



Distribution of Alternative and Complementary Health Products



At its meeting on 12 June 1998, Council approved the following policy to assist pharmacists who distribute alternative and complementary health products:

- ▶ Pharmacists who elect to sell or distribute natural, herbal, homeopathic and other alternative or complementary products must understand the indications, contraindications, risks and expected outcomes of the products offered to the public.
- ▶ Pharmacists shall have available a current, reliable reference for the category of products they choose to offer to the public.
- ▶ Pharmacists shall advise purchasers to inform their physicians of decisions to add to or replace current therapies.
- ▶ Pharmacists shall have the necessary competence to recognize the need for intervention and/or referral to a physician.

The College has received increasingly frequent requests (from pharmacists, other health professions, government representatives and members of the public) for the College's position regarding the sale of alternative and complementary health products, including natural, herbal and homeopathic items. As an example, the British Columbia Medical Association approved two resolutions at its annual meeting which will be presented to its Board of Directors:

- That the B.C. Medical Association call upon the B.C. College of Pharmacists to implement measures requiring members of that College to recommend only products shown to be effective in well-designed scientific trials.
- That the B.C. Medical Association call upon the B.C. College of Pharmacists not to advertise or present unproven therapies to the public as bona fide treatments.

Pharmacist/Patient Dialogue Changes

Approval is pending for changes to the College's pharmacist/patient dialogue bylaw. Recognizing the importance of proper dialogue in helping prevent prescription errors, the current bylaw with its listing of four minimum points has been expanded to outline more detailed information for pharmacist/patient dialogue.

Most pharmacists conduct effective, helpful dialogue with their patients, and therefore, the new bylaw's changes in counselling requirements will positively reinforce what you already do on a regular basis. Further information will be provided on the bylaw changes and pharmacist/patient dialogue in upcoming *Bulletins* and member communications.

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Your questions and comments about this Bulletin are welcome and may be forwarded to the Registrar.

College of Pharmacists members will be kept informed of further discussions and decisions concerning the distribution of alternative and complementary health products.

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The Drug Scheduling Process

In March 1998, members received the new harmonized Drug Schedules developed by the National Drug Scheduling Advisory Committee (NDSAC). The committee was formed by the National Association of Pharmacy Regulatory Authorities (NAPRA) in August 1995, with its seven members chosen for their knowledge and expertise in pharmacotherapy, drug utilization, drug interactions, toxicology, pharmacy practice, academic research, the drug industry and pharmaceutical regulatory affairs at federal and provincial levels. NDSAC advises the provincial pharmacy regulatory authorities on the placement of drugs within the three schedule/four category national model.

Drug scheduling recommendations are made using a "cascading principle" in which a drug is first assessed using the factors for Schedule I. Should sufficient factors pertain, the drug remains in this schedule. If not, the drug is compared to the factors for Schedule II and if appropriate, subsequently assessed against the factors for Schedule III. Should the drug not meet the factors for any schedule, it becomes unscheduled. (See page 3 for a list of factors used.) The scheduling factors were adapted from various sources (e.g. established standards for prescription drugs; proposed guidelines for drugs monitored by the pharmacist; and the World Health Organization guidelines for nonprescription drugs), and then modified through consultation with committee members, advisory groups, industry and government.

NDSAC members review and analyze submissions from sponsors requesting scheduling recommendations. Blank drug scheduling recommendation worksheets outlining the cascading principle and scheduling factors are used by the committee to determine scheduling assignments. NAPRA communicates the committee's scheduling recommendations to sponsors, provincial pharmacy regulators and other stakeholders. Sponsors can review completed scheduling recommendation records and request reassessments of recommendations with NAPRA.

(Continued on page 3)

Productive College Annual Meeting

The College's 107th annual meeting was held 13 June 1998. Although there was not a quorum (35 registered pharmacists signed in), the meeting proceeded with the understanding that any decisions made at the meeting would not be official and would have to be ratified at next year's annual meeting.

Highlights from the meeting included:

- ▶ Shamsha Jiwa of Grant Thornton Chartered Accountants, formerly known as Doane Raymond Chartered Accountants, attended to answer any questions about the College's financial statements.
- ▶ President Henry Mah and Registrar Linda Lytle presented highlights from their reports.
- ▶ Heather Baxter and Barbara Thompson were given certificates of recognition for their service as Councillors.
- ▶ Registrar Linda Lytle discussed the extraordinary number of pharmacy openings the past year and presented the following statistics:

| Pharmacy Openings/Closings Mar. 97 - Feb. 98 | | |
|-------------------------------------------------|-----------|----------|
| | Open | Close |
| Independent | 19 | 4 |
| Chain (food) | 13 | 1 |
| Chain (nonfood) | 14 | 2 |
| Banner | 4 | 1 |
| Total | 50 | 8 |

- ▶ An update was provided on last year's annual meeting resolution concerning the sale of tobacco from pharmacies. Council has prepared a joint proposal with the BCPHA and submitted it to the Minister of Health. The College has requested a meeting with Minister Penny Priddy.

Two new resolutions were presented at the annual meeting:

- That the College of Pharmacists of British Columbia lobby the provincial government to have the sale of tobacco products restricted to licensed provincial liquor outlets. *Passed.*
- The College of Pharmacists of British Columbia develop a policy to permit pharmacies to dispense drug samples, with the understanding that acquisition cost would be calculated as zero (0) and only the usual and customary professional fee would be charged. *Defeated* (due to questions and concerns about operationalizing the proposed policy)

New business arising concerned the accreditation of pharmacy technician programs. Council will review the two resolutions and the accreditation issue further at its Fall meeting.

The morning's two educational sessions were informative. Thank you to presenters Dr. Gaston Labrecque, *Timing Can Be Everything: Optimizing Drug Action With Chronotherapy*; and Barbara Pimentel, *Private Payers' Perceptions of Pharmacy: The Altimed CFP Report on Pharmacy Services 1998*. The assistance of Searle Canada and Altimed Pharmaceutical Company is gratefully acknowledged.



Taking Charge of Your Practice Can We Learn Anything from a Nursing Success Story?

(excerpted with permission from *Nursing BC* January-February 1998)



Nurses in the surgical unit at Prince George Regional Hospital decided they could no longer cope with their workload. Many of the nurses were working without breaks, putting in extra hours and generally nearing burnout stage. Some were becoming concerned about their own health and all were very concerned about the quality of patient care. At an inservice they realized that the Standards for Nursing Practice in British Columbia included statements that described the practice of nursing. Although the nurses had argued to senior management for increased staffing, responses were not favourable. They decided that a more formal approach was required to ensure their concerns were given serious consideration.

Step 1. Confirm the problem

Several instances were documented showing that nurses were so busy discharging and admitting patients that important interventions were not done. Nurses often did not have time to complete their charting or even do rounds. Some patients only saw a nurse when they rang the call bell.

Step 2. Communicate the Problem

Once the nurses began documenting when standards were not being met, copies of these incidents were forwarded to management.

Step 3. Document the Problem

Because they were so adamant that something had to be done much of their documentation was written dur-

ing breaks or when they were not at work.

Step 4. Resolve the Problem

These documented concerns were presented to the administrator, and they were able to obtain casual staff to deal with workload while a more permanent solution was sought. Eventually, their perseverance paid off. Approval was given to hire extra staff and a workload management policy was developed.

The nurses recognized that they were directly accountable to their patients. They also realized they were accountable to their employer for working to accepted standards and informing the employer when they could no longer meet those standards.

How Does This Relate to Pharmacy Practice?

The *Framework of Professional Practice* includes indicators of performance that can help pharmacists determine if they are performing the essential components of pharmacy practice. If you are concerned that you are not able to carry out professional duties due to workload or environmental stresses, you may wish to inform your employer. A review of the *Framework of Professional Practice* may help you to articulate and categorize your concerns. Although staffing shortfalls were illustrated above, hiring additional staff is not always the answer. Steps to decrease interruptions and delegate nonprofessional or nonpharmacy activities can also be effective in freeing up valuable time.

Drug Scheduling Process (Continued from page 2)

*Factors for the inclusion of drugs in Schedule I:

1. Indications for use of the drug are identifiable only by the practitioner.
2. Use of the drug requires adjunctive therapy or evaluation.
3. Use of the drug may produce dependency.
4. Serious adverse reactions to the drug are known to occur or have a recognized potential to occur at normal therapeutic dosage levels.
5. There exists a narrow margin of safety between the therapeutic and toxic dosages of the drug.
6. Serious interactions of the drug are known to occur.

Factors for the inclusion of drugs in Schedule II:

1. The initial need for a drug is normally identified by the practitioner, but ongoing therapy should be monitored by the pharmacist.
2. The drug must be readily available under exceptional circumstances when a prescription is not practical.
3. The drug is intended for administration in a health care setting or under direction of a health care professional, or is in an injectable dosage form and is not otherwise included in Schedule I.
4. The drug has inherent pharmacological action which has the potential for abuse.

Factors for the inclusion of drugs in Schedule III:

1. The maximum recommended duration of use of the drug is limited and specified on the product label.
2. The maximum recommended duration of use of the drug is not specified on the label, but continued use may delay recognition or mask the symptom of serious disease.
3. The drug is used to treat a persistent, chronic or recurring condition and the availability of the pharmacist to provide advice can promote appropriate use.
4. The drug demonstrates adverse effects that are identified in product labelling, but appropriate product selection and explanation of risk may require pharmacist advice.

* Factors presented are a partial list only. Please contact the College office for a full list of the factors.



Discipline Hearing Conducted



At a Discipline Hearing concluded on 27 April 1998, Nizarali K.K. Dodhia, Diploma # 03356, manager of Oakridge Pharmacy pled guilty to negligence, professional misconduct and conduct unbecoming a pharmacist related to the following charges:

- ▶ 5 occasions between 1 January 1996 and 31 December 1996 in which he supplied Tylenol No. 3 to various persons, when a verbal or written authorization had not been obtained from a practitioner.
- ▶ 27 occasions between 1 September 1995 and 31 December 1996 in which he supplied secobarbital to various persons, when a verbal or written authorization had not been obtained from a practitioner.
- ▶ 5 occasions between 13 November 1996 and 6 December 1996 of selling diazepam without receiving a prescription.
- ▶ 2 occasions between 3 December 1996 and 6 December 1996 of selling Tylenol No. 3 without receiving a prescription.
- ▶ 6 occasions between 1 January 1996 and 31 December 1996 of dispensing Tylenol No. 3 without keeping a record on PharmaNet and on the local pharmacy software.
- ▶ 24 occasions between 1 September 1995 and 31 December 1996 of submitting billings and receiving payment from Pharmacare for prescriptions that had not been authorized by a practitioner.

The penalty assessed was:

1. A fine of \$12,500 plus costs and disbursements of \$64,388.71. A charitable donation of \$2,500 will be made to a drug rehabilitation program selected by the College.
2. A one year suspension from practice commencing 1 June 1998. He will have no involvement with the management and operation of the dispensary and will not be physically present in the dispensary except on approval of the College.
3. The following conditions will begin immediately and continue for a period of 5 years, including the period of suspension:
 - Neither he nor any staff member at Oakridge Pharmacy will purchase, stock or dispense any product containing secobarbital.
 - A perpetual inventory of all prescription narcotic and controlled drugs will be maintained in a format approved by the College.
 - The pharmacy manager will conduct a monthly inventory count and reconciliation. Discrepancies must be explained to the College within 7 days.
4. The Panel recommended that Mr. Dodhia voluntarily provide community service to a drug rehabilitation program for a period of at least 100 hours during his suspension.

Joint CPBC/BCPhA District Meetings Completed

District meetings held jointly with the College and the B.C. Pharmacy Association were recently completed at 12 sites around the province. A total of 144 pharmacists attended the meetings, with attendance ranging from 23 to 3 people per meeting. While participation figures were low in relation to the expense of travelling to the different sites, the meetings were informative.

Many pharmacy leaders in each area attended, sharing their views and constructive input. The College's new code of ethics was presented, which generated high quality discussions regarding proactive pharmacy practice and economics. It was most helpful to have BCPhA's Executive Director Bob Kucheran present to respond to inquiries and comments.

College Council will be evaluating the scheduling and costs of these meetings to determine the nature of upcoming District meetings.



Drug Updates



- ◆ **Stadol NS™** (butorphanol) nasal spray is now monitored under the Triplicate Prescription Program.
- ◆ **Chronovera®** is a controlled-onset extended-release formulation of verapamil with a unique pharmacokinetic profile. It is noninterchangeable with other sustained-release verapamil products.
- ◆ **Transderm-V®** (scopolamine) has been deregulated to Schedule II and can be sold from the dispensary area on a nonprescription basis.
- ◆ **Sodium cromoglicate** in solutions for nasal use in concentrations of 2% or less may be sold on a nonprescription basis from the self-selection area of pharmacies (Schedule III).
- ◆ **Novo-Veramil SR** and **Isoptin® SR** are now interchangeable.
- ◆ **Depo-testosterone** (Upjohn and Pharmacia), **Testosterone cypionate** (Schein) and Testosterone cypionate (Cytex) are now interchangeable.
- ◆ **Hydrocortisone** can only be sold nonprescription when it is 0.5% single entity hydrocortisone. A prescription is still required for any strength of hydrocortisone in combination with another product.
- ◆ **Sumatriptan** use is contraindicated in patients with ischemic heart disease, angina pectoris including Prinzmetal's angina (coronary vasospasm), previous myocardial infarction, and uncontrolled hypertension. Pre-existing cardiovascular disease should be ruled out. Due to lack of experience in patients with recent cerebrovascular accidents or those with cardiac arrhythmias (especially tachycardia), use of sumatriptan is not recommended for these patients. *Source: B.C. Drug and Poison Information Centre.*

In Brief



► Expired Narcotics and Controlled Drugs

Please be sure to follow these steps when destroying expired narcotics and controlled drugs:

- Request "Authorization to Destroy" from the Western Region Health Protection Branch and enclose a list of the drugs and quantities.
- Solid dosage forms need to be counted. Liquids can be visually estimated.
- The list of drugs requiring destruction must be mailed (not faxed) to:
Clerk, Drug Inspection Unit
Health Protection Branch
3155 Willingdon Green
Burnaby, B.C. V5G 4P2
Tel.: (604) 666-3895
- When the written "Authorization to Destroy" is received, the drugs may be disposed of in a safe and effective manner. Incineration at high temperature is the preferred method. Please ensure that all drugs become unusable and irretrievable.

► Generic Labelling of Prescriptions

Prescriptions should be labelled with generic drug names whenever possible. Single-entity products should be labelled in the following order: 1) the quantity, 2) the generic name of the drug, 3) the strength, and 4) the manufacturer's identification code or the DIN. To avoid confusion between the quantity and the strength, the strength should include the appropriate designation of gram, milligram or strength per volume.

Drug products which contain two or more ingredients may be labelled with the brand name. If labelled generically, all ingredients and strengths must be included on the label.

► National Model for Standards of Practice

The National Association of Pharmacy Regulatory Authorities (NAPRA) has developed and approved a national model for standards of practice for pharmacists. College Council has adopted this model and is currently reviewing the standards for integration in the College's *Framework of Professional Practice*. For a copy of the national model, please contact Registrar Linda Lytle.

► Notification of Operating Name Change

Any pharmacy planning to change its operating name is reminded that the College must be notified prior to the change, and that a \$100 (plus GST) fee will be charged for record adjustments.

► Telephone Caller ID

A pharmacy telephone system utilizing Caller ID can be a valuable tool in identifying individuals attempting to obtain controlled substances or other abusable drugs by fraudulent means. Physician offices normally do not phone in prescription orders from a pay telephone or a residence.



Hospital Pharmacy Insights



As reported previously, all outpatient prescriptions must be transmitted to PharmaNet effective 30 September 1998. The College has a diverse range of practice settings licensed as “hospital” pharmacies and many pharmacists have asked for clarification of what an “outpatient” prescription is in their particular practice setting. Here are some of the questions and answers:

Will we have to transmit any “in-house” medication orders to PharmaNet?

No. PharmaNet is an adjudication and record system of all prescriptions dispensed to an individual for personal use in the community. Inpatient or in-house computer systems used to process orders for patients or clients registered within the closed environment serviced by your hospital or facility pharmacy will not be linked to PharmaNet.

What about pass medications?

Pass, LOA and day parole medications are all part of the patient’s/client’s treatment while he or she is registered in the hospital or facility. Do not transmit these prescriptions to PharmaNet.

Our facility has a variety of outpatient programs (e.g. outreach, transition, discharge).

Which prescriptions must be transmitted to PharmaNet?

If a prescription is dispensed to a patient or client for personal use at home (outside the hospital or facility), the prescription must be transmitted to PharmaNet.

This includes prescriptions for:

- ▶ oral or maintenance chemotherapy
- ▶ immunosuppressants
- ▶ home IV therapy medications
- ▶ discharge prescriptions
- ▶ compounded medications not available in the community
- ▶ investigational and emergency program medications.

If the medication will be administered by a staff member (e.g. nurse, care aide, guard) in an area of your hospital or facility (e.g. ward, treatment room, holding area, cell block), the prescription does not have to be transmitted to PharmaNet.

This includes medications given prior to, or as part of a treatment such as day care surgery, outpatient administration of chemotherapy, dialysis, ECT, etc.

Are there any exceptions?

The Ministry of Health currently does not permit prescriptions for HIV/AIDS medications to be transmitted to PharmaNet, but the College is going to request another review of this policy. Until the policy is revised, all medications from the HIV/AIDS Centre for Excellence program must be processed using a computer profile system which is completely separate from and unconnected to PharmaNet.

I need more information!

If you need further clarification or have questions specific to your particular practice setting, please call Melva Peters or Sharon Clark at the College Office.



What Went Right



Dear Registrar:

Last week I picked up a prescription for nystatin suspension for my three-month-old daughter. The pharmacist got the medication ready and very carefully described that I was to give her 5 mL three times a day for ten days. She showed me how to measure 5 mL on an oral syringe. When we got home I gave her one dose of 5 mL. A few hours later I got a call from the pharmacist telling me to give her 2 mL four times a day. Then she called again and asked me to bring back the medication to be relabelled and to get more medication. I think the pharmacy dispensed this medicine with the wrong directions and then called to try to cover up the problem.

Nervous About Nystatin

The Inquiry Committee Comments:

This is just one example of the complex problems pharmacists are called upon to solve every day. Although initially the complainant thought the pharmacist made an error in dispensing the wrong dosage, it is clear that the pharmacist was uneasy about the dosage, dispensed the prescription as written, then took immediate action to contact the physician to clarify the order. The documentation kept by the pharmacist demonstrated the time the prescription was received and the number of phone calls and messages she had to leave before the physician could be contacted. The pharmacist did not explain to the patient that she needed to check with the physician to ensure that the dosage ordered was correct. This led the patient to believe the pharmacist had made an error.

The Pharmacist Responds:

I dispensed the prescription for nystatin 100,000 units/mL as the physician ordered, 5 mL three times a day for 10 days. I noted that the dosage was higher than the usual dosage for treating thrush and asked the father if the physician was a specialist. He said the doctor was a pediatrician, and I thought perhaps the physician had a specific reason for ordering such a high dosage. I was not able to contact the physician. The father left the dispensary after I provided instructions on

how to administer the medication. I was still uneasy about the dosage of the medication, so I double-checked the BC Children's Hospital Drug Dosage Guidelines and found the recommended dosage was 200,000 units four times a day. The physician's office was closed, so I paged the physician again. In the meantime, I telephoned the patient's home and instructed them to give the baby 2 mL four times a day until I could contact the physician. By this time they had

already given her one dose of 5 mL. When the physician answered the page we discussed the matter and agreed that the dosage should be changed to 2 mL four times a day. I contacted the family again, and they agreed to bring the medication back to the pharmacy to have it relabelled with the corrected directions and the quantity adjusted to match the revised dosage.



R_x C.A.R.E Program

Pilot Phase Completed

The four components of the ^{R_x}C.A.R.E. Program's pilot phase have now been completed. Eighty pharmacists participated in the Structured Performance Assessment component in June. The Practice Review/Audit reports and Professional Portfolio assessments were also completed during May and June.

Reporting results to all participants is targeted for completion by the end of July. The reporting delay is the result of unanticipated office workloads associated with preparations for the Structured Performance Assessment component of the ^{R_x}C.A.R.E. Program and the June assessments for 1998 UBC graduates and other out-of-province qualifying candidates.

Survey to be Sent in Early August

Each pharmacist who participated in one or more of the pilot phase components will be invited to complete a survey questionnaire to be distributed in early August. The survey questions will focus on the acceptability of each of the four assessment tools, based on each respondent's actual participation and experience. A special task group, comprised of selected members of the ^{R_x}C.A.R.E. Committee, the Board of Examiners, College Council and others, has assisted with the development of the survey questions.

The Council has identified this information as a key part of its considerations when decisions are made about the future direction of the ^{R_x}C.A.R.E. Program.



Council Workshop Scheduled for December

Members of the College Council will be provided with a detailed report of each of the four tools:

- ▶ Knowledge Assessment
- ▶ Practice Review/Audit
- ▶ Professional Portfolio
- ▶ Structured Performance Assessment

The report will include validity and reliability data, as well as acceptability and feasibility information obtained from College members and staff.

The Council has scheduled a special one-day workshop in early December to review the material and to plan a strategy for the future of the ^{R_x}C.A.R.E. Program.

Council Highlights

Pharmacy Disaster Preparedness Policy

Council approved a policy relating to pharmacy disaster preparedness, to be distributed to members in a future mailing. Highlights of the policy include:

- A pharmacist in good faith may furnish a drug without prescription in reasonable quantities during a declared state of emergency to further the health and safety of the public.
- A record with the date, name and address of the person given the drug, and the name, strength and quantity of the drug provided shall be maintained, and communicated to the patient's prescriber as soon as possible.
- The Registrar may waive pharmacy licensure requirements and issue a temporary licence to a licensed pharmacy required to relocate because of a state of emergency.
- Local pharmacists should be aware of any regional emergency plan and their role in the plan.

Exempted Codeine Products

There is the possibility of increased regulation of exempted codeine products. Council has referred the matter to the Drug Advisory Committee for the development of a recommendation in the late Fall.

Informative Presentations

Council arranged presentations by Dr. Liz Whynot, Medical Health Officer for the Vancouver-Richmond Health Board, and Judy McGuire, Manager of Health Outreach Programs for the Downtown Eastside Youth Activities Society. The two spoke about harm reduction initiatives, focusing on the use of injection devices and the value of needle exchange programs.





Outpatient Prescriptions to be Transmitted to PharmaNet

Effective 30 September 1998, hospital pharmacies in the province will have to transmit outpatient prescriptions to PharmaNet. These pharmacies will be in a variety of settings including acute care hospitals, health centres, and residential, mental health, treatment and correctional facilities.

Outpatient prescriptions that must be recorded on PharmaNet include any prescription medication dispensed directly to the patient for use at home (e.g. ProLactin, growth hormone, oral chemotherapy or immunosuppressants, parenteral antibiotics for home use, discharge medications).

Inpatient prescriptions or medications administered to an outpatient within an ambulatory or outpatient care area are not required to be transmitted to PharmaNet.

Please contact the PharmaNet Coordinator at the College office with any questions or concerns regarding this initiative.

Methadone DUE Checking

At a recent meeting, The PharmaNet Users Group proposed to remove methadone DUE checking performed by PharmaNet. It is anticipated that methadone will be removed from DUE checking in August 1998. Presently, methadone accounts for approximately 30% of all Duplicate Ingredient/Duplicate Therapy messages returned to pharmacies. The removal of methadone (DIN 999792) from the DUE checking functionality in PharmaNet will remove these Duplicate Ingredient/Duplicate Therapy messages. Additionally, drug interaction monitoring will no longer be carried out by PharmaNet. Pharmacists dispensing prescriptions to patients on methadone should be aware of the drug interactions in the table below and be prepared to recommend appropriate monitoring and management strategies to physicians and patients.

As with many drug interactions, the sequence of administration is key to evaluating the significance of the

interaction. If a patient is stabilized on one of the drugs in the table and methadone is subsequently prescribed, no interaction may be observed unless the first drug is discontinued. If a patient is stabilized on methadone and one of the drugs listed in the table is added to the medication regimen, an interaction may occur. The exception to this is the zidovudine/methadone interaction. In this case, if a patient is stabilized on zidovudine and methadone is added, the patient may experience an increase in their zidovudine concentration.

Note that many of these drugs will still be used in this patient population; however patients must be monitored closely.

References:

1. Hansten & Horn's Drug Interactions Analysis and Management, Applied Therapeutics, Inc. 1997.
2. First DataBank Communications 04/98.
3. Facts and Comparisons Drug Interactions.
4. Kalvik, A, Isaac, P., Janecek, E., "Help for Heroin Dependence", Pharmacy Practice, Vol 12(10); 43-44,46-49,51,53,54. Oct 1996.

Methadone Drug Interactions

| Drug | Interaction | PharmaNet Severity Level | Significance |
|--------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|
| Ammonium Chloride | Increased elimination of methadone | No message currently returned | 4 - No Action Required |
| Carbamazepine | Increased metabolism of methadone which may lower plasma levels of methadone and cause methadone withdrawal symptoms | No message currently returned | 3 - Minimize Risk |
| Cimetidine | Increased plasma levels of methadone or increase methadone effects | 3 | 3 - Minimize Risk |
| Opioid Antagonists | Opioid antagonist which may precipitate methadone withdrawal | 3 | No data available |
| Phenobarbital | Increased methadone metabolism which may decrease plasma levels of methadone and cause methadone withdrawal | No message currently returned | 3 - Minimize Risk |
| Phenytoin | Increased metabolism of methadone which may lower plasma levels of methadone and cause methadone withdrawal symptoms | 2 | 2 - Usually Avoid Combination |
| Primidone | Increased metabolism of methadone which may lower plasma levels of methadone and cause methadone withdrawal symptoms | No message currently returned | No data available |
| Rifampin | Increased metabolism of methadone which may lower plasma levels of methadone and cause methadone withdrawal symptoms | 2 | 3 - Minimize Risk |
| Zidovudine | May increase in zidovudine concentrations | No message currently returned | 4 - No Action Needed |



From the Registrar



A number of PharmaNet and Pharmacare issues have been raised in recent months, and I'd like to give you an update on our progress and our reasons for lack of progress in some areas.

The College should inform physicians and the public about impending changes to Pharmacare benefits, the Reference Drug Program and the Pharmacare Program in general.

The College is usually informed about Pharmacare benefit and reimbursement changes at the same time that information is distributed to pharmacists. College representatives have met with the Health Minister and with Pharmacare officials to convey the need to inform the public sooner and more effectively. Because of the costs associated with media advertising, it would be prohibitively expensive for the College to undertake this role.

The College should take steps to ensure that prescribers provide their proper identification numbers on prescriptions.

We have repeatedly brought this problem to the attention of the College of Physicians and Surgeons, especially since its staff are concerned about the unreliability of the prescriber database due to incorrect entries by pharmacists. We have provided numerous examples to illustrate our concerns. The issue of prescriber signature legibility is closely related, and examples to

demonstrate this problem have also been forwarded.

Let pharmacists know what the PharmaNet Users Group is doing and increase its accountability to practising pharmacists.

The PharmaNet page in the *Bulletin* now regularly features news about issues under review by the PharmaNet Users Group. In the *May/June 1998* issue, contact information for each of the group's members was published, and College members were invited to contact the group's members directly with any ideas or concerns.

The College needs to watch out that it does not become an administrative arm of PharmaNet.

The Ministry of Health provides the College with an annual grant to offset the expenses involved with administering certain aspects of PharmaNet, primarily those directly associated with the management of the confidential database and the drug information updates. These are both important areas for the direct involvement and control of pharmacists. We are selective in our participation in other aspects of PharmaNet administration, and we become involved only in areas that relate to our mandate.

Ensure faster on-line services.

The PharmaNet Users Group has developed and approved significant adjustments to PharmaNet alert message tolerances. The result will

be the transmission of fewer messages to pharmacies, which will, in turn mean faster on-line service. Unfortunately, PharmaNet software upgrades to effect these changes have been delayed due to other more urgent upgrades.

Get quicker implementation of PharmaNet changes requested by pharmacists.

At a meeting with the then Pharmacare Director Anne McFarlane, the PharmaNet Coordinator and I raised the issue of prioritization of PharmaNet change requests, pointing out the lengthy delays for implementing some of our proposals. A Pharmacare Change Management Advisory Committee has been established, and has met to review the list of change requests and re-examine priorities in order to address concerns. Members of the committee include representatives from the PharmaNet Users Group, the College (Registrar Linda Lytle), the College of Physicians and Surgeons, Pharmacare and the various network systems.

In upcoming *Bulletins*, I will review progress on other issues and concerns raised by our members. In the meantime, I welcome your calls, letters, faxes and e-mails if you want to discuss these or other pharmacy matters.

Linda Lytle
Registrar



Resource Source



◆ New Handbook on Child Abuse and Neglect

The Ministry of Children and Families has prepared a new publication, **The B.C. Handbook for Action on Child Abuse and Neglect**. This handbook, which replaces the 1988 *Inter-Ministry Child Abuse Handbook*, summarizes the key principles, laws and policies regarding the abuse and neglect of children in British Columbia. It reflects the changes in the structure, policies and legislation of participating ministries. For copies of the handbook, please contact the Health Information Line at (250) 952-1742 or 1-800-465-4911.

◆ Seniors Physiotherapy Information Program

The Physiotherapy Association of B.C. (PABC) has launched a new information program for seniors explaining how physiotherapy helps older adults feel better, manage health problems and stay independent. The **PABC Seniors Program** includes an introductory brochure and four informative fact sheets on mobility, staying active, falls, and managing pain, each developed specifically for older adults and the people who care for them. The fact sheets' text can be viewed on PABC's web site at www.bcphysio.org. Copies of the brochure and fact sheets can be ordered through PABC at Tel: (604) 736-5130, Fax: (604) 736-5606.

◆ Knowledge is the Best Medicine

Two informative **Knowledge is the Best Medicine brochures** are available, one for seniors and the other for 18 to 65 year-olds. Each brochure includes helpful insights into maintaining good health, do's and don'ts when taking medications, and how to obtain medication information from pharmacists, as well as a medication record. For further brochure information or to order copies, please contact the Pharmaceutical Manufacturers Association of Canada at 1-800-363-0203.

◆ Be a Resource for National Depression Screening Day - Thursday, 10 October 1998

The Canadian Mental Health Association's (CMHA) research shows that one in ten people will have depression, yet fewer than a third seek help for this very treatable illness. **National Depression Screening Day**, a one-day educational event across B.C., is often people's first step toward getting help. Over the past four years, over 6,000 people have attended the event.

CMHA needs many volunteers to help make the event a success - educators and health care providers to hold educational sessions for participants; site coordinators and assistants; clinicians to review the depression screening tool with participants; and others to help connect participants to resources in their community. Please call Dena Ellery or Alison Jacques at the CMHA B.C. Division at (604) 688-3234 for further information and to volunteer your time.

Plan to Attend



▶ Council Meetings

Friday, 16 October
 Saturday, 5 December
 Friday, 29 January 1999
 Friday, 16 April 1999
 Friday, 18 June 1999

▶ Annual Meeting

Saturday, 19 June 1999

▶ 11th Annual B.C. HIV/AIDS Conference

21-24 November
 St. Paul's Hospital and Robson
 Square Conference Centre
 Contact - Tel: (604) 669-7175,
 Fax: (604) 669-7083,
 E-mail: ebd@compuserve.com

▶ Emergency Response Seminar/Customized CPR Training for Pharmacists

| | |
|--------------|---------------|
| 2 September | Victoria |
| 9 September | Vancouver |
| 29 September | Vancouver |
| 21 October | Prince George |
| 28 October | Surrey |

Contact - Tel: 1-800-575-1379
 (Sponsored by Genpharm, delivered by St. John Ambulance)



People News

**NEW** Councilors' Contact List

Barbara Appleton, *President*
District 2 - Fraser Valley
Tel: (604) 853-9481 Fax: (604) 853-5900

Curt Jordan, *President-elect*
District 7 - Community Hospitals
Tel: (604) 463-1859 or 463-4111
Fax: (604) 463-1860

Shawn Sandhu
District 1 - Metropolitan Vancouver
Tel: (604) 872-5177 Fax: (604) 872-5207

Henry Mah
District 3 - Vancouver Island/Coastal
Tel: (250) 384-4156 Fax: (250) 598-8719

Erica Gregory
District 4 - Kootenay/Okanagan
Tel: (250) 368-3790 Fax: (250) 368-3513

Tinka von Keyserlingk
District 5 - Northern B.C.
Tel: (250) 847-2288 Fax: (250) 847-9034

Mits Miyata
District 6 - Urban Hospitals
Tel: (604) 631-5153 local 2179 Fax: (604) 631-5154

Frank Abbott
Dean, Faculty of Pharmaceutical Sciences
Tel: (604) 822-2343 Fax: (604) 822-3035

Bob Evans
Government Appointee
Tel: (250) 832-1863 Fax: same

Anita Gill
Government Appointee
Tel: (604) 661-6442 Fax: (604) 443-4497

Gordon Hawkins
Government Appointee
Tel: (250) 598-7704 Fax: same

Christine Liotta
Government Appointee
Tel: (604) 534-8949 Fax: (604) 534-8945

Announcements

- ▶ District 2 Councillor **Barbara Appleton** is the new College President for the 1998/99 term.
- District 7 Councillor **Curt Jordan** is the new President-elect, taking office at the 1999 annual meeting.
- ▶ **Lorraine Kerrigan** has left the College staff due to a family relocation, and **Elsie Farkas** is now the administrative secretary (Ext. 212). **Neetika Sethi** has moved from secretary to registration secretary (Ext. 242). The College is currently recruiting for the vacant secretary position.
- ▶ **Inger Eakin** is the new Program Assistant at Continuing Pharmacy Education's Learning Centre.
- ▶ **Jay Ross** of Trail continues as the B.C. Pharmacy Association's appointee to the B.C.A.R.E. Committee. We apologize for the omission of his name from this committee in the College's 1997/98 Annual Reports.

Achievements

- ▶ College Council has selected the 1998 recipient for the **Bowl of Hygeia Award**, presented by Whitehall-Robins. Congratulations to **Richard (Dick) Sparks** of Victoria for outstanding contributions to his community through his active involvement in the local Rotary Club, Housing Society, United Way Campaign, Chamber of Commerce, Mt. St. Mary's Hospital Board, Royal B.C. Museum Board, as well as numerous golf and other sport organizations.

- ▶ **Dale Dodge** of The Medicine Centre Pharmacy in Oliver is commended for his informative presentation at the Canadian Pharmacists Association Conference held this May in St. John's, Newfoundland. Dale discussed cognitive reimbursement issues based on asthma self management training in his pharmacy.
- ▶ **Judith Martinez** of Lambert-Kipp Pharmacy in Invermere recently received a special accolade from a patient that reminds us all of why we are pharmacists. The patient writes, "Consistently, you provided [my father and I] with kind and compassionate service - the warmth one needs to feel when dealing with such a heart-breaking experience as cancer. . . It is people such as yourself who make a difference in this world."
- ▶ For the fourteenth year, another successful annual **Hoechst Marion Roussel Leadership Conference** was held in Montreal offering training sessions and plant tours to Presidents-elect of provincial and federal pharmacy associations, along with the Registrars and/or Executive Directors. Registrar Linda Lytle and then President-elect Barbara Appleton found the April conference very informative.

In Memoriam

- ▶ Council regrets the passing of members **George Mortimer Pettit** of Prince George, and **Eric John Simonson** of Vancouver.