

ReadLinks

New view for you

CPBC launches revised website

If you've logged on to the college's website lately, you've noticed a big change. It has a fresh look, an easier to navigate menu system, and more intuitive sub-categories.

The website revision process started last year, with registrants, staff, and the public polled on what they liked about the college's website, and what needed improvement.

Easier to understand category headings and a less cumbersome menu were at the top of many respondents' wishes, along with requests to pull PharmaNet information into one place, and a general pharmacy information section.

After months of programming and testing, the site is now available to pharmacists, patients, and anyone else who needs to access college- or pharmacy-related resources and information, with a B.C. perspective.

Keep an eye on the site. Once users have had a chance to become familiar with it, the college will be posting a survey to gather feedback on its new format.

Web spotlight

- **About Us** – essentials like governance overview, council and AGM minutes, and college publications, including *ReadLinks*.
- **Quick List** – find certain things fast – topics patients, pharmacists, and others need to access quickly.
- **Pharmacy** – four categories of practice-related info: community, hospital, LTC, and general.
- **Patients** – information for the public on everything from what questions to ask to cancer drug access.
- **PharmaCare** – one-stop access for the public and health professionals.



www.bcpharmacists.org

Methadone delivery reminder

Two key methadone maintenance points

Pharmacies providing home delivery as part of methadone maintenance service must keep in mind two very important points:

- A daily witnessed ingestion (DWI) or first dose on a carry must be witnessed by a pharmacist; ingestion cannot be witnessed by a non-pharmacist staff member, including pharmacy technicians.
- Home delivery is a decision made by the patient's physician. A patient or pharmacist cannot select home delivery if the patient's physician has not indicated this on the prescription.

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ReadLinks

Published bi-monthly by
The College of Pharmacists of B.C.

ReadLinks Editor in Chief: Marshall Moleschi
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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 proposal



Marshall Moleschi

"If pharmaceuticals are a key cost driver in the system, isn't it simply common sense to make better use of those who are experts in pharmaceuticals? To tap their knowledge, use

their skills and bring their expertise to bear in creating a more traditional system of drug therapy? Leaving pharmacists on the sidelines is like having Wayne Gretzky on your team – and benching him. It makes no sense and it must change." Roy Romanow, Canadian Pharmacists Association Conference, May, 2002.

In my last column I described how B.C. pharmacists can provide emergency prescription drug supply (Professional Practice Policy 31) and adapt a prescription (based on Section 31 of the PPODS act) through protocols approved by a health authority or college council.

For many years hospital pharmacists have been successfully providing full medication management under this type of arrangement, with solid support from physicians and nurses.

To enhance patient care and the delivery of health care in the community setting, similar professional services are required. To do this, community pharmacists need a prescription-adjustment framework like the one available to their hospital peers.

The CPBC is developing a professional practice policy that will

address this need, and has started a consultation process to see if the proposed framework will work for practicing pharmacists.

The proposed medication management professional practice policy will allow hospital and community pharmacists to maximize their full educational and professional competencies.

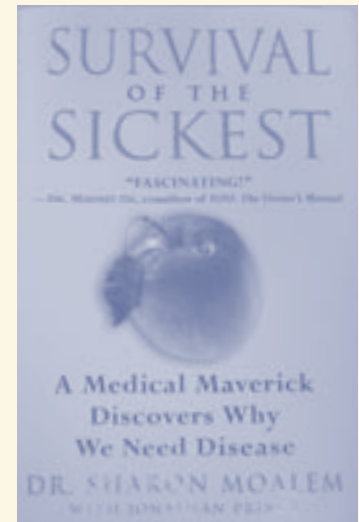
The policy will state that where a specific hospital board or CPBC council-approved protocol does not exist, the pharmacist must refer to the *Framework of Professional Practice* and the associated professional practice policy to guide decisions with respect to adapting a prescription.

Under the proposal, a pharmacist may dispense a drug contrary to the terms of a prescription (adapt a prescription) if the action is intended to optimize the therapeutic outcome of treatment with the prescribed drug and meets a number of essential elements described in the framework and discussion guide inserts that are included with this *ReadLinks* issue.

Those pharmacists who have provided the college with a current email address received an email with a link to the college homepage, where the draft framework and discussion guide are posted, and were asked to provide their thoughts. The college will also seek public input on the proposed process.

The results of the consultations and the draft policy will be brought forward to council's September meeting, and I'll report back on council's decision.

Thank you to the 154 CPBC registrants who answered the corn allergies survey. Participating pharmacists who included their name and email address were entered into a prize draw to win one of two copies of a book by Dr. Sharon Moalem. The lucky winners are Heather Baxter and Verle Miller. Congratulations!



Products without a DIN or NPN

Health Canada reclassification is the reason why

Pharmacists may have noticed that some non-prescription products, for instance, a popular calcium supplement, no longer carry a DIN on the package or label. There is also no natural product number (NPN).

The reason for this is a move within Health Canada to reclassify non-prescription products that traditionally had a DIN to natural health product status. Manufacturers of affected products must apply for NPNs from Health Canada.

These changes have created a backlog of submissions, hence the lack of a DIN or NPN for products that are in re-application mode. Drug manufacturers can market products without an NPN, as long as Health Canada has an application on file.

Wholesalers can confirm whether an item has an NPN submission number, because they are not

allowed to sell unapproved drugs and have a responsibility to ensure a manufacturer has a Health Canada submission number if a product it carries doesn't have a DIN or NPN.

Pharmacists can also contact a manufacturer directly to confirm that an NPN submission has been made to Health Canada and that the manufacturer has received a submission number.

The backlog is expected to be in place for some time: initial bottlenecks were related to natural herbal products; the current slowdown is due to the rescheduling of mineral and vitamin supplements.

If you require assistance transmitting a prescription for any affected natural health product, please contact the PharmaNet help desk at 604-682-7120 or toll-free 1-800-554-0225.

Mighty allergy survey results

CPBC registrants want more NMI info

You read and responded. The May-June issue of *ReadLinks* reported on a little known but potentially deadly problem: how the lack of non-medicinal ingredient information (NMI) on drug container labels can unwittingly lead to severe reactions in patients with allergies.

The article told the story of a patient with a corn allergy; corn is just one of several inexpensive sugar or cellulose sources used by drug makers that can cause an allergic reaction. Potato and rice are known allergens used for the same purpose. Also included with that *ReadLinks* issue was a survey asking pharmacists if they were aware of corn allergies, and if they would like to see more NMI information in drug monographs and on container labels.

The response was overwhelmingly positive. Over 150 CPBC registrants faxed in or mailed replies, that essentially said, "Show us the NMI!"

While a slight margin of responding pharmacists weren't aware of corn allergies (52 per cent vs. 48 per cent), almost all respondents said the article

Corn allergy awareness survey results		
Question	Yes	No
1. Before you read this article, had you ever heard of a corn allergy?	48%	52%
2. Have you ever had a patient with a corn allergy?	19%	81%
3. Do you know if a patient with a corn allergy has ever had an adverse reaction to a drug that was due to a corn-based non-medical ingredient?	10%	89%
4. If you were aware of a NMI-based reaction, was it reported to an ADR centre?*	14%	44%
5. Did this corn-allergy article provide useful information?	97%	1%
6. Having read the article, will you be more aware of potential NMI allergens?	99%	1%
7. Will your practice benefit from the information in the article?	97%	1%
8. Would you like to see NMI info on drug container labels and in product monographs?	98%	0%
9. Would more NMI information improve pharmacist-patient counseling?	96%	3%
10. Would you use Health Canada's <i>medeffect</i> website to report NMI ADRs?	89%	9%
* Not applicable – 42% Differences of two per cent or less can be ascribed to "N/A."		

provided useful information (97 per cent), and they will be more aware of potential NMI allergens their patients come in contact with (99 per cent).

The numbers were equally high on improving processes, with 98 per cent supporting more NMI information in product monographs and on labels, and 89 per cent saying they would report an NMI adverse reaction that was brought to their attention to Health Canada.

Patient care would also improve; 97 per cent of pharmacists said their practices would benefit, and 96 per cent said more NMI information would mean better patient counseling.

The next step for the college is to provide this information to Health Canada. A letter detailing the survey responses will be sent, and we will keep you posted on Health Canada's response.

PRACTICE NOTES

Internet service reminder

Drugs must be federally approved

B.C. pharmacies cannot use their Internet sites to advertise or make available prescription drugs that have not been approved for sale in Canada, regardless of where a patient lives. And Internet pharmacies cannot ask patients to sign forms that supposedly give permission for the drugs to come from foreign locations.

The college received a number of calls about Internet pharmacies shipping drugs from foreign providers. In 2006 Health Canada reminded pharmacies that they were not allowed “to advertise or sell, at retail or via the Internet, drugs that are not approved for sale in Canada...even in cases where the unapproved drugs do not enter Canada but are dispensed by foreign pharmacies and delivered to patients outside of Canada.”

Rx refills and balance owing

Counseling opportunities await

An ongoing prescription drug regimen can be an indication of a patient's chronic condition. Pharmacists should use refills as a counseling opportunity – don't assume a patient understands his or her condition just because they regularly use a particular prescription drug. For instance, use refills to ask about OTC use or lifestyle changes. Seasonal factors can also be a discussion point, for instance, warfarin patients and a possible increase in green vegetable consumption during summer months.

Similarly, use a balance-owing situation as another counseling opportunity. First, take into consideration patient-privacy issues: ask a patient if it is okay to call them when the balance of their prescription is ready for pick up. Leaving a message with someone at the patient's home about a prescription may inadvertently pass along information that the patient wishes to keep private. If the patient doesn't return within a reasonable number of days, this could become a compliance issue, and the prescriber may need to be consulted and the total medication dispensed adjusted.

Pharmacist diplomas

On display – or not?

As newly graduated pharmacists settle into pharmacies, a diploma-related reminder. The display of CPBC-issued certificates of registration (diploma) is optional. Pharmacies may ask a pharmacist if they can display his or her diploma, but the decision is up to the pharmacist. Similarly, pharmacies are not obligated to display a diploma if the pharmacy has a “no diplomas” policy. For more information, call our OnCall pharmacist line at 1-800-663-1940.



Strengthening the Pharmacy Team

Join the discussion about regulation of pharmacy technicians

The Pharmacy Technician Information Sessions are underway:

Vancouver	September 10	Kelowna	October 10
Nanaimo	September 11	Surrey	October 11
Prince George	September 27	Kamloops	October 17
Victoria	October 2	Vancouver	October 24
Burnaby	October 4	Cranbrook	October 25



If you haven't already registered, register today:

- Online at www.bcpharmacists.org
- Email amanda.yen@bcpharmacists.org

For more information about Pharmacy Technician regulation:

- Contact Doreen Leong, Director, Registration/Project Management at doreen.leong@bcpharmacists.org

Diabetes roundup

Studies underscore counseling importance

If nothing else, two recent studies show pharmacists have an opportunity to step up to the plate and help patients with diabetes understand their disease and the pros and cons of available treatment options.

Selenium: maybe not so good

Selenium has a reputation as an antioxidant that maintains glucose metabolism and offers protection against the development of full-blown diabetes. But Rogers Media's PharmacyGateway.ca recently ran an article on a study that found regular selenium supplement use could actually increase the risk of developing diabetes.

Results of the study, which was led by Dr. Saverio Stranges, were published online in the *Annals of Internal Medicine*.

It was a placebo-controlled clinical trial involving 1,200 U.S. patients who did not have diabetes at baseline. The study ran for almost eight years. Fifty-eight patients assigned to the selenium group developed Type 2 diabetes, compared to 39 patients in the placebo group. The article notes, “Patients with baseline plasma selenium levels that were higher than the baseline median value were more likely to develop Type 2 diabetes. The investigators conclude that long-term selenium supplementation does not help prevent the development of Type 2 diabetes and may increase the risk for diabetes. Furthermore, the risk of developing diabetes appears to be higher in patients who have higher baseline selenium levels.”

Older, cheaper, better?

“New and improved” may not be so important, after all. A study of

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Diabetes roundup

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diabetes medications recently published in the *Annals of Internal Medicine* and reported on CTV.ca says older and cheaper drugs treat diabetes just as effectively as newer drugs or those with revised formulas. The investigators examined 216 published studies and two systematic reviews of 10 diabetes drugs.

Their findings earmarked metformin (Glucophage[®], Glumetza[®] and generic versions) as one of the most effective diabetes treatments available, and one of the most affordable. It worked well on a number of fronts, controlling blood sugar levels without sending them too low, and did not cause weight gain; in fact, it also reduced LDL cholesterol levels.

CTV.ca reports the study found all of the diabetes meds reviewed had side effects patients should be aware of. For instance:

- Metformin was associated with greater gastrointestinal problems, along with increased lactic acidosis.
- Repaglinide (GlucoNorm[®]) was linked to higher incidents of hypoglycemia.
- Sulfonylureas were indicated with an increased likelihood of hypoglycemia. Three drugs in this class are sold in Canada: glyburide (Diabeta[®], Euglucon[®], and generic versions); gliclazide (Diamicon[®], Diamicon[®] MR, and generic versions); and glimepiride (Amaryl[®]).

PharmaNet changes coming

Opportunities to provide input

eDrug, part of the province's eHealth initiative, will include a revised PharmaNet system with a new name, PharmaNet-eRx, and new functions.

Two key changes are:

- Prescribers will be able to enter prescriptions into PharmaNet-eRx, with pharmacists retrieving them electronically.
- Patient profiles will be updated upon hospital discharge with drug and clinical conditions information.

OnCall

PHARMACIST INFORMATION LINE

Questions and Answers

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

Q I noticed the pharmacy I work in has started to get shipments of Spectro Eczemacare[®] cream containing clobetasone butyrate 0.05%. Is this now a Schedule II product?

A In B.C. this product still requires a prescription. Eumovate[®] cream containing clobetasone butyrate 0.05% also still requires a prescription. CPBC council has recommended Schedule II status for clobetasone butyrate 0.05% to the provincial government, but for the time being it is Schedule I.

Q I have a patient who requires a one-week supply of heart medications – her physician is away and a replacement doctor isn't available. What is the best way to handle the emergency supply that I give her?

A A pharmacist may issue an emergency release of medication, using his/her identification as the prescriber. Alternatively, some pharmacies prefer to advance the supply and subtract the number of tablets from the quantity that the physician authorizes at a later date. Both ways lead to a positive patient outcome.

Q Is Trinipatch[™] interchangeable with Nitro-DUR[®]? Is Estradot[®] interchangeable with Climara[®]?

A The transdermal patch is interchangeable with another if it provides exactly the same amount of the same active ingredient, possesses comparable pharmacokinetics, and is to be administered in the same way.

Pharmacists can use professional judgment to substitute one interchangeable product for another. It is always a good idea to discuss substitution with the patient, because there may be a reason for the physician or patient to want a particular product, such as allergy to an adhesive.

It is also good professional practice and professional courtesy to fax the physician a note advising him or her of the product substitution for monitoring considerations. The patient should also be instructed to self monitor.

Q A patient asked me if we have started to carry Imodium[®] Liquid for Adults (it contains loperamide 2 mg per teaspoonful). We will be getting a supply shortly – can this product be sold from the Schedule III area outside of the dispensary?

A The labeling includes dosing for children as well as adults; because of this it remains a Schedule II drug, and the product must be sold from a dispensary's professional services area to which there is no public access.

Q A number of product lines have introduced combination products. For example, there is now an ACE inhibitor combined with a diuretic. Can I automatically substitute with the individual products, instead of dispensing the combination product?

A Pharmacists must contact the physician for authorization to substitute. Also, discuss the options with the patient, especially if cost is an issue.

Q The regional manager of our pharmacy chain emailed us about a new product, DDAVP[®] Melt, that we will be stocking. It contains desmopressin 60 mcg or 120 mcg. Is a melt interchangeable with regular-release tablet formulations of desmopressin?

A Melts, or sublingual formulations, are non-interchangeable with regular-release tablets. If the physician orders a rapid dissolving melt or sublingual formulation, it is usually for a patient-specific reason and substitution is not permitted.

Keep up-to-date on eHealth and eDrug at www.health.gov.bc.ca/ehealth/index.html or email edrug@gov.bc.ca.

To participate on an eDrug committee or working group, contact Doreen Leong at doreen.leong@bcpharmacists.org.

PHARMACY ELSEWHERE

Alberta

A move towards tobacco-free pharmacies is gaining momentum. The Alberta College of Pharmacists (ACP) voiced its support with a news release endorsing tobacco-free pharmacies. The college's stance is mirrored in the results of an ACP public opinion survey taken earlier this year. Sixty-seven per cent of Albertans said "no" when asked if a retail setting that includes a pharmacy should sell tobacco products. And the province's minister of health and wellness has introduced legislation forbidding tobacco to be sold in pharmacies.

Spain

PharmacyGateway.ca carried the following summer-related tidbit: a Spanish pharmacy in the seaside resort of Fuengirola petitioned the government for an exemption from closing for customary late-afternoon siestas. The pharmacy also applied for an extension of its business hours into the evening, to take advantage of tourist-generated trade. Farmacia La Concha received permission to conduct business from 9:30 a.m. to 10 p.m. daily, because its busiest summer hours are after sunset.

Pharmacy's important pre-surgery role

Study: pharmacist input halves post-surgery complications

Patients who were counseled by pharmacists as part of a surgery pre-admission clinic fared 50 per cent better in their recovery phase than patients who didn't have access to a pharmacist before surgery, according to an innovative Canadian study.

The investigation, titled *Surgical Pharmacist on Preadmission Clinic Evaluation (SPACE)* was conducted by researchers from the Toronto General Hospital, University Health Network, and the University of Toronto's Leslie Dan Faculty of Pharmacy.

Published in the *Archives of Internal Medicine*, the study followed 464 patients over a six-week period. A week prior to their elective surgery, patients were randomly assigned to an intervention or standard care

group. Those patients assigned to intervention met with a nurse and a pharmacist. The pharmacist asked questions about the patient's medication history and current drug regimens.

Patients in the standard care group did not speak with a pharmacist, and the nurse took the patient's medication histories. The study found those patients who went through the intervention component were half as likely to experience a medication discrepancy following surgery than patients in the standard care group (20 per cent vs. 40 per cent).

And about 30 per cent of patients in the standard care group had a post-surgery medication discrepancy likely to cause "possible" or "probable" harm, compared to about 13 per cent of the intervention patients.



Archives of Internal Medicine - <http://archinte.ama-assn.org/>

Pharmacy visits



Wendy Cseke chats with Marshall Moleschi at the Shuswap Lake General Hospital pharmacy.



Marshall Moleschi and UBC pharmacy Dean Robert Sindelar flank Smita and Harish Natha of Peoples Drug Mart, Ashcroft, on a recent tour of the southern Interior by the BCPhA, UBC's faculty of pharmaceutical sciences, and the college.

Gliding to success



B.C. pharmacist Geoff Squires and his ice-dancing partner Diana Barkley of Vancouver won two silver medals and one bronze medal at the International Skating Union adult championship in Germany this spring.

Feds change narcotic prescribing

More health professions enabled under proposal

Health Canada is considering expanding narcotic drug prescribing rights to podiatrists, midwives, and nurse practitioners.

Increasing the number of health-care professionals who can write prescriptions for controlled substances such as oxycodone, morphine, and other potentially addictive drugs is seen by the federal government as one way to take the pressure off of overloaded general practitioners, and streamline prescription needs for many routine procedures. For instance, foot doctors currently have to send a patient to a GP to get analgesics prior to surgery.

But the nature of these powerful medications has some worried that increasing their accessibility could lead to more substance abuse. On July 12, 2007, the *National Post* reported, "It probably makes sense to give the three groups such prescribing authority, said Dr. Benedikt Fischer of the Centre for Addictions Research of B.C. However, with Canada using five times as many opiates per capita as the U.K., we need tighter limits generally on the distribution of narcotics, he said."

The change isn't expected any time soon. Federal laws will first need to be changed, and then the provinces, which regulate health professionals, will need to revise provincial regulations to enable the expanded prescribing rights.

New children's dosage guide

Resource now in fifth edition

The B.C. Children's Hospital *Pediatric Drug Dosage Guidelines* has been updated and is now available for distribution. This book is a required text resource for B.C. pharmacies.

It can be ordered online from the Children's & Women's Hospital's bookstore (website follows). The cost is \$35 per copy.



Pediatric dosage guidelines – <http://bookstore.cw.bc.ca>

what went wrong

CODEINE SYRUP - dangerous 'near miss' in the community

Problem

ISMP (Institute for Safe Medication Practices) Canada received a medication error report about an error with codeine oral syrup. A seven-year-old boy was seen at an urgent care clinic on a weekend for symptoms of an ear infection. The attending physician wrote two prescriptions: one for amoxicillin liquid 250 mg po q8h for seven days; and one for codeine syrup 15 mg po q4h prn. The quantity ordered for the codeine syrup was interpreted to be 600 mL. The pharmacist attempted to contact the physician to clarify the volume ordered, but was unsuccessful. The pharmacist explained to the patient's mother that the pharmacy had only 500 mL codeine syrup in stock and therefore could not dispense the total volume ordered. He also advised her that he had tried to contact the physician. The pharmacist also recommended that the mother consider giving only half the prescribed dose instead of the full 15 mg dose.

Codeine syrup is available as a 5 mg/mL solution. The recommended dose in children is 1 to 3 mg/kg daily, divided in six doses. The boy weighed 25 kg.

After leaving the store, the mother noticed that the directions on the two 250 mL bottles of codeine syrup were labeled "give 1 tablespoonful every 4 hours if needed." From the information provided on the label, she was able to calculate that a tablespoon would equate to a 75 mg dose, significantly more than the prescribed 15 mg dose. Fortunately, she returned to the store and asked the pharmacist to double-check the prescription. In checking the prescription again, it was realized that the directions on the dispensed product should have read 3 mL per dose instead of one tablespoonful. It was then also surmised that the physician had intended a total quantity of 600 mg and not 600 mL. The label was re-typed and 120 mL of codeine syrup was dispensed.

Contributing factors to the error included workload issues and the lack of an independent check in the dispensing process. The inability to access the prescribing physician in order to verify a prescription is a frustration often experienced in the retail setting.

Safe Practice Recommendations

1. During the prescribing phase there needs to be a risk/benefit analysis of the medication being prescribed. Alternative options (in this case, acetaminophen) should be outlined to the patient and/or family and the decision can then involve the patient and/or their family.
2. Ideally, both the patient/family and the pharmacist should be able to clearly read the prescription. Full information such as the indication and dose calculation, when included in the prescription will also help the checking process.
3. Typically, pharmacies have well-established, redundant systems in place to monitor the accuracy of the dispensing process. A fail-safe process that ensures an independent double check before dispensing medications is critical. As well, the original order should be compared to the final product being dispensed, rather than relying only on the label generated from order entry. "Alarm bells" should be ringing when more than one bottle of a medication is needed to fill a prescription.
4. Unsafe work conditions such as long hours without breaks, multitasking between phones, patients and prescription dispensing, and other workload issues need to be addressed.
5. Ideally, a pharmacy computer system provides a warning when doses exceed the recommended dose limits.
6. Oral syringes, with instructions on their use, should be provided when pediatric liquids are dispensed. Directions that call for the use of 'teaspoon' or 'tablespoon' increase the risk for harm from error in this patient population.
7. Child-resistant packaging is essential with high-risk drugs such as codeine.

Finally, enhancing patient safety will often require being open to tradeoffs such as ensuring adequate staffing at a higher cost to operations.

Source: *ISMP Canada Safety Bulletin* March 2002 Vol. 2, Issue 3. Reprinted with the permission of ISMP.



DRUG UPDATES

For full details please check:

 www.napra.ca or
www.bcpharmacists.org

- CADD® Medication Cassette Reservoirs.
- Fluotic® (sodium fluoride) 20 mg tablets.
- Permax® (pergolide mesylate).
- Prexige® (lumiracoxib).
- Rituxan® (rituximab).
- Sensipar® (cinacalcet hydrochloride).
- Xylocaine® (lidocaine HCl) Jelly 2% Single Use Plastic Syringe (10 mL).



EMAIL DATELINE: CPBC

Are you ready for the latest news?

Fall marks the start of the college's pharmacy technician regulation and registration information sessions. The college will also be updating registrants on practice-related eHealth and eDrug developments.

Keep on top of these initiatives – make sure the college has your email address.

To update your email address, log on to the college website, click on the eServices logo, and follow the prompts. Your eServices ID is printed on all personally-addressed CPBC documents, including annual registration renewal cards.

And remember, the college doesn't send out file attachments that you might not be able to open – college emails contain a brief introductory sentence and a link to information posted on the college's website.

Update your email address and be entered into a draw for one of two \$100 prizes. The latest CPBC registrants to win are Frederick Robillard and Catherine Hamm!



www.bcpharmacists.org

Pharmacist ID: proving yourself

Have your pharmacy identification card on hand

Following the release earlier this year of *FYI* Vol. 1 No. 2 (“Individual impersonating pharmacists”) a B.C. pharmacist contacted the college with a concern. He told the college he had recently encountered several newly registered pharmacists who didn't have any ID proving that they were registered with the CPBC. This pharmacist asked, “Doesn't the college issue something when new people get licensed?”

The answer is yes. Upon first-time registration with the CPBC, a new pharmacy graduate receives a certificate of registration (diploma) with their name and registration number, and a pharmacist identification card with the same information, plus their registration expiry date. The same card is issued upon annual re-registration with the college (sample above).



Make sure you sign the card when you receive it.

The card is wallet sized, and the college recommends pharmacists have it readily available to provide as professional ID if they are asked, for instance, by a new employer. If a new grad hasn't received their card in the mail, the college can confirm registration by phone, at 1-800-663-1940.

Updated Canadian health guidelines

New contraception, immunization, obesity, and respiratory resources

Contraception

Continuous and extended use combination contraceptives are covered in new guidelines from the Society of Obstetricians and Gynecologists of Canada. Topics include efficacy of continuous and extended regimens, side effects, and women who may benefit most from these contraception regimens (e.g., those with endometriosis, abnormal bleeding, or menstrual-related discomfort).

Immunization

The updated *Canadian Immunization Guide* (seventh edition) has complete inoculation guidelines on efficacy, dosing, side effects, and administration for all vaccines available in Canada. It includes information on vaccinating specific patient groups such as pregnant/breastfeeding women, premature infants, and patients with compromised immune systems.

Obesity

These evidence-based guidelines provide a framework for assessing and preventing obesity in Canadian adults and children. The guidelines,

which were published in the *Canadian Medical Association Journal*, include information on the role prescription medications such as sibutramine and orlistat can play as part of a weight-loss regimen for chronically obese adults.

Respiratory

Respiratory (Asthma/COPD) Guidelines for Family Practice is now in its second edition. This publication from the Canadian Respiratory Review Panel is peer-reviewed and evidence-based. The guidelines cover the diagnosis, prevention, and management of asthma and chronic obstructive pulmonary disease (COPD). Pharmacotherapy portions include treatment/disease severity tables and daily dosage and daily cost information.



Continuous/extended contraception – www.sogc.org/media/pdf/cont-ext-contr-guideline_e.pdf

Immunization – www.cmaj.ca/cgi/content/full/176/8/S1/DC1

Obesity – www.phac-aspc.gc.ca/publicat/cog-gci/index.html

Respiratory – www.mumshealth.com