

The Island Capsule

Newsletter of the Prince Edward Island Pharmacy Board

October 2002

PRINCE EDWARD ISLAND PHARMACY BOARD

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Registrar: Neila I. Auld, BScPharm
Office Hours: Monday thru Friday 9am-3pm
Located on main floor, side entrance and rear of
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MEMBERS

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

REGISTRATIONS

Pharmacists: 135
Permits: 40 + 6 hospitals + Provincial Phcy
Students: 29

ENCLOSURES

Manual Additions
Adverse Drug Reaction Newsletters
Drug News – CFC to HFA
Outlook (Winter/Spring 2002)
Learning Portfolio Information

MANUAL UPDATES

The Board has approved a new series of policy positions/statements (that support the PEI Pharmacy Act and its Regulations). These documents are included with this newsletter for insertion into the appropriate section of your yellow pharmacy manual : under Policy Statements for Internet and Short Term Closures. And Guidelines for Permit Opening and Closing. It is hoped these documents will assist you in your practice.

NURSE PRACTITIONERS

The Board has been involved with the Association of Nurses of PEI, who is reviewing the usage of nursing services in the province and the establishment of *Nurse Practitioners (NP)*. NP's are Registered Nurses who take an additional two-year University training program. Their role in the health care system is somewhere between that of a Nurse and a Family Practitioner (Physician). They will be able to diagnose, test, treat, and prescribe for certain disease states, with or without the direction of a physician, depending on the practice site.

Their main role in the PEI system will be two fold, in emergency rooms and in physicians' offices or clinics. In order for NPs to have the authority to prescribe we will be requesting a change to include NPs as prescribers under our pharmacy act.

The details about what they can prescribe are still not worked out, so you will receive further information as the legislation unfolds. The

intention of the Board in this issue is to ensure this process is very transparent for pharmacists, that is, we will put the onus on the NP to know what it is they can prescribe so that it is not routinely.

PHARMACISTS PRESCRIBING

The Board has formed a new committee to address the proposal of “pharmacists prescribing”. Committee members, Neila Auld, Iain Smith (QEH), Marsha Watts (Mabon Drugs) Rollie Boudreau (Sobeys, Cht) and Lisa Gallant (Zellers Cht) will be looking at collaborative practice, Emergency Contraception and more. All provinces are addressing this issue, and how pharmacists can play a more active role in safe and effective health care delivery. Stay tuned!

ISMP CANADA

ISMP Canada is an independent nonprofit agency, established for the collection and analysis of medication error reports and the development of recommendations for the enhancement of public safety. Like its sister organization, *The Institute for Safe Medication Practices*, in the US, ISMP Canada intends to serve as a national resource for promoting safe medication practices throughout the health care community in Canada/ If you are interested in learning more about this organization check out their website at www.ismp.org.

The Institute for Safe Medication Practices wishes to warn pharmacists not to provide hypodermic syringes to parents for administering oral liquids to children. Over the past several years, ISMP has become aware of cases where children have swallowed or chocked on hypodermic/parenteral syringe caps that were overlooked by parents. According to ISMP, medications can actually be drawn into some parenteral syringes and administered to children without ever removing the syringe caps. Recently, a five-month-old child asphyxiated and died when a cap from a 3ml syringe ejected into his throat during drug administration.

Hypodermic syringes should never be used for oral medication administration. Parents should be told to use only measuring cups or ORAL syringes. The caps on these syringes are usually shaped for visibility but always remind parents to remove them before use!

WEBMAIL

Last fall we sent you all an address and password to the NAPRA web mail service.

We have been posting Health Canada and other notices on this service. If you do not have your address and password you can contact the Registrar and this information will be provided.

We realize that this is another address to check, but it is set up this way to allow for a higher level of security. We have begun sending notices by email to all those who have provided us with a separate personal email address each time there is a NAPRA web mail notice to be checked. If you would like to do the same, email the Registrar at peipharm@auarcom.com Please note, the NAPRA address can only be used between NAPRA, the Registrars and yourselves.

PHARMACIST-CHANGE OF ADDRESS

Licensed pharmacists who have a change of mailing address should notify the Board within 7 days. Without current addresses, renewal notices are returned to the Board office to wait for pharmacists to discover they did not receive their notice. This may cause some concerns with timely relicensure. Thus, please keep the Board informed of where your mail should be sent.

NAPRA PLANS NEW SERVICES

The National Association of Pharmacy Regulatory Authorities (NAPRA) recently announced a number of new ventures.

Activities related to the demand for pharmacists in Canada have been identified as a priority for the association, such as measures to expedite licensing of US-trained pharmacists in member provinces.

NAPRA will also be involved in the development of tools to support individual pharmacists such as searchable federal/provincial legislation and policy database, and a customized on-line catalogue of drugs referencing national, federal and provincial statutes. The establishment of a pharmacist-accessible on-line licensing service has been confirmed as a priority

over the next two to three years due to the project cost savings for NAPRA members.

Projects currently under development include the Canadian I-VIPPS program, a certification program for Internet pharmacies based on the US model; model standards for technology in the workplace, e.g., central-fill operations, central processing and automation; and a national pharmacist specialty certification program, among others. These projects will continue through special partnership arrangements with individual member licensing bodies.

Q & A IN PRACTICE

? Can you clarify what out-of-province prescriptions I can honour?

A Pharmacists can honour prescriptions written by a practitioner who is licensed to practice in any province in Canada. Prescriptions written by prescribers only licensed in the United States cannot be honoured.

? What are the guidelines for using methadone for pain management?

A Concentrations higher than 1mg/ml are acceptable when compounding methadone for use in pain management. The practitioner must still be registered with the College of Physicians and Surgeons for prescribing methadone.

? Has there been a change in the procedure for the destruction of unusable narcotics and controlled drugs? What procedure should I follow?

A Yes. The only change to the procedure is that requests for destruction of narcotics and controlled drugs should now be sent to the Office of Controlled Substances in Ottawa, rather than the regional office. You list of unusable narcotics and/or controlled drugs should now be mailed or faxed to the **Drug Control Unit** at:

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

You will then receive a letter acknowledging receipt of your request from the Office of

Controlled Substances. You may destroy the products once this confirmation has been received. The destruction must be witnessed by another health professional. The Board recommends that drugs be treated similar to hazardous materials and be destroyed through a waste disposal service.

The inventory of the destroyed material is to be signed and dated by both parties. It should then be placed in the narcotic prescription file on the "date destroyed" and/or stapled to the pharmacy Narcotic and Controlled drugs register for receipts ("green pages"). This procedure is outlined in the letter of acknowledgement that is sent to the pharmacy by the Head of the Drug Control Unit.

Please note that a request to destroy unusable benzodiazepines and other targeted substances, as listed in the Benzodiazepines and Other Targeted Substances Regulation, is not required but the quantities must be recorded and the destruction witnessed as done with narcotic and controlled drugs.

Other functions of this federal department include the reporting of the loss, theft or forgery of controlled drugs and substances. Forms are available by contacting them directly.

? How can I contact my local Health Canada office?

The Atlantic Operational Centre of Health Canada's "Health Products and Food Branch Inspectorate" can be found at the following address:

Suite 1625, 1505 Barrington Street
Halifax, NS B3J 3Y6
Tel: 902-426-5350
Fax: 902-426-6676
Attn: Annette Daley

? Medical Residents – Can they prescribe?

A Occasionally when a prescription is entered into the PhIP system, the error message "prescriber not found" will be returned. This can occur if a physician's name is not on the College of Physicians and Surgeons of PEI practicing register, or if they are a medical resident.

Most medical residents are registered with the College only for educational purposes. This registration does not automatically provide prescribing privileges.

Medical Residents with Prescribing Privileges

Only a small number of medical residents have prescribing privileges, and hence a PhIP “billing number”. To be able to prescribe independently, a medical resident must first obtain the Licentiate of the Medical Council of Canada (LMCC) qualification, be in at least their second year of postgraduate training and make application to the Faculty of Medicine Dean of Postgraduate Education. Medical residents who have prescribing privileges are required to sign the prescription and print their name as well as their preceptor’s name on the prescription. These prescriptions should be entered using the resident’s name as the prescriber, and a billing number of #999.

How can you tell if a resident has prescribing privileges?

If you enter the practitioner to the PhIP system and it replies with “prescriber not found”, the medical resident does not have prescribing privileges, and their prescriptions must be co-signed by their physician preceptor. The preceptor’s name should be used as the prescriber.

If a medical resident believes s/he does have prescribing privileges, but PhIP does not recognize them, s/he may have to contact the College of Physicians and Surgeons (or PhIP) to discuss the discrepancy.

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

A third party adjudicator is normally acting on behalf of an insurer (some are both insurer and adjudicator) and have agreements signed by plan holders allowing the adjudicator to access their prescriptions. Prescriptions are audited to ensure claims are being properly processed and the plan is being properly administered.

The adjudicator should inform you with notice of when they intend to conduct an audit. This is a normal process and pharmacists should cooperate with all reasonable requests. You should, however, be able to negotiate another date, within reason, if the proposed date is inconvenient.

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

It is important to remember that the auditors are only allowed to look at prescriptions for which they are adjudicating or paying. You should first ask for the prescriptions that they wish to audit and, if this is not possible, then you or a senior staff member of the pharmacy should be personally available to retrieve the prescriptions.

Failing to use pharmacy staff to search for past prescription records will, in effect be allowing the auditor access to unauthorized personal health information from which you are responsible.

It would also be reasonable for the auditor to ask for photocopies, or to take photocopies, of any prescriptions they have adjudicated. Original prescriptions must not be removed from the pharmacy.

STANDARD OF PRACTICE #4

While respecting the patients’ right to confidentiality, the pharmacist communicates and educates to provide optimal patient care and promote health.

The Model Standards of Practice for Canadian Pharmacists will soon be part of our provincial legislation. Standard #4 addresses the core responsibility of the pharmacists to communicate and educate their patient (or patient’s agent) in a manner that is knowledgeable, effective and respecting the confidentiality of the patient. This is with regards to both prescription and nonprescription drugs, their use, storage, disposal and security. Please review this standard and the operational components associated with it for application in your daily practice.

Should you have misplaced your copy of the Model Standards of Practice for Canadian Pharmacists, it is available at www.napra.org.

DON’T FORGET YOUR CEUs!

Pharmacists must have accumulated their 15 CEUs by **December 31, 2002** for re-licensure March 31, 2003. Pharmacists will be audited on **December 31st** (20%) on a random basis to ensure compliance. Failure to comply will result in a \$500 fine – and the pharmacist must then accumulate the missing CEUs by March 31st, 2003.

Starting January 1st, 2003 pharmacists will be required to maintain a Learning Portfolio. Please see enclosed material and record sheets.

Plan to attend the PEI Pharmaceutical Association's Fall General meeting on November 6th, 2002 in Summerside. The Registrar will be updating pharmacists on pending regulations changes in the Authorization Regulations, Standards Regulations (resulting from the Mutual Recognition Agreement) and the new Drug Schedules - - - all effective January 1, 2003.

MELATONIN/DHEA UPDATE

Health Canada has not assigned melatonin a DIN, therefore it is not an approved drug in Canada and cannot be legally sold. Melatonin products cannot be compounded in a pharmacy pursuant to a prescription (unless the prescriber applies to Health Canada for the products to be released as an "emergency drug" through the Special Access Program). DHEA is classified as a controlled drug by Health Canada. It cannot be sold or compounded pursuant to a prescription in Canada unless the via the Special Access Program of Health Canada, as mentioned above.

SPECIAL ACCESS PROGRAMME REQUIREMENTS

Health Canada's Special Access Programme (SAP) authorizes a manufacturer to sell a physician a specific quantity of drug that cannot be otherwise sold or distributed in Canada. The drug is sent to the physician or a hospital pharmacy, but not to a community pharmacy. The physician cannot sell the product to a community pharmacy for dispensing to his/her patient.

The physician who has made the decision to prescribe this medication is thought to be in the best position to continually monitor the use of these drugs. A practitioner receiving access to a drug through the SAP must provide a report a report on the drug's use. This includes information on adverse drug reactions and, on request accounting for all quantities of drug released. The SAP does not authorize the use or administration of the drug; this authority falls within the practice of medicine.

For more information, please refer to the Special Access Programme on the Health Canada web

site: www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/edrp.html.

To initiate a request, practitioners may write, telephone, fax or email:

Special Access Programme
Therapeutic Products Program
Finance Bldg 2nd Floor
Tunney's Pasture
Ottawa, ON K1A 1B9
Address Locator: 0202C1

Tel: 613-941-2108 or 613-941-3061

Fax: 613-941-3194

Email: EDR_Drugs-BPA@hc-sc.gc.ca

NEW MEDICAL ALERT PAMPHLET SERVICES

MedicAlert has prepared a new pamphlet, "Because you've got a life to live" for pharmacy patients. It replaces the current enrollment form. Due to improved products and services profiled in the pamphlet, pharmacies are asked to discard their current inventory of old MedicAlert brochures or enrollment forms. They are no longer valid and will not be accepted. For further information call MedicAlert at 1-800-668-1507.

NEW RESOURCE MATERIAL FOR PHARMACY CAREER PRESENTATIONS

The Canadian Foundation for Pharmacy has prepared a new "Careers in Pharmacy" bilingual brochure, which includes new text and contact information for the nine schools of pharmacy. Any pharmacists involved in career presentations to future pharmacy students can contact the Foundation office for brochure copies (20 Flemming Drive, Halifax, NS B3P 1A9).

The Canadian Pharmacists Association has created a new documentary, "Pharmacists: The Next Wave." Both full length (23 minutes) and 10 minute videos are available for sale to pharmacists and pharmacy organizations to promote an expanded role for the profession during this time of change in Canadian health care. To order the video (\$29.95 for members/\$54.95 nonmembers, plus shipping), please contact www.pharmacists.ca or 1-800-917-9489. The Board has a copy available, as well, for loan.