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B.C.'s pharmacy information source

ReadLinks

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B.C. and Alberta colleges form partnership

Why reinvent the wheel? The Alberta College of Pharmacists and the College of Pharmacists of B.C. have taken this to heart and have signed an agreement to share existing programs, supporting tools and documents.

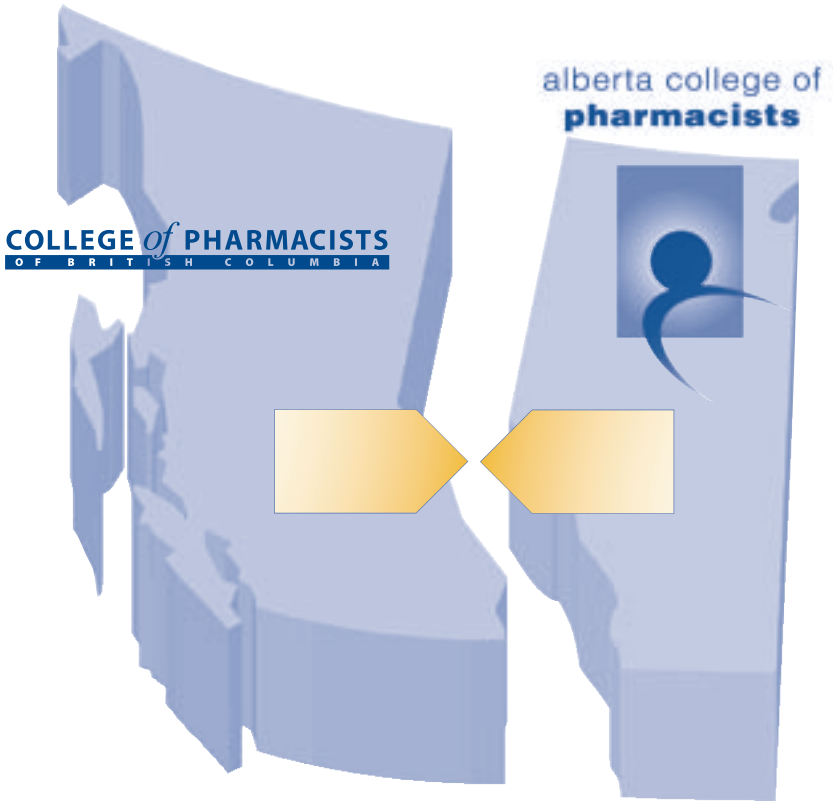
The two colleges have gone a step further and agreed, in the words of the formal agreement, "to pursue commonality in policies and programs important to the interprovincial movement of pharmacists, drug and pharmacist services."

The agreement, signed last November by the registrars and presidents of the two colleges, is entitled the Partnership Resolution. It builds on the Trade, Investment and Labour Mobility Agreement (TILMA) previously signed by the Alberta and British Columbia governments to facilitate trade, investment and the movement of professional and trade workers between their provinces.

"The timing of this partnership with the Alberta College of Pharmacists could not be better," comments Registrar Marshall Moleschi, "as it directly supports the B.C. government's initiative, as outlined in the recent Throne speech, to enhance the mobility of qualified professionals from one jurisdiction to another."

One of the immediate benefits of the agreement for B.C. is the use of the Alberta College of Pharmacists' orientation materials for enhanced scope of pharmacist practice. The documents are being adapted by our college to prepare for orientation meetings around the province to enable pharmacists to implement the council's medication management policy.

"We are confident that through this partnership both Colleges will benefit from the sharing of best practices and economies of scale," says Marshall Moleschi. The two colleges have committed, on an annual basis, to identify priorities that both wish to pursue together. There are plans to share both human and financial resources that enhance existing programs and the development of new programs.



In this issue

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OF BRITISH COLUMBIA

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ReadLinks

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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.

Printed on Recycled Paper

from the
Registrar

Medication management moving forward


Marshall Moleschi

In the September/October 2007 issue of *ReadLinks* I talked about a proposed college professional practice policy called Mediation Management: Adapting a Prescription.

The policy was subsequently approved at the fall council meeting, and we are in the process of developing an orientation program to enable pharmacists to implement the policy components.

The policy provides guidance to pharmacists who are already moving towards the Blueprint for Pharmacy's Vision for Pharmacists (see sidebar) as the medication experts.

Specifically, the policy guides pharmacists in adapting a prescription to improve patient outcomes provided that the pharmacist has:

- Appropriate knowledge and understanding of the condition and dispensed drug
- Sufficient information about the specific client's health status
- A prescription that is current, authentic and appropriate
- Determined that adapting the prescription is appropriate
- Obtained informed consent of the patient or the patient's representative
- Documented the adaptation, the rationale for the decision and the follow-up plan
- Notified the original prescriber in a timely manner

Vision for Pharmacists

Pharmacists are medication experts committed to patient-centred, outcomes-focused care. Pharmacists take increased accountability and responsibility for the safe and effective use of medications. Pharmacists promote wellness and disease prevention, and empower patients, in collaboration with other health professionals.

(from the draft *Blueprint for Pharmacy - Designing the Future Together*).

The complete Professional Practice Policy 58 is available on the college website listed below.

This spring I expect to be touring the province with Marnie Mitchell, the CEO of the B.C. Pharmacy Association, talking about how pharmacists should use this policy, if they choose to. I will be explaining how the policy will be interpreted by the college, and Marnie will be talking about operational implications of the policy. Dates for the tour will be announced when they have been finalized.

I feel that this initiative will move our profession substantially in the direction of maximizing pharmacists' full educational and professional competencies.

www.bcpharmacists.org/resources/councilcommittees/pdf/pgp4ppp.pdf

COLLEGE MISSION: To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

Drug product interchangeability decisions made by pharmacists

You're not alone if you have questions about how to make drug product interchangeability decisions. The college office frequently receives questions from pharmacists about this subject.

Drug product interchangeability can be made by pharmacists in one of two ways:

- Use Health Canada's Declaration of Equivalence, as indicated by the identification of a Canadian Reference Product on a Notice of Compliance for a generic drug.
- Use professional judgment in interchanging other products if the products meet the definition of an interchangeable drug:
  - contains the same amount of the same active ingredients
  - possesses comparable pharmacokinetic properties
  - has the same clinically significant formulation characteristics
  - is to be administered in the same way as the drug prescribed

The onus of informing you about the interchangeable status lies with the manufacturer of the generic product. When a pharmaceutical manufacturer contacts you about a new generic product, ask them to provide you with a copy of the Notice of Compliance. You can be confident that the generic product can be interchanged with the Canadian Reference Product as listed on the Notice of Compliance. If your head office makes purchasing decisions, you may ask your head office to provide you with this information.

Additionally, if new information in the medical literature demonstrates that a generic product meets the definition of an interchangeable drug with a brand name product, those products can be interchanged. This is true even if the brand name product was not listed as the Canadian Reference Product on the generic product's Notice of Compliance. For additional information about drug interchangeability, please review the document entitled Drug Interchangeability Update on the college website.

www.bcpharmacists.org/resources/PDF/FYI-drug_interchangeability.pdf

PharmaNet

PROVIDING PHARMANET INFORMATION TO PHYSICIANS

Direct patient care for drug use needed

Physicians and other practitioners frequently contact pharmacists to request PharmaNet patient record information about their patients. Pharmacists are authorized to provide the information, provided that the physician is providing direct patient care associated with drug use.

The authorization is detailed in Section 39(3) of the college bylaws which requires pharmacists to disclose relevant patient record information to a "practitioner for the purpose of monitoring drug use."

It is not necessary for the practitioner (physician, dentist, podiatrist, veterinarian or other health care professional authorized to prescribe drugs) to obtain explicit patient consent for the request. The request for information is considered to be within the "circle of care" which is within the realm of implied patient consent.

The requirements pertaining to implied and explicit consent are confusing due to the differing policies for various PharmaNet users. For example, physicians who have implemented the Medical Practitioners Access to PharmaNet (MPAP) service are required to obtain explicit patient consent before accessing a patient's PharmaNet record. On the other hand, physicians practising in hospitals that have implemented the Hospital Access to PharmaNet (HAP) service are not required to obtain explicit patient consent. Community and hospital pharmacists' accesses to PharmaNet are made on the basis of implied consent (as they have from PharmaNet's implementation in 1995).

PHARMANET DRUG MONOGRAPH

Discrepancy alert

The PharmaNet drug monograph for quinine warns patients not to take the drug for leg cramps. The Canadian drug monograph lists leg cramps as an approved indication with dosing guidelines.

This discrepancy is due to the fact that the PharmaNet drug monograph is prepared by First Data Bank, a U.S. firm. The U.S. Food and Drug Administration has issued public health advisories and taken enforcement actions against manufacturers listing leg cramps as an indication for the drug. There is also a U.S. public education campaign advising against the use of quinine for leg cramps.

There is a concern in the U.S. that substantial evidence for quinine's efficacy in leg cramps is lacking. Quinine has a very narrow therapeutic index and can cause serious and possible fatal side effects. This has prompted the warning actions in the U.S.

Health Canada responded to the concerns by adding quinine to Schedule F so that it requires an authorization from a prescriber. The B.C. Drug Schedules Regulation was amended accordingly.

In response to a request from our college to First Data Bank to adjust the wording of the PharmaNet monograph, the firm agreed to add the phrase "anti-malarial" in the title to decrease confusion and to emphasize that the U.S.-based monograph only addresses the approved indication in the U.S. for malaria.

When providing the PharmaNet monograph for quinine to patients, it is important to include a verbal clarification about the statement regarding leg cramps and stress the need to comply with the prescribed dosage. This will help reduce confusion and concern on the part of patients.

DRUG UPDATES

For full details please check: www.napra.ca or www.bcpharmacists.org

- Alertec® (modafinil).
- Axcil, Desirin and Santi Bovine Penis Erecting Capsules.
- Galactogil.
- Pap-Ion Magnetic Inductor (PAP-IMI).
- Yeniujyn.
- Zhong Ti Xiao Er Jian Pi San.

PRACTICE NOTES

Product Monographs posted

Access on Health Canada website

Product Monographs (PMs) are now available in pdf format to health care professionals and the public on the Health Canada website listed below. The PMs are part of the Drug Product Information available in the Drug Product Database Online Query.

Health Canada-authorized PMs reflect all approved formulations, indications and strengths, irrespective of a manufacturer's decision to market all or some of this product information.

The goal is to provide Canadians with a reliable, central location for free, unbiased, accurate drug information. Consumers are still strongly encouraged to discuss treatment options and questions relating to drug information with their health care provider.

www.hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index_e.html

Corn Allergy Information

Website resource

Information about corn allergy resources is available from a website called Avoiding Corn in Canada (www.cornfree.ca). The site is designed for pharmacists and other health care professionals. It features a page devoted to corn in medicines and specialty dietary preparations, as well as scientific articles about corn allergy.

Please refer to the May/June 2007 issue of *ReadLinks* which featured an article to alert pharmacists to corn-related allergens that are included as non-medicinal ingredients that don't appear on drug product labels.

Confidentiality at the dispensary

Patient signage helpful

In order to alert pharmacy clients to the need for confidentiality at the dispensary counter, a B.C. pharmacist created a sign with the following wording:

> *Health care issues discussed here are private and often sensitive. Thank you for making yourself comfortable in our coffee area to ensure everyone's privacy.*

In agreeing to share the idea, the pharmacist noted the difficulty of talking to patients and answering their health care questions when other patients line up at the dispensary counter immediately behind the client at the counter. The signage has helped resolve the concern.

Adjusting medication orders in hospitals

In response to questions from hospital nurses about implementing medication changes initiated by pharmacists, the College of Pharmacists of B.C. and the College of Registered Nurses of B.C. issued a joint statement to clarify the situation.

The two regulatory authorities confirmed that, "when a client-specific order has been given by an authorized health professional, registered nurses can implement medication changes initiated by pharmacists that are consistent with hospital governing body-approved protocols or substitutions authorized by the *Pharmacists, Pharmacy Operations and Drug Scheduling Act*."

The joint statement was developed after problems arose when new nurse regulations were brought into force under the *Health Professions Act*. For more information about the joint statement, see the college's website.

www.bcpharmacists.org/resources/pdf/crnbc_cpbc_joint_statement.pdf

PharmaNet access expands to hospitals

A new PharmaNet access service is now available to hospitals in B.C. Known as Hospital Access to PharmaNet (HAP), it is available to physicians and pharmacists working in hospitals and designated mental health facilities in B.C.

This added service is in addition to Medical Practitioner Access to PharmaNet (MPAP) introduced earlier.

This means that the patient and drug-related information being entered into the PharmaNet system by community pharmacists is accessed and used for clinical purposes by many more health care professionals. This raises the stakes even higher in terms of the importance of maintaining the accuracy of information entered into the system by all users.

This eHealth service gives authorized health care professionals access to patient community medication histories and will enable better patient care and improved patient safety. The new service is a stepping-stone to the provincial electronic health record and is in alignment with the Ministry's eHealth strategy.

PharmaNet's strict privacy measures remain in place, including provisions for patients to lock their patient records with a keyword.

Hospital Access to PharmaNet Service registration procedures are handled by the Ministry of Health's Data Access Services, unlike hospital pharmacy access to PharmaNet, which is handled by the College of Pharmacists of B.C. Information explaining how to register for PharmaNet in hospitals and designated mental health facilities is posted on the Ministry of Health's Data Access Services website listed below.

www.health.gov.bc.ca/das/

OnCall PHARMACIST INFORMATION LINE

Questions and Answers

From inquiries to the OnCall Information Line, toll free 1-800-663-1940

Q The family of a deceased patient just dropped off a number of straight narcotics and controlled drugs to my pharmacy for destruction. What is the proper procedure for accepting and destroying these previously dispensed controlled drug substances?

A Although not required by Health Canada, it is a good idea for the pharmacist to log the receipt of the controlled drug substances in a logbook set up for this purpose. The log should indicate the date received, patient's initials or prescription number (even if not dispensed at your pharmacy), drug name strength/quantity, pharmacist's signature and a witness's signature. The witness may be another health professional or a pharmacy staff member if another health professional is not available. The time and date of the destruction needs to also be logged by the pharmacist and witnessed by another health professional or pharmacy staff member.

Q Can a pharmacist accept a prescription refill authorization from a prescriber's office staff?

A Pharmacies' facsimile transmission of refill requests to the prescriber's office has, to a large extent, replaced the need for the prescriber's office staff to verbally relay messages about refill authorizations.

In some instances, however, a patient bypasses the pharmacy and telephones the prescriber's office directly to request a refill of a Schedule I medication. A message of the prescriber's authorization for the refill from the prescriber's office staff could be accepted, but only if the pharmacist is confident the prescriber has been consulted. This should not be a routine occurrence. If in doubt, fax the request to the prescriber for signature.

New prescriptions for Schedule I drugs must be conveyed directly to the pharmacist by the prescriber. This can be accomplished by means of a facsimile transmission from the prescriber or by means of a verbal prescription either directly from a prescriber or from a prescriber's recorded voice message.

Q A pharmacist working in a physician's clinic just telephoned with a new prescription on behalf of a physician in the clinic. The pharmacist is not associated with a pharmacy. Can I accept this new prescription as a transfer from the pharmacist and dispense it under the physician's name?

A Pharmacists' expertise in finding and fixing drug-related problems is becoming more widely recognized and utilized. For example, a pharmacist may work with a physician in a private office or private clinic setting and may carry out many aspects of pharmacy practice, including detailed medication histories, making recommendations about drug therapy, providing in-depth counselling and monitoring for the safety and efficacy of drug therapy. Physicians may be required to seek permission from their college before they begin practice with another health care professional.

A pharmacist working in an office or clinic setting may transfer a prescription to a community pharmacist if the following four conditions are fulfilled:

- The medication is not a controlled drug substance (including narcotics).
- The transfer information includes the patient's name; medication name, strength and quantity; complete dosage instructions; refill authorization if applicable; and the prescriber's complete name and CPS ID #.
- The transfer date and identity of both pharmacists and both practice locations are documented.
- The prescription is transferred to a pharmacy of the patient's choice.

Documentation of the prescription information and transfer information must be kept on file for a minimum of three years by the transferring pharmacist and the receiving pharmacist. The receiving pharmacist will file the prescription with other dispensed prescriptions. The transferring pharmacist must document the prescription transfer information on the prescription, and the prescription must be filed in a separate file containing only prescriptions or other pharmacy records. Although the premises is not a licensed pharmacy, these prescription records must be made available to a College of Pharmacists of B.C. staff on request and must be handled and stored in the same manner as other confidential patient records.

Q I provide pharmacy services to a facility using a monitored multi-drug strip packaging system. Each pouch in the strip contains up to four drugs that the patient takes at a specified dosage time. When the prescriber discontinues one of the drugs in the pouch, we ask the facility staff to withhold the discontinued drug until we can deliver the revised multi-dose packaging by the next week. Does the college allow this method of dealing with discontinued drugs?

A The method you have described is not an acceptable practice due to patient safety concerns. When facility staff are asked to remove individual drugs from the multi-drug strip packaging system, the integrity of the system is jeopardized. Facility staff should not remove a discontinued or changed drug and continue to use the current strip.

It is critical that the pharmacy manager develop workable systems for ensuring the timely replacement of the patient's new medication order. The pharmacist must determine the number of days until the next exchange, and dispense a new strip containing the changes. Only in emergency situations that involve urgent patient safety concerns should facility staff be required to remove a drug from the unit-dose package. This should be an exceptional situation, not a routine practice.

Drugs that are subject to frequent dosage changes (warfarin, for example) should be packaged separately in a one-drug strip, not included in the multi-drug pouch.

In the event of the addition of a drug in a strip-package system, a one-drug strip can be dispensed and administered with the original multi-drug strip until the next exchange.

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FOOD AND DRUGS ACT CHANGES

Schedule A entries amended

Schedule A to Canada's *Food and Drugs Act* is a list of diseases and disorders for which preventative, treatment or cure claims are prohibited. This means that the labeling and advertising of any food, drug, cosmetic or medical device cannot include such claims. Examples are cancer, heart disease and gout.

In 2006, a scientific advisory panel, composed of experts from a range of health care specialties, recommended a list of criteria. The criteria have now been used to revise the contents of Schedule A. If a disease previously listed in Schedule A did not meet the criteria, it was removed. However, products removed from the restrictions are still subject to labeling or advertising restrictions associated with their market authorizations.

Products regulated under the Natural Health Products Regulations are permitted to carry preventative claims in their labeling and advertising to the general public for diseases that remain in Schedule A. For these natural health products, prevention of a Schedule A disease generally does not require practitioner intervention, but treatment or cure of a Schedule A disease would.

The new list of Schedule A drugs, effective June 1, 2008, is as follows:

Acute alcoholism
Acute anxiety state
Acute infectious respiratory syndromes
Acute psychotic conditions
Acute, inflammatory and debilitating arthritis
Addiction, except nicotine addiction
Appendicitis
Arteriosclerosis
Asthma
Cancer
Congestive heart failure
Convulsions
Dementia
Depression
Diabetes
Gangrene
Glaucoma
Haematologic bleeding disorders
Hepatitis
Hypertension
Nausea and vomiting of pregnancy
Obesity
Rheumatic fever
Septicemia
Sexually transmitted diseases
Strangulated hernia
Thrombotic and embolic disorders
Thyroid disease
Ulcer of the gastrointestinal tract

These changes reflect the current health care context of a comprehensive regulatory system and a publicly funded health care system. It allows consumers to be made aware of substantiated, evidence-based labeling that previously was inaccessible due to legislated prohibitions.

Passport guarantor options expanded

Pharmacists have been one of a limited list of professionals and other individuals acceptable to act as a guarantor for a person applying for a Canadian passport. In an effort to simplify the process for applicants, the federal government has decided that anyone can be a guarantor, provided they meet the following requirements:

- Must be a Canadian citizen 18 years of age or older
- Must hold a five-year Canadian passport that is valid or has been expired for no more than one year on the day the application is submitted
- Must have been 16 years of age or older when they applied for their own passport
- Must have known the applicant personally for at least two years
- Must provide the requested information contained within his or her own passport
- Must be accessible to Passport Canada for verification

This means that a pharmacist now needs to have a Canadian passport and meet the other listed requirements in order to serve as a passport guarantor. An individual who meets the above requirements can act as the guarantor for family members and others residing within the same household (except in the case of a parent or legal guardian applying on behalf of their child).

Go www

www.ppt.gc.ca

OnCall PHARMACIST INFORMATION LINE

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Q What is the best way of destroying controlled drug substances (including narcotics)?

A Controlled drug substances (including narcotics) from expired inventory or returned from a patient must be rendered unusable prior to disposal to prevent any opportunity for drug diversion. An acceptable method for rendering drugs unusable is to crush the tablets or capsule contents, and add the resulting powder to a leak-proof container to which a small amount of bleach and kitty litter has been added. The container can then be safely put into the medication return container.

Liquids should not be added directly to the medication return container since toxic gases could be produced. Add bleach and kitty litter to liquids in a leak-proof bottle, which can then be placed in the medication return container.

The contents of syringes and ampoules should be handled in the same way as liquids. Empty syringes and ampoules are also a source of drugs and should be placed in leak-proof containers with bleach and kitty litter.

Ensure you wear gloves if you are destroying fentanyl patches. The patch should be folded onto itself then placed in a leak-proof container with bleach and kitty litter.

The destruction of expired controlled drug substances inventory needs to be witnessed after receiving approval from Health Canada to destroy it. The form is available on our website:

Go www

www.bcpharmacists.org/resources/community/pdf/destruction_request.pdf

The destruction of prescriptions returned by patients or their families need not be witnessed, nor is Health Canada approval required.