

NEWSLETTER

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REGULATORY CHANGES FOR BENZODIAZEPINES AND RELATED DRUGS

Effective September 1, 2000, most benzodiazepines and some other psychotropic drugs became legally classified as “Targeted Substances” under the Controlled Drugs and Substances Act (see list below). To meet international obligations, most of the controls similar to those for Narcotic and Controlled Drugs will occur at the import, export and licensed dealer (i.e. pharmaceutical manufacturer or wholesale) levels. That is why wholesales and manufacturers have advised that they are treating these substances as Narcotic and Controlled Drugs. Therefore, we encourage members to cooperate in meeting their regulatory obligations.

However, the same analogy does not apply to controls affecting pharmacists.

Generally in community practice under existing federal regulation, “Targeted Substances” are to be treated like Schedule F Drugs, except:

- 1) Receipts of inventory must be recorded in the Narcotic Register, or invoices available to substantiate receipt;
- 2) Repeats are permitted if less than one year has elapsed since the date the prescription was issued;
- 3) Repeats are NOT permitted where the prescriber has specified intervals between refills and the interval has not expired; and,
- 4) Provisions for security (i.e. verifying



Congratulations to Dean & Sue Bradley on the birth of their first child

Benjamin Dean

Monday, September 25, 2000.

Our sincere best wishes to the Bradley family.

the prescriber, securing inventory against loss or theft, reporting losses), destruction of inventory, and emergency supply (i.e. to/from pharmacies and/or hospitals) are similar to Narcotic and Controlled Drugs.

In response to some common questions:

- 1) Written and verbal prescriptions are permitted;
- 2) Written and verbal repeats are permitted if the prescriber indicates a specific number of refills;
- 3) “Targeted Substances” are not subject to the Triplicate Prescription Program at this time;
- 4) Prescriptions can be filed in the regular (i.e. Schedule F drug) files, and retained for at least two years from the date of last fill or refill;
- 5) When refilling, a copy of the prescription filed in sequence as to date and number is NOT needed as long as the refill is recorded in the patient profile; and,
- 6) The following corrects the information provided to pharmacy managers regarding prescription transfers. In our earlier communication we advised that “Targeted Substances are to be treated like Schedule F Drugs except that: ... A prescription may only be transferred ONCE”. While the wording of the regulations differs, the interpretation is the same in that a prescription for a Schedule F Drug or a Targeted Substance may only be transferred once. For example, when Pharmacist A transfers a prescription to Pharmacist B, Pharmacist A cannot transfer the prescription again, nor can Pharmacist A dispense the prescription. Thus, Pharmacist A must cancel or void the prescription in the records. Upon receipt of the transfer, Pharmacist B treats it like a new prescription, and may dispense it no more times than the number of repeats remaining.

For hospital practice, we circulated a Health Canada guidance document to hospital pharmacy managers. In response to several inquiries, we interpret the regulations and the guidelines to mean that “disposition” refers to the distribution system. Thus, hospitals are not required to record the administration of doses of Targeted Substances to patients.

Several other questions are unresolved, but have been submitted to Health Canada. Upon receipt of their reply, we will provide members with this additional information. We have also prepared an update for the Pharmacy Reference Manual.

Targeted Substances:

- all benzodiazepines except for:
 - Flunitrazepam which is an illicit substance; and
 - Clozapine and olanzapine, which continue to be listed in Schedule F to the Food and Drug Regulations
- Clotiazepam
- Ethchlorvynol
- Ethinamate
- Fencamfamin
- Mazindol
- Mefenorex
- Meprobamate
- Methprylon
- Pipradol

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COUNCIL MEETING – SEPTEMBER 13-14, 2000 – SASKATOON

September 13-14, 2000 marked the first Council meeting conducted under the Policy Governance Model. As described in the June 2000 issue of the *Newsletter*, this model focuses Council's activities in policy development and performance evaluation. The implementation of the model went smoothly due to Council's work in the development of the structure over the last year.

A feature of Policy Governance is linking with the ownership to obtain information for decision-making. Council is entrusted by the public to govern and lead the SPhA. Thus, Council discussed options for reaching out to their ownership, the public, to increase their knowledge and to advise on their satisfaction with pharmacy services.

Council approved the final draft definition of The End "a self-regulated profession" referenced in the Mission Statement for the Association (please refer to the last issue of this newsletter). "A self-regulated profession" is further interpreted to include, but not limited to:

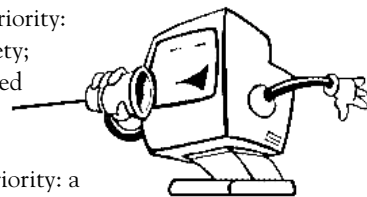
Under authority of the Act, SPhA is established as a not-for-profit democratic organization to regulate the profession, pharmacies and conditions of sale for drugs. SPhA is accountable to the public through the Minister of Health for the proper fulfillment of this mandate.

Council is the chief policy making body and the majority of Councillors are pharmacists. The profession, through the membership, employs democratic accountability concepts to ensure that Council fulfills the obligations of the Association. These concepts include exclusive membership to pharmacists, an elected Council, and general meetings. Thus, through governance, pharmacists control how the Association meets its mandate.

One of the "Ends" that Council monitors is "public policy supporting health". Council agreed that the sale of tobacco products in pharmacies does not support public health and agreed to collaborate with government to legislate an equitable resolution to this subject.

Council approved the proposed **priority and resource allocation framework** to guide budgeting as follows:

- Highest Priority: public safety; standardized pharmacy services
- Second Priority: a self-regulated profession; positive professional image
- Third Priority: public policy supporting health; optimum public use of pharmacy services

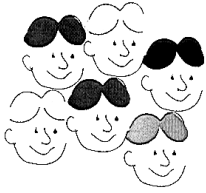


Council reviewed minutes from a meeting of the RBSP Information Technology Task Force and a representative from SHIN. SHIN anticipates that all pharmacies will be linked on the **unsecured e-mail system** by November following the pilot expected to begin in October. This will allow e-mail transmissions between pharmacies, the SPhA office and the Drug Plan and Extended Benefits Branch of Saskatchewan Health. The planned testing of the second phase, secured e-mail for personal health information, is scheduled for February.

The **Triplicate Prescription Program Phase 1** network solution has been completed. The network capability of receipt, storage and retrieval of information on the existing panel of formulary drugs for Drug Plan beneficiaries only, will be operational the morning of October 15, 2000. Pharmacists are asked to continue to mail the College copy for all other beneficiaries. Work on expanding the network to incorporate all beneficiaries is ongoing with the proposed timeline of mid 2001.

The **Academic Detailing Program**, piloted by the Saskatoon District Health Board has been adopted as a model for other health districts. Four health districts are currently exploring the expansion of this program and two other districts have submitted official invitations for future inclusion. The program has been successful due to the utilization of both hospital and community pharmacists "seeking to develop a provincial program that is excellent, useful, objective, unbiased and efficient".

Saskatchewan Health has yet to contact the Association regarding their proposed review of **human resource issues** in the provincial health care



system. Council was informed that CPhA's application for a federal grant to conduct a study of this issue has been approved. We will update members on the findings of this study when the results are available.

Council continues to pursue legislative changes, to authorize pharmacists **dispensing without a prescription**. Prior to submitting regulatory bylaw amendments to the Minister of Health, we have notified the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Medical Association of our intent. At time of printing we have received written notice from CPSS advising of their support. SMA supports some aspects of our position. Council approved for **submission to the Minister**, amendments to the Drug Schedules Regulations, 1997 and to Bylaw 14.13 to enable a pharmacist to sell a Schedule 1 drug without having received a prescription therefor, to a member of the public when:

- a) a formal delegation or transfer of function agreement exists with a practitioner;
- b) under emergency or urgent circumstances when the pharmacist deems it to be in the best interest of the patient to provide:
 - (i) when the practitioner is not available to authorize the prescription, a reasonable quantity to allow sufficient time for the patient to consult with the practitioner or for the pharmacist to obtain the prescription;
 - or,
 - (ii) a reasonable quantity sufficient to meet the patient's needs when a diagnosis or assessment by a practitioner is not required, and the pharmacist is able to assess the patient's needs, or,
- c) when the patient is on chronic therapy and is stabilized on the drug, a reasonable quantity to allow sufficient time for the patient to consult with the practitioner or for the pharmacist to obtain the prescription.

We will inform members of the status of these amendments throughout the process.

REGULATORY BYLAW AMENDMENT

The following bylaw amendment became effective September 1, 2000 upon publication in the Saskatchewan Gazette.

14.3.3.6 Notwithstanding subclauses 14.3.3.5(a) and (b), Council may approve a non-permanent barrier that permits complete security during periods of closure to those products restricted to a lock and leave enclosure offered for sale on shelves outside that enclosure.

The purpose is to allow consideration of barriers other than physical partitioning enclosures as acceptable lock and leave enclosures. As specified in the bylaws, a permit holder must first obtain approval of the Registrar by applying in writing, specifying the physical layout of the closure facilities.

PHARMACY PERMIT AMENDMENTS

Pharmacy permit **amendments** are mandatory for changes in:

- pharmacy manager,
- ownership,
- directors,
- trading name,
- address, and
- lock and leave hours.

It is prudent that the pharmacy manager or proprietor contact the Association office as soon as any change is contemplated, to determine the permit implications. The information is to be provided to the office not later than **five** days prior to the change.

The pharmacy manager is the licensed pharmacist accountable to SPhA and maintains the responsibility for that pharmacy until the amended permit is approved. Refer to *The Pharmacy Act, 1996*, Section 20 and "Responsibilities of a Pharmacy Manager" in the Pharmacy Reference Manual.

The pharmacy permit will be approved the date all requirements are met; a permit will not be backdated. Failure to comply with the Act may result in disciplinary action.

DRUG SCHEDULE BYLAW AMENDMENTS

The following regulatory bylaw amendments became effective upon publication in the Saskatchewan Gazette September 1, 2000.

Schedule III – Pharmacy Only Nonprescription Drugs

- Meclizine and its salts (when sold in concentrations of 25 mg or less per dosage unit)

This means that sale of this drug is restricted as pharmacy only, non-prescription drugs, which can be sold from the public access area of the professional services area.

Unscheduled

- Ibuprofen and its salts (in strengths of 200mg or less per solid dosage form or per 5 ml liquid).

The drug is now unscheduled and may be sold from any retail outlet.

SASKATCHEWAN FORMULARY COMMITTEE BULLETIN #80 – NOVEMBER 1999

“Special Review of Antibiotics”

The Saskatchewan Formulary Committee, assisted by the Drug Quality Assessment Committee, in consultation with provincial infectious disease experts, has completed a review of antibiotics currently covered under the Drug Plan. The focus was on appropriate use of appropriate agents and also considered concerns about the development of resistance specific to Saskatchewan/Canadian populations. As a result of the review, changes were made to the Exception Drug Status criteria for some antibiotics. A wall chart (this chart was provided by Loren Regier for the ABX project) was included with the Bulletin outlining antibiotic, strength/formulation, flavours, pediatric dose, dosing interval, usual maximum daily dose, dosages, cost and comments regarding EDS criteria.

Included with that mailing was a copy of “Selection of Antimicrobial Drugs”, the findings of a Special Review Committee on Antibiotics published in November 1999. This report, in chart format, lists antibiotic choices for common infectious diseases.

This example of a drug use management strategy focusing on appropriate antibiotic use is a resource that may be useful for clinical presentations to professional groups in your community. A limited number of wall charts are available through the Drug Plan. Should you require information or a copy of this bulletin please contact the Drug Plan at 787-3315 or 1-800-665-7578.

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- Pat Guillemin, Administrative Assistant
- Ray Joubert, Registrar-Treasurer
- Cheryl Klein, Administrative Assistant
- Tamarha Robbins, Administrative Assistant/Receptionist
- Wayne Wurtz, Field Officer

MANUFACTURING AND COMPOUNDING DRUG PRODUCTS IN CANADA



To: Associations

I am pleased to inform you that the final version of the Policy Framework for Manufacturing and Compounding Drug Products in Canada is now available on the Therapeutic Products Programme (TPP) Web site at: www.hc-sc.gc.ca/hpb-dgps/therapeut and can be accessed in the ISSUED section of the POLICIES page. The Framework identifies and addresses issues related to compounding and manufacturing of drugs in Canada.

This Policy Framework was developed by the Therapeutic Products Programme in collaboration with the Canadian Society of Hospital Pharmacists (CSHP) and the National Association of Pharmacy Regulatory Authorities (NAPRA).

Yours sincerely,
Robert G. Peterson, M.C., Ph.D., MPH
A/Director General, TPP, Health Canada

Excerpt from the document *Manufacturing and Compounding Drugs in Canada*:

Distinction between manufacturing and compounding is made as follows: Manufacturing activities are subject to regulation under the *Food and Drugs Act and Regulations*, GMP guidelines and inspection by Health Canada, while compounding activities are conducted by a pharmacist or practitioner within the professional practice of pharmacy or medicine, regulated by provincial regula-

tory authorities in accordance with guidelines and standards that ensure the quality and safety of pharmaceuticals they compound. Compounded products are prepared for individual patients, within a specific population (refer to 4.0, definitions, established pharmacist-patient-prescriber relationship) pursuant to, or in anticipation of, a prescription within an established pharmacist-patient-prescriber relationship.

PHARMACTION PROGRAM EXPANDS INTO DOCTORS’ OFFICES: A FIRST FOR CANADA

PharmAction, now in its fifth year of operation, is an effective and popular patient information program distributed in 3,500 pharmacies across Canada.

The program’s success has prompted such a positive response from physicians that it is now being distributed in over 1,000 doctors’ offices, where it is known as MedAction. For the first time, exactly the same information is now available in Canadian pharmacies and doctors’ offices.

PharmAction provides patients with the facts they need to know about a wide variety of topics, including acne, antibiotics, asthma, COPD, cholesterol, congestive heart failure, diabetes, gastric problems, hypertension, migraine, pregnancy, and your pharmacist. Its unique

interactive format helps them focus on the key questions they should be asking, and helps them understand such important treatment issues as the efficacy of their treatment, barriers to treatment, and existing or potential problems such as side effects and allergies.

Covering such topics as the goals and expectations of pharmacological and non-pharmacological treatment, and the proper use of medication, PharmAction provides patients with concise, relevant information developed in cooperation with Medical Societies and Public Health Associations.

For more information, call 1-800-363-5634.



FAXBACK! SUMMARIES

The FaxBack! has proven to be a valuable tool in our communications strategy. Thank you to all those who have responded, the information provided has been invaluable. Not only what you have said, but what you have not said also provides useful information to the Association.

FaxBack # 10

The FaxBack! sent with the March 2000 newsletter focused on **Crimes against Pharmacy.**

176 (16% of our practising membership) responded to the FaxBack! Respondents were asked to provide information from their experience over the past three years. The magnitude of the problem is obvious, the solution is not.

- Of the respondents:
- 83% Have been subjected to verbal harassment from a customer
 - 39% Have felt physically threatened
 - 62% Practice in a pharmacy that has had a break and enter
 - 77% Practice in a pharmacy that has had a forgery
 - 80% Practice in a pharmacy that has had a robbery (includes grab and run thefts/ shoplifting)
 - 29% Practice in a pharmacy that has had an armed robbery

When asked "How often do you have concerns about your physical safety at work?" 40% responded, "I rarely think about my safety."

The Crimes Against Pharmacy Task Force will be reviewing these statistics as well as the comments received from the members when determining their next steps.

FaxBack! # 11

This FaxBack! included with the May 2000 issue requested volunteers to serve on committees to impact on how the profession achieves the self-regulatory mandate of protection of the public while maintaining high professional standards that Pharmacy enjoys. Committee members receive travel, accommodation and meal expenses as well as an income replacement per diem for time spent on Association business.

To those members who have responded to the FaxBack! we will be reviewing the Committees in the coming months and will contact you thereafter. The Association appreciates your support.

**FaxBack! # 12
Centralized N & G Drug
Pharmacy Depot**

At the May meeting of The Crimes Against Pharmacy Task Force, various solutions to crimes associated with pharmacy were discussed. Our summer student, Myla Bulych, was directed to research different possibilities put forward by the Task Force.

One of her research assignments was to explore the concept of having a secure, centralized pharmacy or depot for Narcotic and Controlled Drugs storage. This concept has been attempted in other jurisdictions. The Task Force requested the members comments via a FaxBack!. 7% of the practising membership responded.

1. Do you think that narcotics and controlled drugs are the main cause of security issues/problems?
 - 69% Yes
 - 31% No

Examples cited for security problems are: tobacco, alcohol(where sold) cash, other drugs on premises, vandalism, shoplifting, lack of punishment for criminals, lack of adequate health/ judicial support for the treatment of drug related addictions.

2. Would it be acceptable to have a waiting period for delivery of narcotic and controlled drugs?
 - 30% Yes
 - 70% No

If yes, how long?

 - Within the hour 39%
 - 1-4 hours 46%
 - 24 hours 15% (Unless it is an emergency.)

3. Would you be in favor of a local off-site narcotic storage depot from which you could draw narcotics as needed to fill at your location?

25% of respondents answered yes. Few commented, but those who did offered many reasons why this would not work, mostly for financial reasons. Others stated that this would only be moving the risk to another person or location; the underlying problem would still be there.

The 75% of respondents who answered no, there was no question as to how they felt. Responses ranged from passing the risk to others, financial implications, patient accessibility for needed medications, difficulties with delivery system, and poor customer service. Other comments were of a more direct negative nature.

The information will be reviewed by the Task Force as they develop their recommendations.

INJECTION DRUG USE AND HIV/AIDS: LEGAL AND ETHICAL ISSUES

The HIV/AIDS Program, Policy and Coordination Division of Health Canada funded the Canadian HIV/AIDS Legal Network to examine the legal and ethical issues surrounding HIV/AIDS and injection drug use.

- Seven priority issues have been analyzed, ranging:
- from the impact of the current legal status of drugs and drug use on efforts

- to prevent HIV infection among injection drug users,
- to is it legal and ethical to withhold antiretroviral drugs from HIV-positive drug users,
- to the exclusion of drug users from clinical trials involving HIV/AIDS drugs,
- to legal and ethical considerations that should be taken into account when

implementing needle exchange and methadone maintenance programs. This report and a series of 11 information sheets on the same subject can be retrieved at the Web site of the Canadian HIV/AIDS Legal Network at www.aidslaw.ca or ordered through the Canadian HIV/AIDS Clearinghouse. Phone: 613 725-3434 / Fax: 613 725-9826



On Your Behalf ...

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NEXT RBSP MEETING

The Board will meet next on December 8, 2000 in Regina. To have your issues addressed at an upcoming meeting, please contact your Board member or Dean Bradley at 306-359-RBSP (7277) or e-mail dean.bradley@sk.sympatico.ca

BOARD HIGHLIGHTS

RBSP Plans to Incorporate as a Separate Organization

The Representative Board of Saskatchewan Pharmacists was created in July 1998 as an independent (but not autonomous) division of the Saskatchewan Pharmaceutical Association to serve as an advocacy or self-interest group for Saskatchewan pharmacists. The Board is directly accountable to the membership through an elected Board of Directors. However, under the current structure, as recommended by the Reorganization Task Force, the RBSP is not its own legal entity. Consequently, the RBSP operates under several limitations, such as no legal authority to enter into contracts, and, on an annual basis the SPhA Council must approve the RBSP budget and activities.

The Board is actively examining the options available to become a legal entity of its own, and therefore, move out from underneath the SPhA umbrella. Implications to the membership are not known as this point, but we will keep you informed of our progress leading up to a vote to separate at the 2001 RBSP Annual General Meeting.

Liability Insurance for Directors of Pharmacies

In the August 2000 issue of *On Your Behalf*, we advised how pharmacists who are directors of corporations may be held financially responsible for certain liabilities should the pharmacy at which they work declare bankruptcy. The Board heard a presentation from John Lothman of the CPBA regarding the availability of insurance that protects directors against any liability, except where the liability relates to the director's failure to act honestly and in good faith with a view to the best interests of the corporations.

The product is called a **Personal Umbrella Liability Policy**. This policy will provide \$1,000,000. coverage for directors or officers (higher limits are

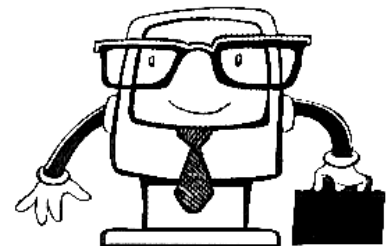
available). Although this product is not a CPBA package, it is available through John Lothman 1-800-667-9650.

Pharmacist Shortage

The Board considered a proposal from the Canadian Association of Chain Drug Stores (CACDS) to jointly fund a pharmacist manpower analysis in Saskatchewan. The Board will investigate the CPhA initiative regarding the pharmacist shortage to see if it meets the needs of Saskatchewan pharmacists before making a decision on the CACDS proposal.

District Meetings

The Board considered its participation in the Fall 2000 District Meetings. It was ultimately decided not to participate in this round of meetings. Instead, the Board will send a direct communication to the membership outlining its current initiatives. The Board will consider holding its own District Meetings in Spring 2001.



Information Technology Task Force

The Information Technology Task Force was created by the Board to advise on computer technology issues as they affect the practice of pharmacy. Rod Amaya has agreed to serve as Chair of this Task Force. The other Task Force members are Ray Bannister, George Furneaux, Brian Henderson, Linda Klassen, Dale Rodenbush and Doug Selinger. Peter Suwala of the Saskatchewan Drug Plan attends the meetings to provide their perspective. The Task Force held its first meeting in Regina on September 6, 2000. Terry Kereluke from SHIN made a presentation about plans to provide Internet access and e-mail to

Saskatchewan pharmacies. The Task Force has arranged for a pilot project involving seven pharmacies to take place by the end of October. Once the pilot is completed, plans will be made to provide Internet and e-mail access to all pharmacies. Members seeking more information are encouraged to contact the Task Force Chair, Rod Amaya or Dean Bradley at (306) 359-RBSP.

Board Workshop Follow-up

The Board held a strategic planning workshop in March 2000. A follow-up session was held September 13, 2000 as the entire workshop had not been completed in March. We will report further on the outcome of the workshop in future editions of the newsletter.

ABX Project

The project is now well into the evaluation phase. Information gathered during this period will be used to assess the effect of the profiling and academic detailing provided to physicians during the intervention phase. Data collection by SPDP will continue until September 30th in the Battlefords and until October 31st in Yorkton, Canora, Melville, Moose Jaw, Estevan, and Weyburn. To provide more complete data on antibiotic prescribing, participating pharmacists in these areas are transmitting all Exception Drug Status antibiotics to SPDP, regardless of patient coverage.

As well, pharmacists and physicians in the intervention sites are being asked to assess the project on a survey questionnaire. We encourage everyone to fill out and return the survey.

The information provided by the Day-4 interventions (reminder letters and telephone callbacks) and the prescription history questionnaires is now being organized into a database in preparation for analysis. Thank you very much to all the pharmacists who took part in these activities.

The winners of The ABX Project participation prizes were selected by random draw.

The following pharmacies received the grand prize of a year's subscription to *The Medical Letter*: Hearn's Westview Pharmacy (Yorkton), Pharmasave (Moose

Jaw), Wal-Mart (North Battleford), and Wal-Mart (Prince Albert).

The final report on the project is scheduled to be ready in March 2001. Copies of the report will be sent to all

participating pharmacies at that time. As well, we also plan to present the project results at local continuing education seminars for pharmacists and physicians.

CSHP (SASK BRANCH) UPDATE



New Sask Branch Web Page

The Saskatchewan Branch of the Canadian Society of Hospital Pharmacists has created its own Web page. The site provides a quick information centre for all CSHP members. The site contains information on upcoming CSHP events, CSHP awards, and membership. CSHP Council and Committee Chairs are listed, and the CSHP (Sask Branch) Newsletter *Postscript* is also available on-line. Check it out.

The address is www.cshp-sk.org.



Saskatchewan Branch, CSHP

The Canadian Society of Hospital Pharmacists has established several national Pharmacy Specialty Networks (PSN). One of these is for pharmacists working in small, rural or isolated hospitals. If you think that you would benefit from exchanging information with colleagues facing similar issues, you can get more information or join this PSN through the discussion area of the national CSHP Web site located at www.cshp.ca. Alternatively, contact Barry Lyons at blyons.nehd@sk.sympatico.ca.



PHARMACY – A “WHOLE-ISTIC” APPROACH

Join CAPSI in Saskatoon for PDW 2001, January 31st – February 3rd for Professional Development Week.

- Speakers and interactive sessions will address a “whole-istic” approach
- Topics that will be discussed include
 - Pharmacist-patient relationships
 - Seamless care
 - Disease prevention strategies
 - Efficacy and regulations of health products
 - Biotechnology
 - Nontraditional therapies, and more.
- Saskatoon offers warm hospitality, friendly people, and unique prairie experiences to make the conference a rewarding and enjoyable event.

For more information contact: pdw2001@pharmacy.usask.ca

YOU ASKED US

What is SPhA's position on over-labeling?

While over-labeling is a common practice, any pharmacist placing a prescription label over an existing stock bottle label must ensure the pharmaceutical elegance of the completed product. The final prescription package must project a positive image for the profession and must not be incompatible with our professional image or undermine public trust.

We recently received an example wherein a product labeled and containing Slow K was placed in a stock bottle which formerly held Coumadin. The pharmacist failed to cover the directions, expiry date and indications for the Coumadin. This led to the matter being referred to the office.

This matter could have been resolved if the pharmacist had, at least, covered all the stock bottle labeling. This may still be inappropriate, as the text still may be visible through the prescription label. To ensure that there is no cross contamination of any residue, the container should be thoroughly washed and the label soaked off prior to being recycled.

I submitted a claim to Greenshield for an employee of Saskatchewan Health. Greenshield did not allow a "clearance period" so that we could clear out existing inventory. What remedy is available to pharmacists who have had their claim reduced by the Greenshield system?

To accommodate the pharmacists, Greenshield allows an on-line submission format, which takes into account pricing discrepancies, as a result of AAC. To that end, the pharmacist should bill his/her AAC and use the on-line intervention code — 'MI'. With this code associated with an electronic claim the pharmacist will be entitled to exceed our maximum allowed cost up to 25%. Pharmacists should be directed to their software vendor for direction on the actual per claim use of this intervention code — it varies at the software level. They are advised to ensure that a copy of the purchase invoice be available, in the event of audit.

Should the AAC exceed the maximum allowed +25%, the pharmacist will be asked to submit a manual claim for the further excess.

Janice Finlay, Supervisor, Drug Claims, Greenshield Canada

What are the labeling requirements for medications packaged in a compliance package?

Council has approved a set of guidelines for the proper labeling of Customized Patient Medication Packages, often referred to as "Complipaks" or "Pillpaks". A customized medication package is defined as a series of blisters, or compartments, which contain more than one prescribed solid oral dosage form and those medications may be administered at the same time without any drug interaction effects.

These guidelines also require some specific labeling requirements, which are outlined as follows:

- 1) The patient med pak shall clearly indicate:
 - the name of the patient
 - the name of the prescriber for each prescription
 - the prescription number for each prescription
 - the date dispensed
 - the name, strength, description and quantity of each prescription
 - the directions for each prescription
 - the name, address and phone number of the pharmacy
 - the name or initials of the pharmacist
- 2) If the **drug name** and **strength** is abbreviated on the back of each blister, the label must show the full name of the product and the corresponding abbreviation.
- 3) A **description** of each medication must be provided, either on the label or compartment, or as separate written information.
- 4) The **quantity** of each product in a med pak may be shown as, for example:
 - the total number per card (7/card, 14/card)
 - the dosage each day (1/day, 2/day) or,
 - label each blister.
- 5) The **directions** for each prescription may be shown on the label, or, with graphics on the packaging.
- 6) The label and all auxiliary information must be clearly visible.

For additional information, please refer to your SPhA Pharmacy Reference Manual, under the section entitled "Customized Patient Medication Packages".



FROM THE DESK OF THE DEAN ...



**Dr. Dennis Gorecki
College of Pharmacy and Nutrition**

Another academic year has begun in the College, with new students, new faculty, a revised B.S.P. program, renovated College Office and a new organizational structure.

In this issue I am pleased to report on the new administrative structure, which is aimed at enhancing the efficiency and effectiveness of our operations. The College will be governed by three major Committees and two Divisions. The Undergraduate Affairs Committee, chaired by Assistant Dean Dr. Linda Suveges, will take responsibility for academic programs delivery and management, admissions, awards, instructional development and student services.

Assistant Dean Dr. Susan Whiting will chair the Research and Graduate Affairs Committee which oversees graduate program issues, monitoring of research goals and initiatives, equipment and computers, laboratory health, safety and environment issues, and the College's seminar program. Strategic planning, policies and procedures, facilities, resources and communications, alumni and development, and employment equity will be the responsibility of the Administrative Affairs Committee, chaired by the Dean. The Division Heads, Drs. Fred Remillard (Pharmacy) and Shawna Berenbaum (Nutrition and Dietetics) will bring together their respective Division members, students and affiliated services representatives to discuss and make recommendations regarding Division operations, academic programs, coordination of experiential training, and liaison with services that contribute to our programs (e.g., Dial Access and Continuing Professional Development for Pharmacists).

The Dean, Assistant Deans and Division Heads form the College's Executive

Committee, which plays a key role in budget issues and monitoring our mission and goals. A new feature will be an annual "All-College Meeting" of faculty, staff, students and representatives from the professions. There will be a "state of the College address", and attendees will be encouraged to contribute opinions and questions on issues affecting our programs. College faculty members will meet four to five times a year and continue their role in recommending faculty actions (related to academic performance of students), degrees and program changes to the "Full Faculty". This body, which includes members of senior administration and representatives from other faculties, approves the above actions. Recommendations for major program revisions go on to University Council for final approval. Representation of students has been increased in many areas of the new structure, most notably student representatives will now have voting privileges on our Faculty and Full Faculty. We look forward to many positive changes, and welcome input from our partners in the professions.

P R O F E S S I O N A L O P P O R T U N I T I E S



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A pharmacist is needed to cover a 6-month maternity leave. It will be a 35-hour work week, Monday to Friday starting January 2, 2001.

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Bengough SK SOC OKO

Phone: (306) 268-2002
Fax: (306) 268-2801

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Fax resume to: OR Phone:
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Ask for Laurie or Jose
Phone: (306) 469-2212 • Fax: (306) 469-4514

**10 Year Reunion
Class of 1991
College of Pharmacy
U of S**



Mark your calendars for June 29 to July 1, 2001!
A group mailing was sent out in late September, so if you haven't received an information letter yet, please contact:

Andrea (Finstad) Shoobert
522-1610 or afinstad@sk.sympatico.ca
Susan (Mah) Yee at 789-4467 or gsyee@sk.sympatico.ca



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E-mail: longvdm@telusplanet.net



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The successful applicant is required for dispensing and pharmacy functions, patient counselling and customer service. Responsibility for some store management will be required in the absence of the store manager. A professional attitude and the ability to communicate well with customers is required. Salary range: \$28-\$32/hour with complete benefits package.

We are looking for an ambitious, energetic, potential pharmacist entrepreneur who has the traits to be involved and succeed in drug store ownership in the future. We offer the necessary work experience, training and financial backing to make ownership a reality.

For more information or to apply in confidence, please submit resume to:

Mr. Blair Pateman
Paragon Pharmacy Ltd.
54 – 3rd Street N.E., Weyburn SK S4H 0V9
Phone: (306) 848-3868 or 1-888-848-3850
Fax: (306) 848-3859
E-mail: pateman.b@dlcwest.com

Shoppers Drug Mart Orangeville, Ontario Spring 2001

The position requires an individual who exhibits a high degree of professionalism and excellent counselling skills. Previous Shoppers Drug Mart experience not essential.

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The position offers a very competitive salary and benefits in a new midnight community pharmacy. Services include an in-house medical lab.

If you are planning a move to Ontario, this may be the opportunity you are looking for.

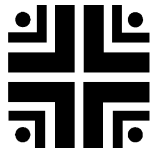


Please contact:
Leon Munoz
Home: (519) 941-9956
Fax : (519) 941-3467

**FULL-TIME PHARMACIST
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We require a full-time pharmacist for an independent community pharmacy in Gravenhurst, Ontario in the heart of the Muskokas just 145 km north of Toronto. Muskoka is renowned for the splendor of its many lakes providing excellent recreational facilities all year round. For the suitable applicant, there may be an ownership opportunity.

Apply to: Paul Lucas
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Regional Hospital
requires
Permanent Full-time
Pharmacists**

Thunder Bay Regional Hospital is a 340-bed regional, acute care referral centre located in Northwestern Ontario. We are dedicated to the provision of outstanding patient care.

Thunder Bay Regional Hospital was formed as the result of the restructuring of local acute care hospitals into one new regional acute care centre. Services offered at the institution include general medicine and surgery, regional Renal Services Program, Cardiac Rehabilitation Program, Oncology Program and a Perinatology Program. We are developing a new 375-bed, state-of-the-art facility, planned for completion in the Fall of 2002. We currently have positions for **full-time Pharmacists** on our team.

You will be part of a progressive department that provides drug therapy monitoring, inpatient counselling, a pharmacokinetic dosing program, drug information, and involvement in multi-disciplinary patient care rounds. The position also includes drug distribution activities in a fully computerized department that provides a wide range of services including parenteral nutrition, chemotherapy, and IV admixture service.

You are an energetic individual who exhibits excellent organizational and interpersonal skills and the ability to work well in a team environment. Previous hospital experience will be an asset. You must be registered to practice or be eligible to be registered to practice in the province of Ontario.

We offer competitive salary and benefits. Please forward your resume in confidence to:

Jeff Chan, Manager
Department of Pharmacy
Thunder Bay Regional Hospital
460 N. Court Street
Thunder Bay ON P7A 4X6
Tel: (807) 343-7126 Fax: (807) 345-8421
E-mail: chanj@tbh.net

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If you are an enthusiastic, multi-tasking pharmacist (licensed or eligible for licensure in Manitoba or Saskatchewan) with a vision of pharmacy's emerging role in community health care, this is the position for you. This is an excellent opportunity to work with a progressive group of pharmacies committed to the growth and expansion of professional services. If you share this commitment, please forward your resume in confidence to:

Mr. Bruce Pearson, Chairman
Board of Directors
Pharmasave Drugs (Central) Ltd.
206 – 584 Pembina Highway
Winnipeg MB R3M 3X7

**DEADLINE for applications:
Wednesday, November 15, 2000**

For further information, please call:
Shelley M. Stepanuk at (204) 985-0233.

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pharmacies Canada-wide.*

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E-mail: ehowdle@calgarycoop.com
OR – Contact: Ron Lane, Pharmacy Director
(403) 219-6025, Ext. 6128

We thank all applicants for their interest, however only those candidates to be interviewed will be contacted.



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SPEED READING

TRIPPLICATE PRESCRIPTION PROGRAM

The Triplicate Prescription Program has notified us that they currently have over 600 triplicate prescriptions without personal health numbers. While the College of Physicians and Surgeons acknowledges that this is the physician's responsibility, the Program is asking for members' assistance to ensure that the information is recorded.

The individuals responsible for inputting the information into the system do not have access to these numbers and so will be returning the prescription copies for completion.

We realize that this request may pose an extra burden for members but trust this situation will resolve itself with the implementation of the network solution.



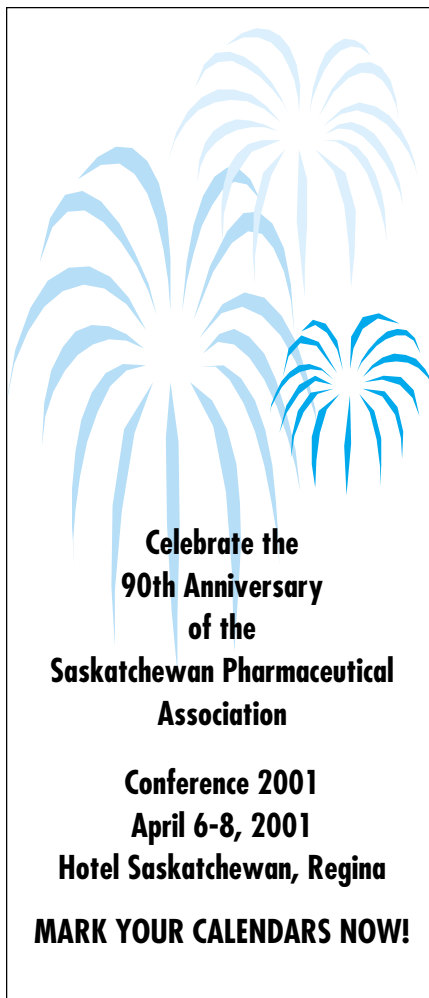
NOTICE OF COMPLAINT

The Complaints Committee of the College of Physicians and Surgeons has requested that we notify our members of a recent complaint lodged against one of their members. The complainant did not give permission to disclose her name and therefore it is impossible for us to contact the pharmacist involved, however we agree that the circumstances warrant comment.

The physician has acknowledged the error in the amount of medication prescribed and the Committee is of the opinion that physicians are responsible for the prescriptions they write.

They did wonder why the pharmacist would not question a prescription of morphine for the prescribed amount when the file would indicate that the patient had never had a previous prescription for morphine. Had the pharmacist interacted with the attending physician and questioned the written prescription this error might have been avoided.

Members are reminded that in providing professional services, it is the responsibility of the pharmacist to determine that all components of the prescription fall within reasonable parameters.



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of the
Saskatchewan Pharmaceutical
Association**

**Conference 2001
April 6-8, 2001
Hotel Saskatchewan, Regina**

MARK YOUR CALENDARS NOW!

 **HEALTH CANADA**

Health Canada has requested that we remind pharmacists of the guideline for health care professional reporting of Adverse Drug Reactions. Copies of the guideline and ADR reporting form can be found in the July 2000 edition of the Drug Plan Formulary pages 296 to 300.

A copy of the form is located in the Canadian Compendium of Pharmaceuticals and Specialties (CPS), and on the Internet at <http://www.hc-sc.gc.ca/hpb-dgps/therapeut/> under the subjects *Guidelines and Forms*.

It is hoped that through increased awareness of adverse drug reaction reporting and the TPP's Post-Approval Assessment Programme, signals and trends in drug safety and effectiveness will be more efficiently identified.

METHADONE LABELING AND DISPENSING

For patients who have been granted carry privileges, the medication should be labeled according to federal/provincial requirements. A warning must be included to the effect that the amount of drug contained could cause serious harm or toxicity if taken by someone other than for whom it was prescribed.

Bottle as individual dosages and label for carry-home dosages. Childproof safety caps should be used on carry bottles. The provincial guidelines do specify the use of 100ml when dispensing methadone, as a large volume is harder to divert.

Please contact the SPhA office for copies of the guidelines from both the Drugs Directorate, Health Protection Branch, Health Canada (1994) and Alcohol & Drug Services, Saskatchewan Health (1995).



THE SASKATCHEWAN TRANSPLANT PROGRAM

The Saskatchewan Transplant Program is pleased to announce that Susan Teplitsky, one of our members, has joined the transplant team. This is a joint one-year pilot project between the Saskatchewan Transplant Program and the Pharmacy Department, Royal University Hospital. Congratulations, Susan! Any questions regarding medications for transplant patients may be directed to Susan at (306) 655-4052.



WELCOME MICHAEL

While Pat Guillemain is on maternity leave, Michael Bigayan will be fulfilling Pat's duties.

Please join us in welcoming him to the SPhA office staff.

