionals to subscribe electronically to the quarterly publication of the Canadian Adverse Drug Reaction Newsletter, and notices of health professional or consumer advisories. The electronic subscription to the Canadian ADR Newsletter and advisories will allow stakeholders to obtain time-sensitive information quickly. You can subscribe to the Canadian ADR Newsletter and notices of health professional or consumer advisories at these Website locations: The Therapeutic Products Directorate Main Page: <http://www.hc-sc.gc.ca/hpb-dgbs/therapeut/htmleng/>

Adverse Drug Reaction Information:

<http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/adr.html>

TPD would also like to advise of the New Health Professional/Consumer Toll Free telephone and fax lines to report ADRs. This can be found at:

http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/toll_free.html

A list of Regional ADR Reporting Centres can be found at:

http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/adr_regions.html

“Dear Health Professional” Letters

are now on the Therapeutic Products Directorate’s web site, in addition to advisories they already issue and post.

Industry-issued “Dear Health Professional” (DHP) letters are an important source of information regarding the post-approval safety and effectiveness of therapeutic products. The TPD and the BGTD (Biologic and Genetic Therapies Directorate) realize the communication of these letters is primarily an industry responsibility. However, in isolated cases the information does not reach the intended recipients. A new web page listing has been prepared for this purpose. It is called “Advisories to Health Professionals”. Any queries received will be redirected back to industry. You can locate the DHP letters at:

www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/advhp_e.html

Becel Pro-active Not Approved For Sale

Health Canada is advising consumers that Becel Pro-Active, which has been recently introduced onto the market, is not in compliance with the Canadian *Food and Drugs Act and Regulations*. There is also evidence to suggest the product is not appropriate for consumption by all Canadians. Becel Pro-Activ, made by Unilever Canada Limited, is a fat spread manufactured with added plant sterols (phytosterols) for the purpose of reducing blood cholesterol levels. Prior to introducing Becel Pro-Activ onto the Canadian market, Unilever did not receive the required approval from Health Canada. The department has therefore been unable to properly assess the effects of exposure to this product with added phytosterols. Phytosterols, while being acknowledged for lowering cholesterol, may pose health risks for certain groups, such as: pregnant women, children, people predisposed to hemorrhagic strokes and people on cholesterol lowering medication.

In the European Union and Australia where Becel Pro-Activ has passed through the necessary premarket review procedures, it is required to carry a label advising that certain consumers may be placed at risk by consuming the product. Health Canada advises anyone who has been using this product and has concerns to consult their physician.

Health Canada continues to monitor the situation carefully and will take appropriate action to bring this product into compliance with Canadian regulations.

For more information contact Ryan Baker, Health Canada, at 613-941-8189

Bupropion Safety Information (Zyban & Wellbutrin SR)

Zyban is indicated for smoking cessation treatment in conjunction with behavioral modification. Wellbutrin SR is indicated for the symptomatic relief of depressive illness. Wellbutrin is being prescribed in some patients for the non-indicated use of smoking cessation treatment.

The Canadian Adverse Drug Reaction Monitoring Program has received 1,127 reports of suspected adverse reactions associated with the use of bupropion, as of 28 May, 2001. Cause and effect relationships have not been established or speculated in the vast majority of reports submitted. For more information see the Health Canada web site at

www.hc-sc.gc.ca/hpb/therapeut/htmleng/index.html

To reduce the risk of seizures, bupropion is contraindicated in patients

- with a current seizure disorder
- with a current or prior diagnosis of bulimia or anorexia nervosa
- using another medication containing bupropion (e.g. Zyban, Wellbutrin SR)
- undergoing abrupt withdrawal from alcohol, benzodiazepines, or other sedatives
- with known hypersensitivity to bupropion

To reduce the risk due to drug interactions, the concomitant use of bupropion is contraindicated in patients taking

- monoamine oxidase inhibitors (MAOIs)
- the antipsychotic thioridazine, since bupropion may inhibit thioridazine

metabolism, thus causing an increase in thioridazine levels and a potential increased risk of thioridazine-related ventricular arrhythmias and sudden death.

In all cases, At least 14 days should elapse between discontinuation of one drug and the start of the other.

Bupropion is associated with a dose related risk of seizures. Therefore, **the recommended maximum dose of bupropion (300mg/day) must not be exceeded, and no single dose should exceed 150mg.**

Health care professionals are asked to report any suspected adverse drug reactions in patients receiving bupropion. The ADR reporting Form can be found in the CPS, or on the TPD web site, along with the ADR Guidelines at:

www.hc-sc.gc.ca/hpb-dgbs/therapeut/zfiles/english/forms/adverse_e.pdf

www.hc-sc.gc.ca/hpg-dgps/therapeut/zfiles/english/guides/adr/adr_guideline_e.pdf

Aristolochia or Aristolochic Acid

Health Canada has requested a removal from sale to the retail level of all products containing aristocholia or aristocholic acid. Health Canada has determined that this ingredient poses a Type I Health Hazard, where there is a reasonable probability that the use of, or exposure to a product will cause serious health consequences or death. Included in this list of products is **Tao Chih Pien**, sold as tablets as a diuretic and laxative and *bragantia*, *diploclisia*, *menispermum*, *sinomenium*, *vladimiria souliei*, *soaussurea*, *stephania*, *clematis*, *akebia*, *cocculus*, *asarum* or *mu tong*.

SAM-e

The Therapeutics Products Directorate (Health Canada) has determined that SAM-e (S-adenosyl-methionine) is a drug product. Because its safety and efficacy have not been established it has been added to Section 2.1 of the Therapeutic Products Compliance Guide and is classed as a drug, regardless of claims. This means that it is not approved for sale in Canada at this time. If you have this product in your pharmacy, please remove it from sale until further notice.

Bao Ji Wan Pills

Health Canada is warning consumers not to use Bao Ji Wan Pills or Chinese Modular Solutions Chest Relief Tablets. These two herbal products are indicated for use in children and labeled to contain the ingredients *Tricosanthes kirilowii* and *Magnolia officinalis* bark. These ingredients are considered highly toxic and pose a serious health hazard, particularly for children.

Warning about Nefazodone

Health Canada has issued an advisory about the anti-depressant drug nefazodone.

In worldwide post-marketing drug use, it has been associated with reports of jaundice, hepatitis and liver failure, which have, on occasion, resulted in hospitalization, liver transplantation or death.

To date, of the 650,000 patients treated with nefazodone in Canada, four cases of liver failure have been reported to Health Canada, of which two required liver transplantation. Health Canada is not aware of any fatal events of liver failure associated with the use of this drug in Canada. Drug manufacturers have distributed a health care professional letter to physicians and pharmacists to inform them of new safety information. The Health Canada advisory and a copy of the letter can be found at www.hc-sc.gc.ca/english/archives/warnings/2001/2001_7_4e.html

Patients are advised to contact their physicians before discontinuing any medication. However, patients should stop taking nefazodone and seek immediate medical attention if they develop jaundice or brown urine.

Information for Reporting Loss, Theft, Forgery & Destruction of Controlled Substances

The Office of Controlled Drugs & Substances is now within a Programme entitled "Drug Strategy & Controlled Substances". This is one of five Programmes in the new Healthy Environments and Consumer Safety Branch. In view of this change some functions previously managed by the regional offices will now be managed by the Office of Controlled Substances in Ottawa. Effective immediately, as required by the Regulations of the *Controlled Drugs and Substances Act*, the loss or theft and forgery of controlled drugs and substances should be reported directly to the Compliance, Monitoring and Liaison Division of this Office. The loss or theft, and the forgery forms are being revised to include the new address, telephone & fax

numbers. The following information will now appear:

Compliance, Monitoring and Liaison Division
Office of Controlled Drugs and Substances
Drug Strategy and Controlled Substances
Programme
Health Canada
Address Locator: 3502B
Ottawa, Ontario K1A 1B9
Tel: 613-954-1541
Fax: 613-957-0110

Nu-Enalapril

Nu-Enalapril does not have a valid notice of compliance (NOC) or valid drug identification numbers (DINs). Nu-Pharm Ltd., the manufacturer of the drug, has been advised that the sale of Nu-Enalapril in the absence of a valid NOC and DIN is contrary to the Food and Drugs Regulations. For further clarification, contact David K. Lee (613-941-0842) or Anne Bowes (613-941-7281).

NAPRA NEWS

Email Service

NAPRA has been busy developing and testing an email service for all provincial/territorial Registrars to communicate with their pharmacists. The service is web-based, secure and will allow the Registrars to communicate with their respective pharmacists. New Brunswick was the pilot, and Nova Scotia and Manitoba were the first set up. PEI is presently underway. See attached letter on this initiative... seeing each PEI pharmacist receiving a secure email address for the Board and NAPRA to communicate with them.

NAPRA web-site

Be sure to check www.napra.org for the latest and most up-to-date news! Also, PEI has their own homepage!

National Advisory Committee on Pharmacy Practice

In response to comments that regular web-site users are not aware of the wealth of information in the "Toolkits", the resource has been renamed "Resources for Pharmacy Practice", to more clearly reflect the contents. CHECK IT OUT AT www.napra.org!

One Toolkit addresses the recycling and disposal of dispensed drugs – Toolkit#9.

Info about drug recalls, health warnings

Soon pharmacists may learn about drug recalls and health warnings and the like before the press and the general public. We've all been frustrated about how this type of information is disseminated.. The recent recall of Baycol is a prime example.

Since the distribution of this information is an issue for all provincial pharmacy regulatory authorities, it is being addressed nationally by NAPRA. Talks with Health Canada seem promising and we anticipate a resolution of the issue soon. Our goal is to ensure pharmacists are among the first to receive these notices.

INSPECTION ISSUES

Several concerns have been brought to the attention of the Board regarding Inspections at pharmacies.

- Pharmacies should be regularly auditing their narcotic inventory, printing regular (monthly) narcotic "sales" reports, and maintaining a "purchase record"- either on a record sheet (previously distributed) or by keeping invoices together.
- Pharmacists should be reviewing their narcotic sales reports to identify "abusers".
- Upon general (physical) inspection, the dispensary should be clean, and uncluttered.
- Inventory should be routinely checked for expiry dates, prescriptions/refill records are to be filed properly.
- Computer data should be regularly "backed-up" and stored off-site.
- There should be ample opportunity for confidential patient counseling.

JOBS! JOBS! JOBS!

Sherwood Drug Mart in Charlottetown

looking for a pharmacist for a maternity leave, beginning in November. Contact Robbie MacLellan at 902-628-8900.

Nor-Man Regional Health Authority- The PAS Health Complex

Situated in northwestern Manitoba, the region is known for its abundance of beautiful lakes, fishing, wildlife and scenic landscapes. A great place to raise a family with friendly & safe

communities, excellent facilities, modern health facilities and recreational opportunities galore!
Contact: Wanda Reader
NOR-MAN Regional Health Authority
Box 240, The Pas, MB, R9A 1K4
Tel: 204-623-9240 (collect)
Fax: 204-623-9263
Email: wreader.mb.simpatico.ca

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Rocanville Super Thrifty – Pharmacist *

Town of 800, indoor pool, curling rink, golf course, Elementary to High School. Future ownership – profit sharing. Mon to Fri – no evenings, holidays or week-ends. Full health benefit plan, professional license paid. Salary: \$72,000 (Manitoba)

Sakku Drugs – Ramkin Inlet, Nunavut – Pharmacist

Subsidized housing, 3 return trips to Winnipeg per year, full health benefit plan, and professional license paid. No evenings or Sundays. Salary: \$100,000-\$125,000 annually. *

Contact Mr. Tom Busch
Medical Center Pharmacy
146-6th St.
Brandon, MB R7A 7A5
Tel: 204-727-8451
Fax: 204-727-3471

ACROSS THE BORDER

Reciprocity Issues

Recently the National Association of Boards of Pharmacy (NABP) in the United States have agreed that graduates from a CCAPP (Canadian Council for Accreditation of Pharmacy Programs) accredited university (e.g. Dalhousie) will be allowed to access the NAPLEX (national licensing exam == PEBC) examination directly, negating the need to take the FPGEE (Foreign Pharmacy Graduate Equivalency Examination).

Import/Export of Prescription Drugs

The Food and Drug Administration in the US has developed a policy addressing the transfer of drugs across borders, into the United States. While they are currently proposing closing the border to all drug shipments by mail, there is no

indication when this will happen. When offering advice to patients taking prescription drugs into the US, or if you are asked to mail the same, please consider the following:

- Under our legislation, the prescription must be from a physician licensed in a Canadian province/territory.
- It is not permitted to “export” drugs covered by the Controlled Drugs and Substances Act (narcotics, controls, benzodiazepines) unless you are a licensed dealer. However the patient is permitted to take up to 3 months supply of such drugs with them (for personal use) when they leave Canada.
- It is recommended the patient carry a copy of the prescription order in the same package.
- From the viewpoint of Canadian regulations, it does not appear to distinguishing between a Canadian or an American citizen.
- There may be problems with the drugs being permitted into the US, based on US regulations. Pharmacists should advise the patient to seek advice from US authorities/customs as to what is required to allow the drugs to accompany them, or receive them in the mail.

The web link to the US FDA requirements for drug importation may be found at www.fda.gov/ora/compliance_ref/rpm_new2/ch9pers.html

A New Brunswick resident traveling to the US recently had their medication seized at a US border crossing. In this particular case, the customs official told the person the drugs they were carrying could not be brought into the US., and they would have to be given to the officer. Upon returning home, the patient found out they were permitted to take in 90 days of personal medication. The 18 year veteran of the US Customs and Immigration Service was subsequently arrested. Encourage your patients traveling abroad to check with officials of the country they are traveling into before departure.