The Island Capsule
Newsletter of the Prince Edward Island Pharmacy Board

January 2004

PRINCE EDWARD ISLAND PHARMACY BOARD

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MEMBERS

Wally Kowalchuk, Chair & NAPRA Delegate (Zellers Phcy)
David McLeod , Vice-Chair(A&M Pharmasave)
Greg Burton, (Medicine Shoppe)
Linda Gordon-MacEachern (Shoppers Drug)
Kerry Murphy (Shoppers Drug)
Iain Smith (QEH)
Nancy Canham, LayRep
Connie MacKinnon, Layrep
Mar Thomson, Government Rep

REGISTRATIONS

Pharmacists: 150
Permits: 42 + 6 hospitals + Provincial Phcy
Students: 26

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

ENCLOSURES

1**. Renewal Applications 2004/2005 due March 31, 2004**
1. Manual Additions
2. Adverse Drug Reaction Newsletters
3. Guidelines for Pharmacies providing Flu Immunizations
4. Federal Legislation Update

ANNOUNCEMENTS

Angela Doucette completed her second three-year term with the PEI Pharmacy Board in December. The Board would like to thank Angela for six years of dedicated service to the pharmacy profession in Prince Edward Island.

Candace Marcum also recently "retired" from her position with the Board. As well, we would like to acknowledge her contribution to the profession in PEI.

Jeanine McQuaid has retired from her position as Pharmacy Inspector for the PEI Pharmacy Board. Many thanks go out to Jeanine for her tireless work traveling the Island with this position. David McLeod has accepted the position as Inspector.

MANUAL UPDATES

The Pharmacy Act has been amended to accommodate future "new" prescribers for prescription medications by not restricting the definition of a prescription to an order from only a physician, dentist and veterinarian. It leaves the

"door open" to add other health professionals to this list (such as nurse practitioners, podiatrists, pharmacists, etc.) The Act changes also accommodates pending regulation changes for Drug Scheduling. These changes are included, and pharmacists will be notified when the actual Drug Scheduling Regulations (and other regulation changes), expected shortly, are approved.

WEBMAIL

PEI pharmacists are the highest users of the NAPRA web mail (e-link) network (percentage wise) in Canada! The Registrar, NAPRA and Health Canada are utilizing this system to disseminate information in a timely fashion to pharmacists across Canada. Eventually, it will replace costly mailings that also see delays in information delivery. As mentioned before, messages from the Board, NAPRA and Health Canada can be forwarded automatically to members' regular email addresses. To do so, follow these instructions: Log into your PEIPB/NAPRA web mail account at www.napra.ca/express. Your user name is firstname.lastname@peipb.napra.ca Click on "options" on the left hand side of the screen, click on "general", enter your preferred email address in the "forward all mail to the following address" box, and then click "update preferences".
If you have forgotten your original password, or if you have not been assigned a mailbox (firstname.lastname@peipb.napra.ca) and password, contact the Registrar. Sign up soon! Over the next few months the system will be utilized more and more to provide pharmacists in PEI with up to date information of a regulatory and public safety nature.

MUTUAL RECOGNITION AGREEMENT

The Registrars from across Canada met in Ottawa in October to review the Mutual Recognition Agreement as signed in 2000 and requiring a review in 2003-2004. Representatives of Ontario and Quebec were in attendance. It was agreed that few changes would be necessary in the actual agreement, although supportive documents need updating. There is a strong possibility of having Quebec sign the Agreement subject to the re-tooling of their graduation examinations and progress of competency assessments in other provinces.

COUNCIL of PHARMACY REGISTRARS of CANADA (CPRC) of NAPRA

CPRC had a meting in Ottawa from November 10th to the 12th, 2003. Issues addressed included:

- *Mutual recognition of Pharmacists between US and Canada*
  The National Association of Boards of Pharmacy (NABP) reviewed and evaluated the survey results from both the US and Canadian pharmacists gathered over the past summer. The conclusion was "the criticality and frequency ratings for the competency statements were extremely similar for both groups. The matter of mutually recognizing pharmacists licensed in the US and Canada will be moved forward with continuing discussions between NABP and NAPRA.

- *Request for changes to Entry to Practice Education*

  A consultation with national and provincial/territorial stakeholders is being initiated to seek comments on the development of "systematic and transparent review process of proposed changes to entry-to-practice requirements for health professionals". NAPRA and the individual PRA will be involved in the review process.

- *Look-alike-sound-alike drug names*

  The federal government is embarking upon a process to review drug names coming into the market place. The Registrars suggested that including the diagnostic indication or diagnosis for the prescribed medication with the written, verbal or electronic order would prevent many of the medication errors.

- *Chair of CPRC*
  At the close of the meeting, Ron Guse (Registrar from Manitoba) was elected as the Chair of CPRC for the next two-year term.

VERIFIED INTERNET PHARMACY PRACTICE SITES (VIPPS)

NAPRA recently launched the Canadian VIPPS Program. The VIPPS program was developed in 1999 by the National

Association of Boards of Pharmacy (NABP) in the United States, in response to public concern about the safety of pharmacy practice offered through the Internet. In 2003, NAPRA entered into a licensing agreement with NABP to administer the program in Canada, so that Canadian pharmacies could also be recognized.

For a Canadian pharmacy to be VIPPS certified, it must first be accredited by a provincial or territorial licensing body and operating in accordance with the laws of the jurisdiction where it is physically located and that of the patient it serves. In addition, Canadian pharmacies displaying the VIPPS seal must have demonstrated compliance with VIPPS criteria, which include protecting patient confidentiality, ensuring the authenticity of prescriptions, and providing meaningful consultation between patients and pharmacists. Canadian VIPPS certified pharmacies are held to the high standards set by NAPRA. Further information on VIPPS certification and applications can be accessed through the NAPRA website: www.napra.org.

Q & A IN PRACTICE

1. **For how long must a pharmacy save hard copies of prescriptions filled at their facility?**
   Federal and provincial legislation requires that a pharmacy save the hard copy of a prescription for "two years from the date filled". In cases with no refills authorized, that would be two years from the date filled. Where refills are authorized, that would be two years from the date **last filled.** In order to ensure all refills are covered, pharmacies should retain prescription records for at least three years from the date originally filled.

2. **When a prescription is presented to a pharmacy 60 days after it was originally written, for how long is it valid?**
   Prescriptions are valid for one year **from the date prescribed**.
   Prescriptions may be "placed on hold" on the patient's file, however, the pharmacist eventually filling the prescription must ensure that the prescription expiry date is set for one year from the date the therapy was prescribed, as opposed to one year from the date first dispensed. Similarly, when a prescription is transferred, the prescription expiry date must be adjusted to reflect the date originally prescribed (not necessarily dispensed).

3. **Am I permitted to dispense a CFC-containing corticosteroid metered dose inhaler with the new federal legislation?**
   As of January 1, 2004, the production and importation of corticosteroid MDIs containing CFC is prohibited.

   This legislation is somewhat different from the ban on CFC-containing salbutamol inhalers in January 2003 when you were prohibited from selling CFC-containing salbutamol inhalers. If you have CFC-containing corticosteroid MDIs in stock, you may continue to sell them after January 1, 2004.

   This January 2004 milestone marks the next step in the federal strategy to eliminate the uses of CFC inhalers. The last phase of the transition strategy will occur on January 1, 2005 when production and importation of all other CFC-containing MDIs will be prohibited.

REMINDER FOR PHARMACY PERMIT HOLDERS and PHARMACISTS

Pharmacists in Charge are reminded of the requirement to report to the office all the pharmacists in their employ, whether full time or part time.
Act 13(2):
The holder of a permit shall notify the Registrar whenever there is a change of persons working as a pharmacist, certified clerk or registered student in his pharmacy.
Authorizations 17(a):
The holder of a permit shall within seven days of a change with respect to any of the information furnished with the application under section 15, so inform the Registrar. This includes staffing details.

Pharmacists also have a responsibility to keep their registration information current.
Authorizations 35:
The holder of an authorization shall without delay notify the Registrar of any change in the information provided in the most recent application that may affect the person's eligibility to practice or the Registrar's ability to contact the person.

CORTISPORIN E/E SUSPENSION® vs. CORTIMYXIN SOLUTION®
Pharmacists are reminded that Cortimyxin Solution® (Sabex) is not equivalent to Cortisporin E/E Suspension®. Cortimyxin Solution® is an otic product only and cannot be used in the eye. Cortisporin E/E Suspension® is sterile and can be used in the eye or ear. Note that Cortimyxin Ointment® is an ophthalmic ointment.

THE CANADIAN COUNCIL for ACCREDITATION of PHARMACY PROGRAMS (CCAPP)
CCAPP is developing standards for the Direct-Entry Pharm.D. program and plans to have these approved by May 2005. It is anticipated the Standards will be modeled on the American standards. It was also decided that, as soon as funds become available, CCAPP will proceed to hire the staff necessary to develop the Pharmacy Technician Accreditation Process.

Dr. Jim Blackburn is the new Executive Director of CCAPP, replacing Dr. Bruce Schnell.

CLOSING/SELLING A PHARMACY
The PEIPB office requires written notification of the closure or sale of a pharmacy, 30 days prior to the closure or sale. Forms are available in pharmacy binders, on the website, or by contacting the Registrar.

ADVANCED NOTIFICATION REQUIRED for RELOCATIONS and RENOVATIONS
If your pharmacy is relocating to a different site, with a new physical address, our office requires advance notification of at least 30 days. A permit is issued to a pharmacy with respect to a specific address. Therefore, the relocated pharmacy needs a new permit of accreditation in order to legally operate. Relocation/Inspection forms are available from the Board office.

If you are planning a pharmacy renovation (but remaining at the same physical address) our office requires advance notice of at least 30 days. Although a new permit of accreditation is not needed, a site inspection will be completed.

NEW REGULATIONS FOR NATURAL PRODUCTS
Based on a comprehensive consultation process, new Natural Health Products Regulations (NHP Regulations) came into effect on January 1, 2004. Health Canada's Natural Health Products Directorate will be placing requirements on people who manufacture, package, label, import or distribute NHPs to ensure that Canadians have ready access to natural health products that are safe, effective and of high quality.

All manufacturers will be licensed by Health Canada. New guidelines will require natural products to meet quality standards, and consistently contain what is stated on labels.

Product licenses will be required for all natural products. Licensed products will now get an 8-digit license number starting with the "NPM" or "DIN-HM" for homeopathic products.

Health claims will be permitted for licensed products, but only if supported by adequate scientific evidence showing safety and efficacy.

Labels will contain a lot more information. Every licensed product will list active and inactive ingredients, health claims, dosing, proper storage,

cautions, contraindications and potential adverse effects.

These changes will take time to implement, ranging from two years (for site licensing) to six years (for licensing of products that have a DIN). Health Canada will provide businesses with working tools and processes to support this transition, and a public education program will be initiated this fall.

More information on the NHP Regulations can be viewed at the Natural Health Products web site: **www.healthcanada.ca/nhpd**.

STANDARDS of PRACTICE for CANADIAN PHARMACISTS

Pharmacists recently received the revised copy of the "Standards of Practice for Canadian Pharmacists", developed by NAPRA (the National Association of Pharmacy Regulatory Authorities) and the provincial regulatory authorities, including the PEIPB (PEI Pharmacy Board). These Standards, which were previously distributed in the Fall of 2000 and made available on the PEI section of the NAPRA web site, were recently approved for implementation over the next three-year period. The overall goal of the Standards is to promote safe and effective patient-focused care.

"Tool Kits" are available via the NAPRA web site (under the Pharmacy Practice and Pharmacy Operations section), with printed copies available o request. The tool kits provide resources in practice areas such as pharmacy care plans, documentation, workflow, facility design, drug information resources and minimizing medication errors.

Future continuing education programs will provide pharmacists with information supporting the Standards of Practice for Canadian Pharmacists.

PROFESSIONAL JUDGEMENT

(Reprinted from the Newfoundland Pharmaceutical Association's Newsletter)

At times we are told as pharmacists to use "professional judgement". At what point does "professional judgement" become failure to abide by regulations or standards and possibly "professional misconduct"?

This is an excellent question, and unfortunately one for which there is no clear answer. As pharmacists, we make hundreds of professional judgement calls every week. These judgement calls are usually decided after consideration of a number of factors that include the actual wording of regulations or standards, our past experience and knowledge of this specific patient and their health history, and ultimately "the best interest of the patient". It is important to note, however, that "the best interest of the patient" is not necessarily synonymous with what is most convenient, or easiest, or most inexpensive for the patient, or that the patient's wishes must be accommodated regardless of all other factors.

To quote advice given by the Ontario College of Pharmacists in response to a similar question, "When making a decision based on professional judgement, you are sure to be on solid ground if your decision is one that any reasonable pharmacist would also make; if your decision is made in the best interest of the patient; and if you document what you did or didn't do and why".

INFORMATION ON MARIJUANA

(Reprinted from the Saskatchewan College of Pharmacists' Newsletter)

On September 16, 2003 Health Canada through the Drug Strategy and Controlled Substances Programme, hosted a stakeholder meeting with representatives of the Canadian pharmacists' community. The focus of the meeting was to discuss alternative mechanisms for distributing marijuana for medical purposes in Canada and the feasibility of pharmacists being part of the distribution chain.

Health Canada is looking for an alternative to the traditional prescription-based system for distribution. Given that the safety and efficacy of marijuana has not been proven, it was suggested that

practitioners would not be comfortable issuing a prescription. Therefore Health Canada officials are looking at alternative methods of distribution, but no final decision has been made.

Since there is insufficient scientific research regarding the medical benefits of marijuana, the point was made that Health Canada should position distribution through pharmacies as "facilitating compassionate use", rather than alluding to a distributive function, to reflect the patient care aspect provided by pharmacists. Further meetings with the medical community have been scheduled.

At this point in time, the *Interim Policy for the Provision of Marijuana Seeds and Dried Marijuana Product for Medical Purpose in Canada* remains in place. Eligibility criteria for marijuana for medical purposes can be accessed on the Health Canada web site at **www.hc-sc.gc.ca/hecs-sesc/ocma/publication/interim_policy/5_eligibility_criteria.htm**

The information for health professionals is also available at **www.hc-sc.gc.ca/hecs-secs/ocma/publication/marijuana/toc.htm**
The information for consumers is available at **www.hc-sc.gc.ca/hecs-sesc/ocma/publication/info_for_patient/info_for_patient.htm**

METHADONE: DAILY WITNESSED INGESTION and CARRIES

(Reprinted from the Alberta College of Pharmacists' Newsletter)

If you dispense methadone for treatment of opiod dependency, pay close attention to the requirements for daily witnessed ingestion, often abbreviated as DWI.

Those prescriptions require you to dispense the milligram dose daily to the patient and directly observe the patient while he ingests the methadone drink. Be sure the entire dose is swallowed by the patient. Check that no drug remains in the cup and engage the patient in conversation after witnessing the ingestion, thus confirming that no part of the dose remains in the patient's mouth.

Carries are doses that the patient takes home to administer unsupervised. Prescriptions can be specifically written with the words "no carries", although DWI implies no carries. This means that you must not supply a dose to the patient that would be taken without your direct supervision, unless you have clarified with the prescriber whether carries are acceptable.

If your pharmacy is closed on a weekend or holiday, the DWI directions still apply and do not give you authorization to provide carries. In some instances physicians have written a prescription for weekdays and a second prescription for weekends. If carries were provided by the pharmacy that had the weekdays prescription, the patient received a double dose by using the weekend prescription at another pharmacy.

Ensure that doses are not diverted or duplicated by checking with the **prescriber** before supplying carries.

Prescriptions requiring daily witnessed ingestion but permitting carries should specify the number of carries allowed. This usually appears abbreviated as DWI + 2 carries (weekend).

Caring for an opiod dependent patient requires collaboration among caregivers. Always check with the prescriber when directions are unclear or when the patient expresses needs that are not contemplated by the prescription's directions.

BOTTLES AND SIP CUPS BETWEEN MEALS

(Reprinted from Public Health Services, Dental Program, (BC) Fraser Health Authority)
Attractive bottles and sip cups are available in most pharmacies. Misuse of these feeding devices and the contents

they contain can contribute to tooth decay in young children. Breast milk, cow's milk, formula, fruit juice and any sweetened drink contain sugars that can cause tooth decay. If a bottle or a sip cup containing these liquids is offered as a pacifier many times a day the chance of developing tooth decay is increased. Watering down juices, punches or milk has the same potential to cause tooth decay.

A bottle habit may be prevented if a cup is introduced between 6 and 12 months of age. A toddler has a bottle "habit" when they frequently suck on a bottle as though it were a pacifier. The bottle is used for comfort rather than nutrition. This is a concern because a toddler's teeth are at risk for tooth decay if they are drinking from a bottle filled with anything other than water during rest and sleep periods. The risk is the same if a toddler walks around drinking from a bottle or sip cup during the day.

Milk or juice should be provided at meal times and water offered as a thirst quencher throughout the day. A good way of looking at bottle and sip cup use is that if the bottle or sip cup is provided for feeding, it should contain milk. If it's provided for comfort, it should contain water. These tips are an important step towards a lifetime of healthy teeth.

LEARNING PORTFOLIO TIPS

Here are a few suggestions arising from this year's professional development logs.

- Try the computer-editable forms. They are easy to download from PEIPB/NAPRA web site. You can save them to your computer and update them whenever you complete a learning activity.
- Record the program's accrediting body and accreditation file number. This helps us verify that a program is accredited, thus confirming that you have satisfied the minimum CE requirements.
- Do not send supporting documentation, such as certificates or course brochures. These should be sent only if selected for audit.
- Keep your supporting documents in a safe place in case you are audited.
- Remember that you must use the standard professional development log (PDL) form, provided with renewals/licensing and also available on the web site.
- Remember also that you must also complete and submit the project record for **non-CCCEP/PEIPB/Dalhousie approved CEs.**

CORRECTION TO APPLICATION

Please note that the NAPRA fee the Board pays is $56 per pharmacist, not $52 as indicated on the renewal form. This would then see the portion of the fee retained by the Board per pharmacist decreased to $369 per pharmacist. The overall fee remains at $450.

The Board would like to acknowledge support from Novopharm towards the distribution of this newsletter.