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Pharmacists' new authority to adapt prescriptions takes effect January 1st, 2009

In just a few weeks, pharmacists will be able to use the full extent of their knowledge, skills and abilities to the benefit of their patients and the healthcare system by exercising their new authority to adapt or renew existing prescriptions.

For some, this may feel like it has been a long time coming given that it was back in September 2007 that College Council approved *Professional Practice Policy #58 (PPP-58), Protocol for Medication Management (Adapting a Prescription)* – the required guidelines under which a pharmacist can adapt a prescription. For others, it may feel like this new authority has come upon us very quickly.

Regardless of whether this feels like “old” or “new” news to you – it is definitely change and change always brings with it some trepidation. Given this reality it is important to remember that although pharmacists, as of January 1st, 2009, have the authority to adapt or renew existing prescriptions they are **not** obligated to do so.

It is mandatory however that prior to December 31, 2008 pharmacists acknowledge, by signing the declaration form found in the Orientation Guide (mailed to all registrants in September and available online at www.bcpharmacists.org), that they have read and understood their expanded scope.

In addition, given the recent clarifications, outlined in the "Amendment to The Orientation Guide" letter included in this mailing of ReadLinks, pharmacists must acknowledge their understanding of this new information by signing the letter and retaining it in their files along with the declaration form.

With nearly half of all pharmacists in BC having chosen to participate in an Orientation Session, almost 90% of those who completed the evaluation form either agreed or strongly agreed that they were “sufficiently prepared to implement PPP-58 and begin adapting prescriptions in their practice”.

Pharmacists' expanding scope... a collaborative approach



Marshall Moleschi, Registrar

Over the past few months, as we have traveled across the province hosting Orientation Sessions introducing pharmacists to their new authority to adapt prescriptions a couple of common concerns have been expressed. These concerns have prompted us to provide further clarity with respect to limits and conditions regarding pharmacists authority to adapt prescriptions.

At every session pharmacists have expressed their discomfort with respect to how prescribers, particularly physicians, have been and will continue to respond and react to pharmacists' new authority. The preference of course is to enter into this expanded scope with support from physicians. This has been a major objective of the College and we have been working collaboratively with both the College of Physicians and Surgeons of BC (CPSBC) and the BC Medical Association (BCMA) for well over a year.

In a recent meeting, held at the College on November 27th, 2008 and attended by senior representatives of the CPSBC, BCMA as well as the BC Pharmacy Association (BCPhA) and the Ministry of Health, consensus regarding some clarification to limits and conditions (see sidebar) was reached resulting in commitment by all parties to publicly

support pharmacists expanded scope of practice. This is a significant achievement which has received praise from the provincial government.

This group of stakeholders has also committed to participate in the newly formed *Monitoring Adapting Prescriptions (MAP) Task Force* whose mandate will be to monitor and make recommendations to the College regarding any issues arising from pharmacist prescription adaptations. The task force has agreed to review any of the limits and conditions placed on pharmacists' new authority and the College may modify, as appropriate, in the coming year.

Also throughout our Orientation Sessions pharmacists, particularly those in community practice settings where access to patient information is often limited, have been asking for further clarity (see sidebar) with respect to the types of situations in which it would be appropriate to either change the dose or regimen of a prescription or provide a therapeutic substitution. We appreciate that change, particularly when it involves increased responsibility and liability, can be daunting and it is often best to start with clear and defined limits and conditions and with experience gradually evolve. This is exactly what these further clarifications are intended to do.

These modest changes go a long way in addressing concerns that have been expressed by pharmacists across the province as well as ensuring that all healthcare providers are supportive of pharmacists' expanded scope. We are confident that it is a collaborative approach such as this that will ensure pharmacists continue to maximize their educational and professional competencies to achieve better health outcomes for British Columbians.

Further Clarifications to Adapting Prescriptions

(There have not been any changes to the Seven Fundamentals to Adapting a Prescription as outlined in PPP-58 and pharmacists are required to follow the fundamentals when choosing to renew or adapt any prescription)

- Pharmacists will honour hand-written (not pre-stamped) – Do Not Renew/Adapt - notification on prescriptions (note: if a physician electronically produces their prescriptions they must sign or initial beside the “do not renew/adapt” notation).
- Renewals apply to stable, chronic conditions (same medication, with no change, for a minimum of 6 months) with maximum renewal up to 6 months from the date of the original prescription (note: for psychiatric medications renewals are reserved for pharmacists working in multi-disciplinary teams).
- Unless in practice settings such as hospital, long-term care facilities or multi-disciplinary environments where collaborative relationships or appropriate protocols are established, pharmacists:
 - will not change the dose or regimen of prescriptions for patients with: cancer, cardio-vascular disease, asthma, seizures or psychiatric conditions although they can complete missing information on a prescription if there is historical evidence to support this
 - will limit therapeutic substitution to: Histamine 2 receptor blockers (H2 blockers), Non-steroidal anti-inflammatory drugs (NSAIDs), Nitrates, Angiotension converting enzyme inhibitors (ACE inhibitors), Dihydropyridine calcium channel blockers (dihydropyridine CCBs) and Proton Pump Inhibitors (PPIs) – similar to government policies

The MAP Task Force will carefully monitor this new authority, review the limits and conditions and make recommendations.

PHARMACISTS' NEW AUTHORITY TO ADAPT PRESCRIPTIONS TAKES EFFECT JANUARY 1ST, 2009

...continued from cover page

In an effort to assist pharmacists in understanding their new authority the College, along with the BC Pharmacy Association (BCPhA), has been hosting live Orientation Sessions throughout the province over the past few months. Response to the sessions has been overwhelming, with it estimated that before the last sessions are complete in December, over half of all pharmacists in BC will have chosen to participate in an Orientation Session.

As part of these sessions, pharmacists are asked to complete an evaluation form with perhaps the most significant question being: On a scale of 1 through 4, with 4 being Strongly Agree, rate the following: *After completing the Orientation Session*

I feel sufficiently prepared to implement PPP-58 and begin adapting prescriptions in my practice. With no noticeable variance with respect to location of session approximately 90% of participants, who complete the evaluation form, are responding with either a "3" or a "4".

During these sessions pharmacists have an opportunity to ask questions and air any concerns that they may have and in this issue of ReadLinks you will find a number of articles that address the most common of these. Should you have a specific question that has not been addressed in the current messaging be sure to email the College at ppp58@bcpharmacists.org.



Top: Marshall Moleschi, Registrar
Bottom: Orientation Session

Liability Insurance Requirement – Clarification

One of the requirements a pharmacist needs to have prior to adapting prescriptions is confirmation of liability insurance with a minimum coverage of \$2 million (note: this will be a requirement for all registrants when we transition to the Health Professions Act next April).

The official wording that was initially approved by College Council was that registrants were required to possess '*personal professional liability insurance (minimum \$2 million)*'. During the orientation sessions over the past few months, questions have been raised to the College by individuals as well as health authorities and corporations for further clarification as to what '*personal professional*' really means.

In order to address this concern, the College engaged in further research by looking at the requirements in other jurisdictions, seeking legal council and the advice of an independent insurance consultant. The result of this was a recommendation to Council, which was approved at the November 21, 2008 meeting to further clarify the liability insurance requirement by the following three criteria:

1. The policy provides a minimum of \$2 million coverage, and
2. The policy provides occurrence-based coverage or claims-made coverage with an extended reporting period of at least three years, and
3. If not issued in the pharmacist's name, the group policy covers the pharmacist as an individual.

If registrants already possess liability insurance or are covered under some form of group plan they will need to ensure that their plan meets the three minimum criteria outlined above (note: it is the understanding of the College that the current plan offered by both the Health Authority and the BCPhA meets these criteria). For anyone who does not currently have liability insurance any new plan they purchase must, as a minimum, meet this criteria.



Reporting Adverse Reactions – Who, What, When, Why and How

(ADAPTED FROM THE HEALTH CANADA WEBSITE)

All marketed drugs and health products have benefits and risks. Although health products are carefully tested before they are approved for use in Canada, some adverse reactions may become evident only after a product is in use by the general population.

Health Canada relies on patients and health professionals to report adverse reactions so that product safety can be monitored. Unfortunately, many adverse reactions often go unreported.

Pharmacists can assist greatly by reporting adverse reactions to Health Canada and by encouraging patients and other health professionals to report them as well. The College strongly supports and encourages pharmacists' contribution to this initiative.

And it's easier than you think!

Who Can Report an Adverse Reaction?

Anyone – including consumers, patients, caregivers, physicians, pharmacists, nurses, and dentists can report an adverse reaction to drugs or health products on the Canadian market.

Patients are encouraged to complete reports in conjunction with their health professional, so that additional information about their medical history can be included in order to make the reports more detailed and scientifically valid.

What to Report?

You do not have to be certain that a health product caused the reaction in order to report it. Adverse reaction reports are, for the most part, only suspected associations. Health Canada wants to

know about all suspected adverse reactions, but especially if they are:

- **Unexpected** (not consistent with product information or labeling), regardless of their severity
- **Serious**, whether expected or not
- Related to a health product that has been **on the market less than 5 years**

Note: A serious adverse reaction is one which requires in-patient hospitalization or prolongation of existing hospitalization, causes congenital malformation, results in persistent or significant disability or incapacity, is life-threatening or results in death. Adverse reactions which require significant medical intervention to prevent one of these outcomes are also considered to be serious.

When to Report an Adverse Reaction?

You should report an adverse reaction soon after the reaction occurred, even if you are not certain that a particular health product was the cause.

Why Report an Adverse Reaction?

When you submit a suspected adverse reaction report, you may contribute to:

- The identification of previously unrecognized rare, or serious adverse reactions
- Changes in product safety information, or other regulatory actions such as the withdrawal of a product from the Canadian market
- International data regarding benefits, risks or effectiveness of drugs and health products
- Health product safety that benefits all Canadians



How to Report an Adverse Reaction?

There are several ways to submit a report:

• ONLINE

Complete a report online from Health Canada's website: www.hc-sc.gc.ca. Go to Drugs and Health Products: MedEffect Canada: Adverse Reaction Reporting and click on "Reporting by Consumers and Health Professionals".

• FAX

Download and print the Canada Vigilance Reporting Form from Health Canada's website, or copy the form from the back of the CPS (Compendium of Pharmaceuticals and Specialties). Send the report by fax to a Canada Vigilance Regional Office at 1-866-678-6789.

• MAIL

Download and print the Canada Vigilance Reporting Form and the postage paid label from Health Canada's website, or copy the form from the back of the CPS (Compendium of Pharmaceuticals and Specialties). Mail the report to a Canada Vigilance Regional Office

• PHONE

Call a Canada Vigilance Regional Office toll-free at 1-866-234-2345.

COLLEGE LAUNCHES NEW WEBSITE!

The new website has a number of improved features designed to make it easier for users, whether pharmacists or the public, to navigate and quickly access information. A few examples, which are all prominently displayed on the homepage, include:

Key Initiatives: This section is dedicated to providing information and updates on the College's most significant initiatives such as:

- Pharmacy Technician Regulation
- Medication Management (Adapting a Prescription)
- eDrug/eHealth
- Health Professions Act (HPA) Transition

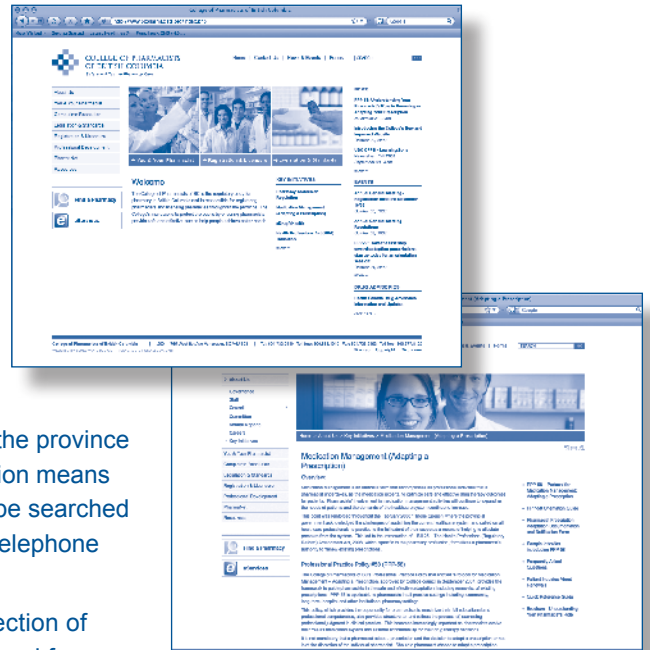
News and Events: This section, which is continuously updated with the most recent headlines or events at the top, is a quick reference guide for website visitors to keep them informed on the most important issues or activities.

Find a Pharmacy: One of the most basic reasons that the public or even pharma-

cists come to the College's website is to locate a specific pharmacy. Although the College website continues to provide a list of all current licensed pharmacies and registered pharmacists in the province an enhanced search function means that pharmacies can now be searched either by name, address, telephone number or community.

eServices: This critical section of the website, which is secured for pharmacists only, is designed to allow pharmacists to do a number of critical functions such as:

- Online registration renewal
- Register for important College events such as: Adapting a Prescription Orientation Session, Pharmacy Technician Regulation Focus Groups or the Annual General Meeting
- Update current contact information



Please take the time to surf the site (www.bcpharmacists.org) for yourself and discover how intuitive and user-friendly it really is. Feedback is welcomed and comments can be provided via: info@bcpharmacists.org.

Update your email address through eServices today!

Email has become the quickest and most effective way to get important information such as, notification of upcoming events, updates regarding key initiatives or even an electronic link to ReadLinks, to registrants throughout BC. With this in mind, all registrants are encouraged to login to eServices, via the College website www.bcpharmacists.org and ensure that their email address is correct. In particular, registrants who are still using the default NAPRA email account (e.g. 01234@cpbc.napra.ca) that was provided by the College back in 2005 are encouraged to update this address with their own personal email. If you are signing into eServices for the first time, your login code is your five-digit eServices ID (which is printed on all license cards and personalized documents) followed immediately by your year of birth (e.g. #####1959). Your temporary password is your current home postal code without space (e.g. V6J5C6). If you need assistance please call the College at (604) 733-2440 or 1-800-663-1940.

Note: In accordance with privacy and confidentiality guidelines the College of Pharmacists of BC does not disclose registrant's personal information, including email addresses.



On Call

This installment of FAQ's is devoted to clarifying the limits and conditions that have been added to pharmacists' authority to renew or adapt existing prescriptions (refer to story on page 2 for full details). These FAQ's have been added to the Key Initiatives (Medication Management – Adapting a Prescription) section of our website under the Frequently Asked Questions link – should you have additional questions please direct them to PPP58@bcpharmacists.org

Q: I have just received a prescription with the following statement “Do Not Renew &/or Adapt” (or something similar) hand-written on it. Does this mean that I cannot adapt or renew this prescription?

A: Yes. Just like we honour notations like this from prescribers today regarding generic substitution pharmacists are expected to honour hand-written “Do Not Renew &/or Adapt” instructions on prescriptions. The College of Physician and Surgeons (CPSBC) agree that pre-printed prescription pads are not acceptable and if a physician electronically produces their prescription they must sign or initial beside the notation.

It is important to remember that should a pharmacist, presented with a valid notation on a prescription, still feel that an adaptation or renewal is in the best interest of the patient there are a number of options still available to them: contact the prescriber for prior permission to adapt or renew the prescription or provide an emergency fill (PPP-31) to ensure continuity of care giving the patient time to get in to see their physician.

Q: What are the limits and conditions, including length of time, with respect to renewing prescriptions for my patients?

A. When considering whether or not to renew a prescription for a patient a pharmacist must ensure the following:

- a. They have the original prescription in their pharmacy and the prescription is still valid, and
- b. The patients' condition is stable and chronic (defined as being on the same medication, without change, for a minimum of six months).

Note: For psychiatric medications renewals are reserved for pharmacists working in multi-disciplinary teams.

Assuming these conditions are met a pharmacist, by applying the seven fundamentals (see sidebar), could provide a renewal for up to approximately six months from the date of the original prescription.

Example(s):

- Hydrochlorothiazide 25mg, daily, 100 – *pharmacist could provide one renewal of Hydrochlorothiazide 25mg, daily, 100 (note: although this is slightly over the maximum six months timeline it is completely acceptable by the College and the CPSBC)*
- Hydrochlorothiazide 25mg, daily, 30 – *pharmacist could provide up to five renewals of 25mg, daily, 30 with an assessment being done for each renewal.*
- Hydrochlorothiazide 25mg, daily, 30 – *pharmacist could provide one renewal for Hydrochlorothiazide 25mg, daily, 100, then after assessment could provide a second renewal for 60 days.*

Pharmacists Guidelines

When determining if it may be appropriate to adapt or renew a prescription for your patient, here are a few key questions to ask yourself

- Do I have the original prescription?
 - Is the prescription still valid?
 - If a renewal, is it a stable chronic condition?
 - Apply the seven fundamentals:
 - Do I have enough knowledge about the condition and drug?
 - Do I have sufficient information?
 - Is it in the best interest of the patient?
 - Does the patient agree?
 - If yes to all the above – you can adapt
 - Document your rationale
 - Notify original prescriber right away
 - If no – do what you do now, either
 - Contact prescriber for prior authorization
 - Provide an emergency refill (PPP-31)
 - Refer patient back to their prescriber
- (Note: Also refer to Further Clarification to Adopting Prescriptions Pg.2)*

Q: As a typical community pharmacist what are the circumstances in which I could provide a therapeutic substitution or make a change to a prescriptions dose, formulation or regimen?

A. Assuming that no collaborative relationships or appropriate protocols have been established which would provide more detailed patient medical information therapeutic substitution in most typical community practices is limited to the following classifications (similar to government policies):

- a. Histamine 2 receptor blockers (H2 blockers),
- b. Non-steroidal anti-inflammatory drugs (NSAIDs),
- c. Nitrates,
- d. Angiotension converting enzyme inhibitors (ACE inhibitors),
- e. Proton pump inhibitors (PPIs), and
- f. Dihydropyridine calcium channel blockers (dihydropyridine CCBs)

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Volunteer Honour Roll – Gold Certificate awarded to Erica Gregory



Erica Gregory, Past Council President

As part of the AGM on Saturday, November 22, 2008 new College Council President Michael MacDougall awarded the Volunteer Honour Roll – Gold Certificate to outgoing President Erica Gregory.

Erica’s volunteer commitment to the College, which includes her long-time service as a member of the Council, the Board of Examiners, the Discipline Committee and the Audit Committee is just part of what makes Erica such a worthy recipient. Through the years, she has also served the profession admirably as the Council-appointed member of the National Association of Pharmacy Regulatory Authorities’ (NAPRA) Board of Directors and other leadership positions on the provincial and national levels.

DRUG UPDATES

In an effort to ensure that pharmacists are receiving the latest and most comprehensive listing of drug updates, please refer directly to the 'Notices for Pharmacists and Consumers' section of the National Association of Pharmacy Regulatory Authorities (NAPRA) website: www.napra.org/docs/0/310.asp

AGM held Saturday, November 22, 2008

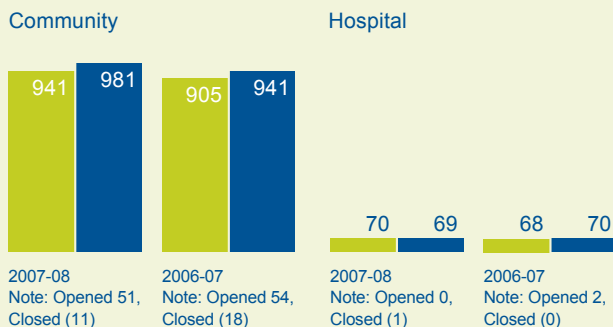
The College of Pharmacists of BC (CPBC) held their Annual General Meeting (AGM) in conjunction with the AGM’s of both the Canadian Society of Hospital Pharmacists (CSHP) and BC Pharmacy Association (BCPhA) at the Morris J. Wosk Centre for Dialogue in Vancouver on Saturday, November 22, 2008.

The College’s AGM agenda included an overview, by a representative of Grant Thornton LLP Chartered Accountants, of the fiscal year 2007 – 2008 audited

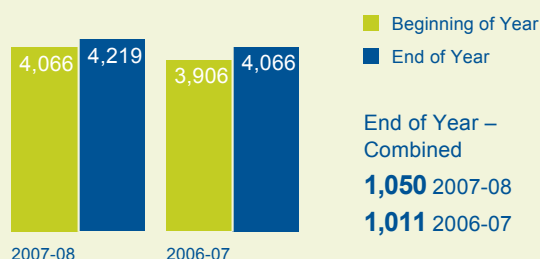
financial statements, which have already been reviewed and approved by Council. In addition to acknowledging the hard work of the College staff the Registrar’s Message included reference to a number of key statistics featured in the Annual Report (see charts below). In the President’s Message Erica Gregory highlighted work done by the College on a number of key strategic plan objectives including PPP-58 (Adapting a Prescription) and the regulation of pharmacy technicians.

President Erica Gregory also officially acknowledged newly elected and re-elected councillors; Bev Harris – District 2, Doug Kipp – District 4 and James Kim – District 6 as well as the Council’s newest public appointee Penny Denton and introduced the College’s new President Michael MacDougall (note: a complete list of current College Council members can be found on the back page of this newsletter).

Licensed Pharmacies



Registered Pharmacists



New Council President, Michael MacDougall



On Call ...continued from page 6

With respect to making changes to a prescriptions dose or regimen pharmacists working in a typical community practice setting, as described above, would not adapt prescriptions for patients with: cancer, cardio-vascular disease, asthma, seizures or with psychiatric conditions. Changes to prescriptions formulations to ensure continuity of care, such as switching from a tablet to a liquid, as well as completing missing information from a prescription, if there is historical evidence to support it, would be acceptable.

Q: A patient would like me to renew a prescription for them but the original fill was not done in my pharmacy. Can I have the prescription transferred and then renew it?

A: No. In order for a pharmacist to even consider adapting or renewing an existing prescription they must have the 'original prescription' in their pharmacy. The reason for this is because in order to adapt or renew a prescription a pharmacist must have all relevant information available to them and a transferred prescription does not physically transfer the 'original' prescription which may have some important notations on it. For similar reasons, once a prescription has been adapted it can not be transferred.

Adapting a Prescription – Communication Support

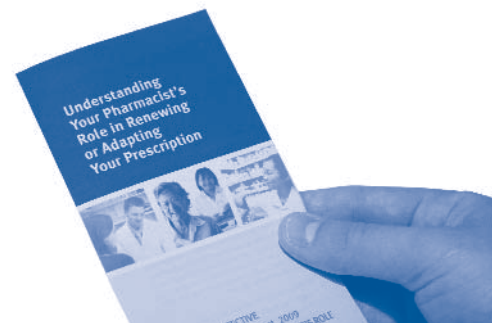
We know that pharmacists are the most accessible of all healthcare providers and as such must deal with a wide range of patient questions and concerns. In an effort to help you help your patients better understand what this new authority really is, and if it can in fact benefit them, the College is doing a number of things.

First of all, in collaboration with both the BCPhA and the Ministry of Health, we

have produced and distributed copies to every pharmacy in BC a patient-focused brochure entitled: "Understanding Your Pharmacist's Role in Renewing or Adapting Your Prescription". A colour copy of this brochure has been inserted into this issue of ReadLinks and is also available on our website at www.bcpharmacists.org should you want to make additional copies.

Secondly, in the New Year the College, along with the BCPhA, will be actively engaged in a public relations campaign throughout the province where we will be working with community media to help communicate the facts regarding pharmacists' new authority.

Finally, we will continue to keep pharmacists updated and informed via a number of resources posted on our website under the key initiatives heading – Medication Management – Adapting a Prescription. Should you have any questions or concerns be sure to send them to the College via email at ppp58@bcpharmacists.org.



readlinks

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



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OF BRITISH COLUMBIA

Safe and Effective Pharmacy Care

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Registrar – Marshall Moleschi

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