

Former college president Randy Konrad presented four awards at the college's annual general meeting on November 24 at the Morris J. Wosk Centre for Dialogue in Vancouver. Three of the awards are given to recognize pharmacists who exemplify the standards outlined in the college's *Framework of Professional Practice*, and the fourth award honours outstanding contributions to the profession through volunteer efforts.

### Five Star Pharmacist

The Five Star Pharmacist award recognizes a B.C. pharmacist who exemplifies the standards outlined in the *Framework of Professional Practice*, demonstrates leadership in advancing the role of the pharmacist as the healthcare team's medications management expert and is a model for other pharmacists in the province. Rob Williamson of West Vancouver is this year's Five Star Pharmacist. He owns and operates Pharmasave #214 in West Vancouver, and also operates Service Drugs in Vancouver.

His nominators highlighted his professional practice achievements, including his excellent communication and teaching skills, his provision of mental health patient care for almost two decades, his work with the Heart & Stroke Foundation as a

## 2007 CPBC awards Honouring excellence



counsellor for transplant candidates, and his early and ongoing advocacy for the removal of tobacco products from pharmacies.

### Award of Excellence in Hospital Pharmacy Practice

The Award of Excellence in Hospital Pharmacy Practice is presented to a B.C. pharmacist who demonstrates excellence by means of an outstanding contribution in the field of hospital pharmacy practice on a one-time or ongoing basis. The award was presented to Greg Atherton of Quesnel's G.R. Baker Memorial Hospital Pharmacy.

His nomination highlighted his efforts to transform a pharmacy department with minimal onsite pharmacist involvement to a department which now offers 24 / 7 service for acute and sub-acute care patients. This includes 24-hour medication administration records for acute care patients, and a monitored dosage system for extended-care residents.

The hospital's pharmacists are now involved in clinical rounds and medication reviews, and medication reconciliation services are available and discharge summaries are provided.

### Award of Excellence in Community Pharmacy Practice

The Award of Excellence in Community Pharmacy Practice is given to a B.C. pharmacist who demonstrates excellence by means of an outstanding contribution in the field of community pharmacy practice on a one-time or ongoing basis. This year's recipient is Ada Poon of Vancouver's Finlandia Natural Pharmacy.

Her nominators noted that she exemplifies the qualities of the new generation of pharmacists, putting patients' needs first and praised her teaching skills and leadership of her staff colleagues.

### Volunteer Honour Roll – Gold Certificate

One Gold Certificate is awarded each year to a college volunteer who has made an outstanding contribution to the profession during the year as a result of their volunteering. Vancouver's Kathy McInnes was selected as this year's recipient.

Her volunteer activities have included service as a member of the Panel Assessment Committee from 1987 to 2001 and committee chair since 1994, along with appointment to the CPBC's Board of Examiners from 1995 to the present. She provided leadership in the development and implementation of the national PEBC entry-to-practice exam in 2001 and was appointed as the CPBC's representative to the PEBC board of directors from 2001 to the present, including a term as president from 2006 to 2007.

*(The Award of Excellence in Long-term Care Pharmacy Practice was not presented this year due to the absence of nominations meeting the award criteria.)*

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Full contact information for all college staff and council is available on the college website: [www.bcpharmacists.org](http://www.bcpharmacists.org) under Contacts.

## ReadLinks

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**ReadLinks Editor in Chief:** Marshall Moleschi

Your questions and comments about this newsletter are welcome and may be forwarded to the registrar.

The *ReadLinks* newsletter provides important college and pharmacy practice information. All pharmacists are expected to be aware of these matters.

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## Other B.C. pharmacists honoured

### *Commitment to Care & Service Awards*

Three B.C. pharmacists have been selected to receive Commitment to Care & Service Awards for 2007. The awards were presented at a gala ceremony in Toronto late last year.

James Ng and Sandy Posnikoff were recognized in the Adherence Initiatives category for their innovative drug delivery system to enhance compliance by their clients. Both pharmacists practise at Shoppers Drug Mart #263 in Vancouver. The two pharmacists, working with home care nurses, home support workers and physicians, provide medication management to enable patients to continue to live independently.

Their services feature home visits, removal of old medications, customized blister-packaging and reassessments when necessary.

Anna Callegari was recognized in the Charitable Work category for her volunteer efforts to support communities in Cuba and Africa, as well as contributing to social support networks on Salt Spring Island. She has focused on a variety of areas, including agricultural projects, orphanages and medical issues such as the HIV/AIDS pandemic in Africa.

She is one of the founders of the non-profit Salt Spring Organization for Life Improvement and Development (SOLID). The organization identifies and supports sustainable, community-led projects related to health, education, food and security.

We congratulate James, Sandy and Anna for being selected to receive these prestigious awards!

## Clobetasone still Schedule I in BC

Although the federal government and the National Drug Scheduling Advisory Committee have deregulated the status of clobetasone in other provinces, the B.C. government has not yet (as of the preparation date of this article) approved the college's recommendations to harmonize the drug's status.

The college has recommended the following addition to the Drug Schedules Regulation:

- 3 Clobetasone butyrate when sold in a concentration of 0.05% in cream preparations for topical use on the skin

(Clobetasone is not specifically listed in the current Drug Schedules Regulation. It is included under "adrenocortical hormones and their salts," as are prednisone, betamethasone and other similar drugs.)

However, until government approval of the proposed amendment is given, clobetasone in all strengths and forms remains in Schedule I (prescription required). The college will notify registrants when the amendment to deregulate clobetasone topical cream preparations is approved.

## Menactra vaccine requires a prescription

Menactra® vaccine is a combination of meningococcal (Groups A, C, Y and W-135) polysaccharide and diphtheria toxoid conjugate vaccine. According to the routine immunization schedule in British Columbia, only meningococcal conjugate group C is recommended as part of a routine immunization schedule.

Vaccines that are not part of the province's routine immunization program are categorized as Schedule I and, therefore, require a prescription. Menactra is not recommended for routine immunization of meningococcal vaccine, and it requires a prescription in British Columbia.

## Brush up on teeth / heart connection

*Can oral hygiene regimen make or break a heart?*

If you are looking for a topic to discuss with patients at an upcoming information session, how about the growing body of evidence that suggests a link between tooth decay and heart disease?

A recent study in the journal *Heart* has added more information to this theory. The journal study followed 12,000 people in the United Kingdom who entered university from the 1940s to 1960s, up to 2005.

The researchers examined the participants' school-entry medical and dental records, and then later traced them through National Health System records. The scientists were able to determine that those who experienced teeth loss due to cavities and gum disease early on in the study were at risk of developing heart disease later in life. Other academic studies have reached similar conclusions, although no study, including this most recent one, has based its findings on a comparative clinical investigation.

In the *Heart* study, researchers found that subjects missing nine or more teeth in young adulthood were one-third more likely to die of heart disease as older adults than contemporaries missing fewer than five teeth. Overall, those with the most severe tooth loss as students were 35 per cent more likely to have died than those missing fewer than five teeth.

The tooth decay-heart disease scenario is bacteria based. Scientists believe the same germs that cause cavities and gum disease may enter the bloodstream and either damage blood vessels or create an inflammation response in the body that lays the groundwork for future heart disease.

Lead researcher Dr. Yu-Kang Tu of the University of Leeds, told Reuters Health that unlike similar studies, this one looked at oral health early in life rather than in old age.

Source: Reuters Health



<http://heart.bmj.com/>

## Diabetes drug combo

*Blood sugar levels better controlled*

A recent study published in *Diabetes Care*, the journal of the American Diabetes Association, found that two drugs are better than one when it comes to controlling blood sugar levels in Type 2 diabetes patients.

The two drugs in the study were sitagliptin and metformin. Just over 1,000 Type 2 diabetes patients received either one of the drugs, both of the drugs, or placebo. At baseline, the average A1C level was 8.8 per cent. All study patients who received drug treatment benefited over those in the placebo group, with those receiving both drugs registering the greatest improvement. After six months, 66 per cent in the dual-drug group had A1C levels of less than seven per cent, and 44 per cent of the same group had A1C levels of less than 6.5 per cent.

Source: Reuters Health



<http://care.diabetesjournals.org/>



## PRACTICE NOTES

**New cancer website**  
*Free oncology journal access*

Healthcare professionals and patients seeking cancer-related treatment information have a new online source to consider. European publisher Reed Elsevier has launched a website with access to scientific journals that normally come with a subscription fee attached. The website (URL below) provides access to a number of academic publications, including *Lancet Oncology*, *The Breast*, *Cancer Letters* and *The American Journal of Medicine*, and links to other resources. Users must register with the site, but the company has waived subscription fees.



[www.oncologystat.com](http://www.oncologystat.com)

## DRUG UPDATES

For full details please check:



[www.napra.ca](http://www.napra.ca)  
[www.bcpharmacists.org](http://www.bcpharmacists.org)

- Side-effects of *Baby's Bliss Gripe Water* (apple flavour) - code 26952V.
- Unauthorized health products by Wild Vineyard.
- Recall of Ultiva® (remifentanyl hydrochloride) 1 mg vials.
- Precautions during cold and flu season.
- Suspension of MMR-II vaccine lots 1528U, 1529U, 1680U, sold by MerckFrosst Canada.
- Availability of Trasylo® (aprotinin).
- Use restrictions for Avandia® (rosiglitazone), Avandamet® (rosiglitazone and metformin), and Avandaryl™ (rosiglitazone and glimepiride).
- Precision Xtra™ blood glucose monitor from Abbott Diabetes Care.

## Council welcomes new government appointee

The Council of the College of Pharmacists of B.C. is pleased to welcome its newest government appointee, John Scholtens of Langley. His one-year term began on November 8.

Mr. Scholtens is the CEO of EVL Nurseries and serves as a director for the Checkwall Decision Corporation. He is a trustee and the chair of the Elim Housing Society. Mr. Scholtens is a former mayor and councillor with the Township of Langley and a former director on the Greater Vancouver Regional District Board. In the community, Mr. Scholtens previously served as a trustee and vice-chair on the Langley Memorial Hospital Board.

**Q** I own a small community pharmacy. I do not have the room or expertise to do specialty compounding. If I get a prescription for a specialty compound, can I fill the prescription using product compounded by another pharmacy?

**A** This question appeared in the last *ReadLinks* issue with incorrect information included in the answer. The correct answer to the question is:

Pharmacists who do not provide specialty compounding services have two options:

1. Refer the patient to a pharmacy that can prepare the product.
2. Obtain the specialty compound by contracting with another pharmacist who provides the service. A contract between the two pharmacies must be signed and retained by both pharmacy managers if the service is contracted out.

If you have any questions or concerns, you are welcome to contact the OnCall Pharmacist at 1-800-663-1940.

**Q** A patient just presented an electronically-generated prescription with an electronically-generated prescriber's signature. The signature is legible, but is this an acceptable form of prescriber authorization?

**A** An electronic prescriber's signature is only acceptable if the signature is unique. Health Canada considers a unique electronic signature to be equivalent to a paper-and-pen signature. It must be a fresh, new signature written on the prescription with an electronic pen pad, similar to signing a pen and paper prescription. It is an illegal electronic signature if it is cut and pasted into an electronic prescription.

To ensure the signature is unique, the pharmacist should compare the signature each time with an old prescription. The signatures should be slightly different if they are unique, as is an original signature each time.

If you don't have an old signature with which to compare the current signature, please call the prescriber to determine if a new, original electronic signature is generated for each new prescription.

A computer-generated prescription that is given to the patient or faxed to the pharmacy must have an original prescriber's signature or a unique electronic signature.

**Q** Is it legal to complete a prescription transfer by fax?

**A** A prescription transfer must involve direct communication between two pharmacists. The pharmacist who transfers to another pharmacist must enter on the patient record the following information:

- Date of transfer
- Identification of the pharmacist from whom the prescription was transferred
- Identification of the community pharmacy to which the prescription was transferred
- Identification of the pharmacist to whom the prescription was transferred

The pharmacist who transfers to another pharmacist must transfer all remaining refill authorizations.

The prescription transfer may be completed by fax only if direct communication has occurred between the two pharmacists directly or via communication between two technicians who relay the message to the pharmacist on duty at both pharmacies. The faxed prescription must contain all of the required information cited above.

**Q** What is the proper way of documenting part-fills for controlled drugs and substances (including narcotics)?

**A** In the past Health Canada has expected pharmacists to document part-fills of controlled drugs and substances (including narcotics) by recording the quantity dispensed on a given date on the reverse side of the original prescription, along with the handwritten initials of the pharmacist responsible for dispensing the part-fill. In addition, a "paper trail" copy of the prescription, for information purposes, had to be included in the daily prescription file on each part-fill date.

Health Canada is now determined that the software commonly used in community pharmacies in British Columbia has automated many recordkeeping functions. It is now not necessary to add part-fill documentation to original prescriptions when a second and subsequent part-fills are processed, provided that the software program allows tracking between the part-fills (quantity, date, prescription number) and the original prescription. A "paper trail" copy of the prescription must continue to be filed in the daily prescription file on each part-fill date.

In the case of methadone prescriptions, pharmacists may continue to document each part-fill on the reverse side of the original prescription. A "paper trail" copy filed on each part-fill date is not required for methadone part-fills.