

# NEWSLETTER

700 – 4010 Pasqua St., Regina, SK S4S 7B9 • (306) 584-2292 • Fax (306) 584-9695 • E-mail: saskpharm@sk.sympatico.ca

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## A PIECE OF CANADIAN HISTORY SPHA SIGNS MUTUAL RECOGNITION AGREEMENT

**A**t a ceremony held in Halifax April 8, 2000, SPHA officially signed a mutual recognition agreement with eight other provinces. It enhances the mobility of pharmacists amongst these provinces as required by the Agreement on Internal Trade. The signatories agree with one another to recognize the qualifications of pharmacists from the other jurisdictions without imposing unnecessary barriers such as re-examining professional qualifications. Provinces can still impose reasonable requirements based on local needs (i.e. jurisprudence examinations because provincial laws differ). The text follows:

### Agreement

**1** We, the undersigned, agree that the practice of pharmacy has a high degree of commonality among jurisdictions across Canada.

**2** We, the undersigned, agree that the *Professional Competencies for Canadian Pharmacists at Entry-to-Practice (April 26, 1997)*, developed by the National Association of Pharmacy Regulatory Authorities (NAPRA) and forming the basis of NAPRA's *Model Standards of Practice for Canadian Pharmacists (April 5, 1998)*, the *National Model Licensing Program* and the Association of Faculties of Pharmacy of Canada's *Educational Outcomes*, is representative of the high degree of commonality in the practice of pharmacy among signatories to this Agreement. It is understood that these documents will evolve over time as required to meet the needs of the Canadian public.

**3** We, the undersigned, agree to abide by this Mutual Recognition Agreement among provincial regulators and will take action in our respective jurisdictions to seek legislative and regulatory amendments to give effect to the terms of this Agreement.

**4** We the undersigned agree to recognize the qualifications of a pharmacist who is licensed/registered in the jurisdiction of a signatory on July 1, 2001 and to register/license such pharmacist into an equivalent or comparable registration/licence.

Further, we agree to recognize the qualifications of a pharmacist who is licensed/registered in the jurisdiction of a signatory after July 1, 2001 under the following conditions:

- He/she has completed an accredited degree program in Pharmacy;
- He/she has attained the language requirements of the jurisdiction at a level consistent with the *"Language Fluency Requirements for Licensure as a Pharmacist in Canada"*;
- He/she has attained the competencies prescribed in *"Pharmacy Jurisprudence Competencies for Licensure as a Pharmacist in Canada"*, and can demonstrate competence in jurisprudence specific to the province in which registration is being sought;
- He/she has successfully completed a structured practical training program consistent with *"A Framework for Assessing Canadian Pharmacists' Competencies at Entry-to-Practice Through Structured Practical Training Programs"*; and
- He/she has successfully completed a licensing examination based on the

*"Professional Competencies for Canadian Pharmacists at Entry-to-Practice (April 26, 1997)"*, and approved by the National Association of Pharmacy Regulatory Authorities.

**5** We, the undersigned agree at the time of application, the applicant will have:

- met other provincial requirements specific to his/her moral character, reputation, and professional standing;
- met other provincial requirements specific to his/her scope of practice;
- provided evidence, where applicable, that they have successfully met the standards set out in the *"National Model Continuing Competence Program for Canadian Pharmacists"*, or until such time that this Program is implemented, those standards set out in a continuing competence program of their current jurisdiction; and
- provided written verification of standing from all jurisdictions in which they are currently licensed and declared all jurisdictions in which they have been previously licensed.

### WHAT'S INSIDE?

- Council Highlights
- Elections 2000
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- *On Your Behalf* – RBSP
- Conference 2000
- Marathon Man



**SPHA COUNCIL 1999-00**

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 University of Saskatchewan  
 110 Science Place  
 Saskatoon SK S7N 5C9

**Public Members**  
 May Bridgewater, Regina  
 Kay Fergusson, Saskatoon

**COUNCIL HIGHLIGHTS – APRIL 12-13, 2000**

Council met in Regina on April 12 and 13, 2000.

On the first day, Council concluded a series of workshops on “Policy Governance”. This is a structured board governance concept whereby Council, as the Board of Directors for the Association, sets policies in four areas:

1. Governance Processes describe policies on how Council governs the affairs of SPhA;
2. Executive Limitations describe the limitations imposed on the Registrar, while the Registrar can implement policies based on any reasonable interpretation within these limitations;
3. Council-Registrar Relationships describe how Council and staff interact; and
4. Ends describe what results Council wants to achieve, for whose benefit, and at what cost.

In some ways, ends are similar to vision, mission and goals. Some of the ends policies developed include:

1. Vision Statement: “Quality Pharmacy Care in Saskatchewan”
2. Mission Statement: In pursuit of this vision, the Saskatchewan Pharmaceutical Association exists so there will be:
  - public safety
  - standardized pharmacy services
  - a self-regulated profession
  - positive professional image
  - public policy supporting health
  - optimum public use of pharmacy services
3. “Public safety” is further interpreted to include, but not limited to:
  - competent, ethical pharmacists
  - drugs regulated to minimize public risk
  - public has recourse for unsafe or unethical care
  - practice environments that minimize public risk
4. “Standardized pharmacy services” is further interpreted to include, but not limited to:
  - safe drug distribution
  - pharmacists provide patient care
  - public has recourse for sub-standard pharmacy services

- optimal pharmaceutical usage
  - optimization of the role of pharmacists
5. “Positive professional image” is further interpreted to include, but not limited to:
    - a voice for the pharmacy profession
    - inter-professional dialogue
    - intra-professional dialogue
  6. “Public policy supporting health” is further interpreted to include, but not limited to:
    - sufficient number and distribution of pharmacists
    - comprehensive drug-use strategy in Saskatchewan
    - tobacco sales in pharmacies will be considered further
  7. “Optimum public use of pharmacy services” is further interpreted to include, but not limited to:
    - all Saskatchewan people have access to pharmacy services
    - the public understands pharmacy-related needs
    - appropriate and safe use and disposal of medication
  8. The relative priority of the Ends is 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

Association resources will be allocated according to these priorities, and performance is then measured through continuous monitoring of these policies.

**Member feedback is invited before Council finalizes these policies at their September meeting.**

Council considered the government’s recent announcement of a province-wide academic detailing program. As a result, Council believes that:

- the primary purpose for the program should be to achieve optimal therapeutic outcomes; saving drug cost should be secondary;



- the Association should take a leadership role;
- due to our education and training, pharmacists should be the detailers;
- the program should be based on the positive experiences with the Saskatoon Health District Pilot Project and the ABX Project; and
- it be developed, implemented and managed in collaboration with involved partners.

As a result of considerable interest from certain physicians, the College of Physicians and Surgeons, Saskatchewan Medical Association and the Canadian Pharmacists Association, Council agreed to continue pursuing methods to increase public access to emergency post-coital contraception. Regulatory and transfer of function proposals to allow dispensing without contacting the prescriber for a prescription are under active review.

Council approved Registration and Licensing Policies Committee recommendations to amend our bylaws for the training and assessment of out-of-province candidates for registration. After a successful pilot project, candidates will be subjected to a two-stage process. The first stage is appraisal training under the supervision of a licensed pharmacist to provide the candidate with practical training opportunities to achieve the competency standards. An assessment by another licensed pharmacist follows to evaluate the candidate's level of competency in an actual practice setting. Council also agreed to compensate assessors for their efforts. Upon successful completion of the assessment, the candidate proceeds to the jurisprudence examination. Any members interested in volunteering as assessors are invited to contact the office.

Council also agreed to support the position statement of the Canadian Pharmacists Association on Internet Pharmacies (recently published in Impact).

Council is monitoring progress with:

- PEBC establishing the new licensing examination;
- establishing a network solution to collecting data under the Triplicate Prescription Program;
- the availability to members of electronic services on the Drug Plan Network;
- national and provincial initiatives examining human resources in pharmacy;
- the Seamless Care Task Force Pilot Project;
- Crimes Against Pharmacy Task Force; and,
- implementing the Mutual Recognition Agreement in Saskatchewan.

**COMPLAINTS COMMITTEE REPORT – MARCH 22, 2000**

On March 22, 2000 the Complaints Committee met at the SPhA office to review new complaints and the status of files that are under investigation. After careful consideration the Committee decided:

- to close 12 files as there was no further action to be taken with respect to the matters under investigation;
- to initiate an investigation or continue with an ongoing investigation relating to 15 files; and
- to refer no files to the Discipline Committee.

The Committee was presented with eight new complaints [some complaints contain more than one allegation]:

- medication/dispensing error (3)
- conduct unbecoming of a pharmacist (4) [this includes poor communication skills and rude and inappropriate behaviour]
- unethical business practice
- refilling prescriptions without authority to do so
- substandard service regarding patient duty of care

**ELECTION DAY – MARCH 22, 2000**

March 22, 2000 was Election Day for the position of Councillor in divisions 2, 4, 6 and 8.

The successful candidates for the next term beginning July 1, 2000 are:

- Division 2 Vacant
- Division 4 Doug Spitzig (acclaimed)
- Division 6 Michael Davis (acclaimed)
- Division 8 Brenda Schuster (elected)

Curtis Loucks from Division 2 had decided not to run for re-election. Bylaw 7.11 states that Council may appoint as a member of the Council a pharmacist in the electoral division to fill the vacancy. An appointment will be finalized during the June 23, 2000 Council meeting.

Garry Guedo will be retiring from Council as of June 30, 2000. Garry did not seek re-election in Division 3 last year, but had remained on Council as Past-President for the year 1999-2000. We wish to thank Garry for his years on Council, and his many achievements on behalf of the Association.

**DRUG SCHEDULE BYLAW AMENDMENTS**

**Schedule III – Pharmacy Only Nonprescription Drugs**

The following regulatory bylaw amendments became effective upon publication in the Saskatchewan Gazette May 19, 2000.

- Acetaminophen (in sustained release formulations)
- Nystatin and its salts and derivatives (in topical preparations for use on the skin)

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

**SPhA STAFF**

- Paddy Dodge, Administrative Assistant
- Jeanne Eriksen, Assistant Registrar
- Pat Guillemain, Administrative Assistant
- Ray Joubert, Registrar-Treasurer
- Cheryl Klein, Administrative Assistant
- Tamarha Robbins, Administrative Assistant/Receptionist
- Garth Walls, Contract Field Officer
- Wayne Wurtz, Field Officer



# On Your Behalf ...

## REPRESENTATIVE BOARD OF SASKATCHEWAN PHARMACISTS 1999-00

### Division 1

Teri Ruecker 334-2424 Bus  
P.O. Box 254 334-2539 Fax  
Abernethy SK S0A 0A0

### Division 2

Dale Frier 752-2717 Bus  
P.O. Box 250 752-2522 Fax  
Melfort SK S0E 0E0

### Division 3

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969 Sanderson Crescent 763-8118 Fax  
Prince Albert SK S6V 6L2

### Division 4

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Saskatoon SK S7J 1M4

### Division 5

Penny Thomson 777-8066 Bus  
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Regina SK S4V 2S9

### Division 6

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455 Steele Crescent 778-4859 Fax  
Swift Current SK S9H 4P7

### Division 7

Bill Gerla 682-2541 Bus  
P.O. Box 576 682-5977 Fax  
Humboldt SK S0K 2A0

### Division 8

Frances Forbes 655-2280 Bus  
22 Champlin Crescent 655-6715 Fax  
Saskatoon SK S7H 4T3

### Staff

Dean Bradley, Director, Member Affairs  
Tamarha Robbins, Administrative Assistant

## NEXT RBSP MEETING

The Board will meet next on June 23, 2000 in Saskatoon. To have your issues addressed at an upcoming meeting, please contact your Board member or Dean Bradley at 306-359-RBSP or e-mail dean.bradley@sk.sympatico.ca

## RBSP ELECTION RESULTS

Three new faces will join the Representative Board of Saskatchewan Pharmacists as a result of elections that took place in electoral divisions 2, 4, 6 and 8. Nominations were received in all electoral divisions and the results are as follows:

- Electoral Division 2  
Guy Norbert, Yorkton (acclaimed)
- Electoral Division 4  
Shelley Woloshyn, Saskatoon (elected)
- Electoral Division 6  
Rod Amaya, Assiniboia (acclaimed)
- Electoral Division 8  
Linda Sulz, Regina (elected)

The Board welcomes Guy, Rod and Linda as the new members to the Board and looks forward to working with them over their 2-year term beginning July 1, 2000.

On behalf of the Board, Chair Shelley Woloshyn sincerely thanks outgoing Board members Dale Frier (Division 2), Mike Wollbaum (Division 6) and Frances Forbes (Division 8) for their hard work on behalf of the members and in their divisions.

## BOARD WORKSHOP

The Board reviewed its progress to date during a meeting held March 3, 2000 and felt that a workshop was necessary to determine its priorities and objectives for the upcoming year(s). The workshop was held March 31, 2000 in Regina. Pine Tree Management Skills Inc., was contracted to provide the workshop, and Don Grant, formerly of SAHO, was the facilitator.

The workshop began with a scan of the environment in which the profession of pharmacy operates. Next was a brainstorming session in which over 30 Board objectives were identified. Following an analysis of these objectives, a final list of nine objectives was agreed upon. The next step for us was to prioritize these

objectives so that the Board could provide the office staff with feedback as to what activities should be given more attention. The final step was to identify what activities need to be undertaken to achieve the stated objectives.

The Board's objectives for the upcoming year, in order of priority, are:

1. to adequately and effectively represent all pharmacists
2. to promote the value of pharmacists' professional services to the public
3. optimize remuneration for the profession
4. heighten awareness of pharmacists' role to other health care professionals
5. facilitate the seamless care process
6. lobby all levels of government to protect pharmacists' interests
7. provide and support initiatives to attract/retain pharmacy students in the province
8. optimize the role of the technician
9. promote the development and utilization of technology to maximize the practice of pharmacy

## RBSP 2000/2001 BUDGET

As recommended by the Reorganization Task Force, the members must approve the RBSP portion of the budget each year. Approval of the budget will be voted upon at the RBSP Annual General Meeting. However, due to the timing of this year's AGM (June 24, 2000), the Board needs to know before then if the members do not support the budget. The District Meetings held around the province in April and May were used to get an indication of the level of member support. Highlights from the 2000-2001 RBSP budget are shown below. To fund the RBSP activities for 2000-2001, the cost will be \$222.72 per practising pharmacist.

Members with questions or concerns about the RBSP portion of the budget are encouraged to contact their Board member or Dean Bradley.

### NEW PHARMACY CONTRACT

The Agreement between the Saskatchewan Pharmacy Economics Committee and the Health Care Coordinated Initiative (HCCI) has been ratified by the membership. This agreement will apply to all pharmacy claims for NIHB, VAC, and RCMP beneficiaries. Prescriptions filled off base for Armed Forces personnel will also be covered by this agreement. All practising members were mailed ratification ballots along with the details of the agreement. 328 ballots (31%) were returned. Of those, 311 voted in favour of accepting the offer and 17 were opposed. Of the 328 ballots, 184 were from pharmacy managers (54% response) and 144 were received from non-managers or staff pharmacists (20% response). 172 managers and 139 non-managers were in favour of accepting the contract.

#### Summary of HCCI Contract details

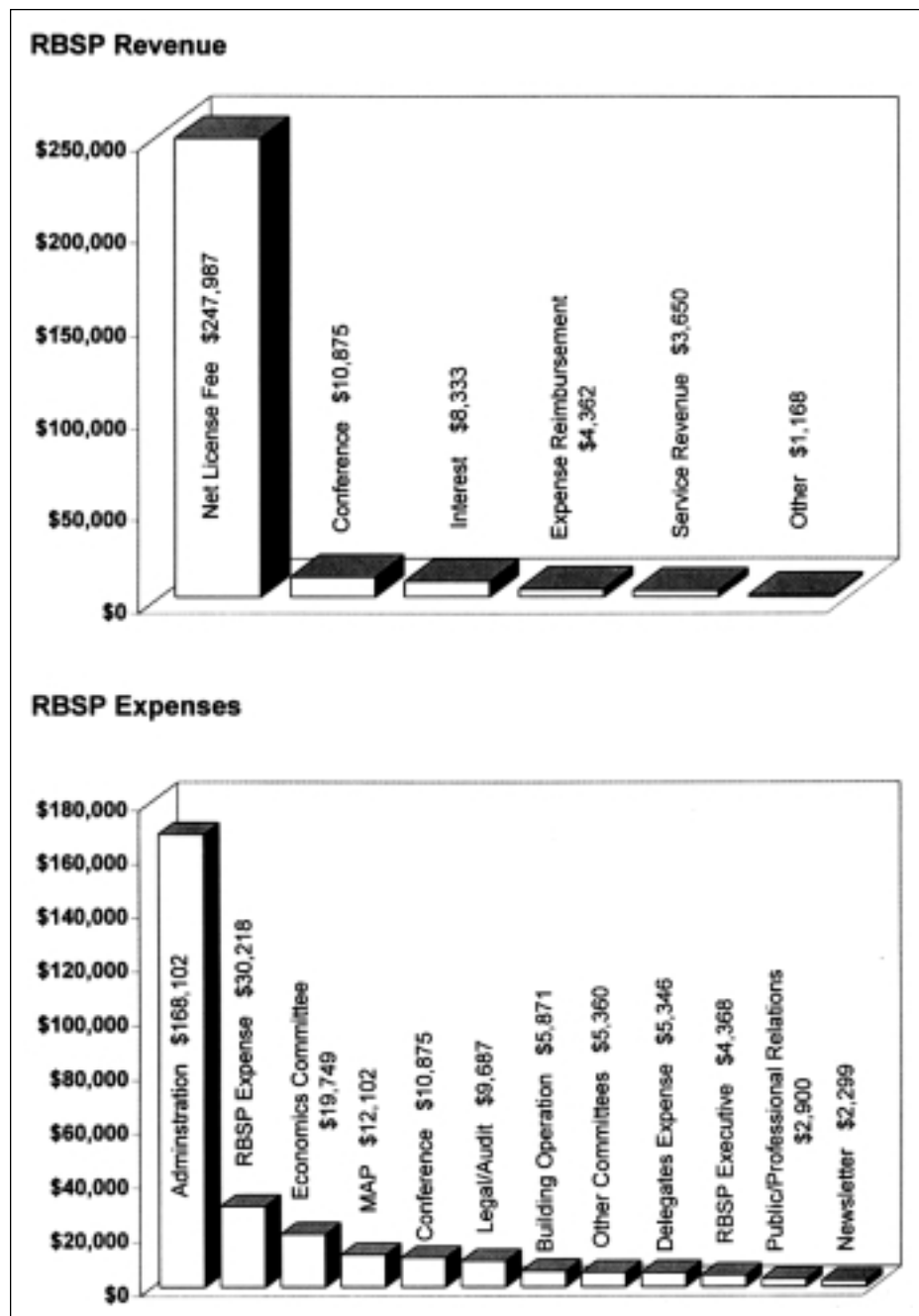
- Three year contract beginning July 1, 2000
- Professional fee of \$7.54 and a mark-up of 10.5% (capped at \$20) on Schedule I & II drugs and diabetic supplies; fee increase of \$0.10 on July 1, 2001 and July 1, 2002
- A flat fee of \$4.50 (no mark-up) on Schedule III and Unscheduled medications; fee increase of \$0.05 on July 1, 2001 and July 1, 2002
- 50% mark-up on Acquisition Cost for medical supplies and equipment
- Alternative reimbursements for Trial Prescriptions, Methadone and Refusal to Dispense

### PST ON NON-PRESCRIPTION DRUGS

The Provincial Budget introduced on March 29, 2000 expanded the Education and Health Tax to include non-prescription drugs. We have received confirmation from the Revenue Division of Saskatchewan Finance that, "As long as the non-prescription drugs and medications are prescribed by a qualified medical practitioner, the drugs and medications are exempt from tax. Qualified medical practitioners include physicians, dentists, optometrists and advance clinical nurses."

However, the situation for non-prescription drugs for use in animals is different. The Revenue Division of Saskatchewan Finance advises that "Non-Prescription drugs and medicines

prescribed by a veterinarian for use in livestock are exempt from tax. Non-Prescription drugs and medicines prescribed for use in other animals are subject to tax."



**YOU ASKED US**

*What is the status of the herbal drug commonly know as SAM-E?*

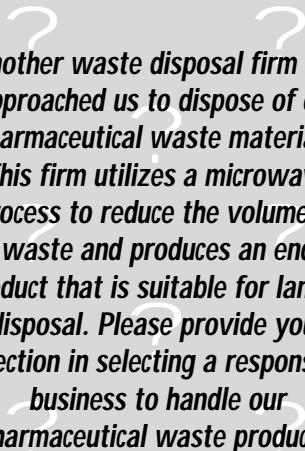


The Therapeutic Products Program considers SAM-E (S-adenosyl-methionine) to be a “drug”. To date, no manufacturer or importer of SAM-E has applied for a Notice of Compliance. **Therefore, as a drug, SAM-E can NOT be sold, imported or manufactured in Canada.**

Pharmacists are therefore advised to immediately pull any SAM-E products from their inventory.

For further details please check the Therapeutic Products Programme Website at: [www.hc-sc.gc.ca/hpb-dgps/therapeut](http://www.hc-sc.gc.ca/hpb-dgps/therapeut) or call the Central Region office of HPB at 1-204-938-5453.

*Another waste disposal firm has approached us to dispose of our pharmaceutical waste materials. This firm utilizes a microwave process to reduce the volume of waste and produces an end product that is suitable for landfill disposal. Please provide your direction in selecting a responsible business to handle our pharmaceutical waste products.*

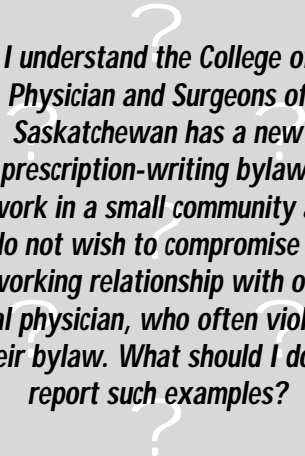


The Saskatchewan Pharmaceutical Association has a working agreement with BioMed Drug and Recovery to provide pharmaceutical waste disposal services for Saskatchewan pharmacies. Their pricing is based upon the majority of pharmacies participating in our province-wide program. Dealing with another firm will reduce BioMed’s volume, thus may have an impact on their pricing to those signed up with BioMed.

Council’s decision to endorse BioMed’s proposal was based on several factors, including no leftover residue from the incineration process. The microwave process leaves a residual byproduct, which must be hauled to a landfill site. In addition, we understand that the provincial government does not recognize microwave as an approved method of disposal for hazardous waste such as undated or unserviceable pharmaceuticals.

SPhA is currently in contact with the pharmaceutical industry to secure some external funding for the program. Our proposal is based upon BioMed providing the waste collection service. Therefore, we encourage pharmacies to continue to use BioMed for disposal of pharmaceutical waste, including sharps.

*I understand the College of Physician and Surgeons of Saskatchewan has a new prescription-writing bylaw. I work in a small community and I do not wish to compromise my working relationship with our local physician, who often violates their bylaw. What should I do to report such examples?*



The bylaw referred to includes that the prescription must be **fully** legible, written only on one side of the form, and include the following information:

1. physician name and signature
2. patient’s name
3. full name and strength of the medication
4. medication concentration, where appropriate
5. dosage
6. amount prescribed or duration of the treatment
7. route of administration
8. clear directions
9. number of refills authorized, if any

In addition, terms such as “use as directed” are not acceptable. If the prescriber wishes to initiate a “No Substitution”, they must do so in their own handwriting or initial any pre-printed instruction to that effect.

If you continue to encounter any difficulties after having attempted to resolve them locally, please forward a photocopy of the prescription to this office. After removing any indication from the source of the prescription, we will forward it to the College of Physicians and Surgeons for action and resolution.

*All of a sudden, I see non-pharmacy outlets selling all strengths and sizes of Acetaminophen products. I thought that the higher strengths and larger package sizes were restricted to pharmacy only sales. Please clarify this issue.*



Effective February 18, 2000 and based upon the recommendation of the National Drug Scheduling Advisory Committee (NDSAC), Acetaminophen immediate release products were unscheduled. This means that Acetaminophen in immediate release tablets, capsules, suppositories or liquid in any strength and package size can now be sold from any retail outlet.

## ONTARIO BOUND?

For the beach lover, we are located 15 minutes from beautiful Sauble Beach – 5 miles of lustrous stunning beach, listed in *Today's Parent* magazine as one of Canada's most beautiful beaches.

For the skier, we are 45 minutes west of Ontario's #1 ski resort – BLUE MOUNTAIN, now owned & operated by Intrawest. For variety, ski 30 minutes south in the beautiful Beaver Valley.

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(519) 376-2045 (Residence)

OR Mr. John Davies  
(519) 986-3221 (Business)  
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c/o Saskatchewan Pharmaceutical Association  
700 – 4010 Pasqua Street, Regina SK S4S 7B9

### REXALL ALBERTA

Pharmx Rexall is expanding again, and we need pharmacists who are patient care professionals. If you are interested in pursuing a career in an environment that fosters a professional and interactive attitude toward patient care, and that provides an excellent remuneration and benefits package, we would like to talk to you.

We have positions available for full time, part-time, holiday and maternity leave pharmacists in many Alberta locations. If you would like to become a member of one of our Rexall patient care teams, please contact:



**Dave Ritchie**  
Regional Pharmacy Manager  
Pharmx Rexall Drug Stores Ltd.  
17428 – 106A Avenue  
Edmonton AB T5S 1E6  
Phone: (780) 484-2865  
Fax: (780) 484-2910

### STAFF PHARMACIST CIRCLE CENTRE PHARMACY, SASKATOON

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**For more information, contact:**

Carrie Tam at (306) 955-0530  
Circle Centre Pharmacy  
102 – 3301 – 8<sup>th</sup> Street East  
Saskatoon SK S7N 1E1

### PHARMACIST WANTED

Full time pharmacist required at Brunskill Pharmacy in Saskatoon. Applicant must be licensed to practise in Saskatchewan. Will also consider new grads with 4 months internship. Applicant must be personable and innovative and enjoy practising quality pharmaceutical care in community and long-term environments.

Apply in person, or by mail with resume and 3 references to:

Ron Mack, Pharmacist Manager  
Brunskill Pharmacy  
1302 Temperance Street  
Saskatoon SK S7N 0P3

### FULL-TIME PHARMACIST WANTED

No Sundays or Holidays

Apply to:  
Medical Pharmacy  
Prince Albert, Saskatchewan  
(306) 763-2637

### EQUIPMENT FOR SALE

9 med carts, Manrex pharmacart – series G, plus assorted supplies: plastic reusable cards, bins, racks and clips; 3 years old.

Contact: Ian at (306) 445-6153 or  
Fax: (306) 445-7114

### MATERNITY LEAVE SASKATOON

A pharmacist is needed to cover a 6-month maternity leave. It will be a 32- to 40-hour work week, Monday to Friday Starting August 25, 2000.

Send resume to: Ray Bannister  
Medical Arts Pharmacy  
133 – 750 Spadina Crescent  
Saskatoon SK S7K 3H3

### Aloha!!

Wanted: to rent condo for 1-2 weeks  
When: between October 16-31, 2000  
Where: Maui, Oahu or other Hawaiian Islands  
If you can help, please call Lorelei at:  
(306) 764-9279 ASAP



### PHARMASAVE

**Attention Pharmacists!**

Revitalize your career as a health care professional and "Live Well" with PHARMASAVE.

We are seeking a hard working pharmacist to join our team delivering seamless patient care in beautiful Northwestern Ontario. If you really enjoy helping people, are committed to ongoing self-improvement, want to deliver progressive pharmaceutical care, and find the opportunity to acquire an ownership position attractive, take time to talk with us.

Give me a call at 1-807-274-6204 or send an e-mail to [ffcdisp@mail.voyageur.ca](mailto:ffcdisp@mail.voyageur.ca) so that I can share some of the many benefits my businesses in Fort Frances have to offer.

Kim Metke, Pharmacist/Owner  
PHARMASAVE 494 & 495

Live well with







## YOU ASKED US

**Which narcotics must be reported in the sales portion of the narcotic register?**



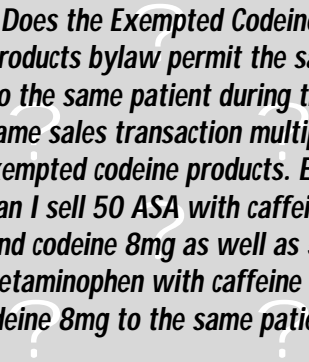
Pharmacists are required to record the sales for Narcotic and Controlled Drugs as follows:

- Prescription and emergency sales for **ALL straight narcotics** (for example, Codeine, Demerol, Morphine, Novahistex DH, Percodan, Tussionex, Tylenol #4, Lomotil, Darvon-N, Talwin, 642's, etc), excluding prescription sales of dextropropoxyphene
- Document the emergency sales of any **verbal narcotic** (i.e. Tylenol # 2, Tylenol #3, Fiorinal C1/4, Fiorinal C1/2, A.C. with Codeine 15, 30, 60 mg)
- Prescription and emergency sales for **ALL Level 1 Controlled Drugs** (for example, Ritalin, Dexedrine, Seconal, Tuinal, etc.
- **Document the emergency sales** of Level I Controlled Drug preparation, Level II Controlled Drug (i.e. Phenobarb, Tenuate, Ionamin, Anabolic Steroids), and Level II Controlled Drug Preparations (i.e. Donnatal, Fiorinal).

For further details, pharmacists should refer to the appropriate legislation. In addition, a "Prescription Regulations" chart is included in the SPhA Pharmacy Reference Manual and the Drug Plan Formulary.

Pharmacists are no longer required to submit bi-monthly Narcotic and Controlled Drugs sales reports to the Bureau of Drug Surveillance. However, in accordance with Sections 38, 39, 40, and 41 of the Narcotic Control Regulations and the corresponding Sections of the *Food and Drug Regulations*, pharmacists are still required to maintain, on their premises, up-to-date records of their purchases and sales transactions. This information must be made available, upon request, to the Minister of Health or a designated representative. For pharmacies using a computer-generated report, we encourage members to run off a hard copy on a bi-monthly basis.

**Does the Exempted Codeine Products bylaw permit the sale to the same patient during the same sales transaction multiple exempted codeine products. E.g., can I sell 50 ASA with caffeine and codeine 8mg as well as 50 Acetaminophen with caffeine and codeine 8mg to the same patient?**



Bylaw 14.2.7 in part reads: "...the pharmacist, or intern under the immediate supervision of a pharmacist, may sell **ONLY ONE (1)**, consumer package of the Exempted Codeine Product per occasion. Clearly, the bylaw prohibits the sale of two or more different exempted codeine products of the same or similar dosage forms. For example, the sale of (50) 222's and (50) Tylenol #1 would not be permitted when sold to the same patient during the same business transaction. Similarly, the bylaw prohibits the sale two or more different dosage forms of the same product.

Multiple sales of exempted codeine products to the same patient is a contravention of the bylaw and may result in the member being subjected to the peer review process.

## PHARMACISTS: YOU CAN HELP PEOPLE WITH DIABETES GET REGULAR EYE EXAMINATIONS

"Don't lose sight of Diabetic Eye Disease" is the motto of the Lions Eye Health Program that is being piloted in Saskatchewan and Alberta. Canadian Diabetes Association (CDA) (Saskatchewan Division), Sight First: Lions Eye Health Program (LEAP) and the Saskatchewan Association of Optometrists (SAO) are working together to promote regular and comprehensive eye examinations for people with diabetes. You can help!!

If you have the facilities to show a short video (7 minutes), you can borrow a copy of the LEAP video by calling 1-877-765-5347 or the Resource Centre at CDA at 1-800-996-4446.

### Important facts to know:

- CDA's Clinical Practice Guidelines recommend a comprehensive (dilated pupil) eye examination at diagnosis for everyone with Type 2 diabetes. Follow-up is every 2-4 years.

- American statistics estimate that only 40-50% of people with diabetes have regular eye examinations.
- Blood sugar and blood pressure control are also important.
- The Diabetes Control and Complications Trial (DCCT) showed that people with Type 1 diabetes who were on the intensive therapy reduced diabetic retinopathy by 34-76%, reduced proliferate retinopathy by 45%, and reduced the first appearance of any retinopathy by 27%.
- The United Kingdom Prospective Diabetes Study (UKPDS) with people with Type 2 diabetes reported for retinopathy a relative risk reduction for: retinal photocoagulation of 19%, cataract extraction of 24%, and progression of retinopathy over 12 years of 21%.

Submitted by the



CANADIAN  
DIABETES  
ASSOCIATION

ASSOCIATION  
CANADIENNE  
DU DIABÈTE

**SPEED READING**

**SUPPORTING TOMORROW TODAY – CONFERENCE 2000**

The Annual General Meetings of the RBSP and SPhA Council and the SPhA Awards Ceremony will be held Saturday morning, **June 24, 2000** at the Top of the Inn, Sheraton Cavalier Hotel, Saskatoon, Saskatchewan.

- 8:00 am Complimentary Buffet Breakfast
- 8:15 to 9:00 am RBSP Annual General Meeting
- 9:00 to 9:45 am SPhA Council Annual General Meeting
- 9:45 to 11:00 am SPhA Awards Ceremony

- To RSVP: return the lower portion of the invitation that was included with the recent mailing of the Annual Report by **June 9, 2000**. (We need to advise the hotel of numbers, so no one will go hungry!)
- Lost your Invitation? Please contact the office at 584-2292.

**For information regarding the CPhA Conference please contact:**

Wendy Eligh, Conference Manager  
 Canadian Pharmacists Association  
 Telephone: (613) 523-7877  
 Toll-free: 1-800-917-9489  
 Fax: (613) 523-0445  
 Fax Toll Free: 1-800-601-1904



**For information regarding the All-Years College Reunion of the College of Pharmacy and Nutrition please contact:**

Bev Allen  
 College of Pharmacy and Nutrition  
 Telephone: (306) 966-6327  
 Fax: (306) 966-6377

**YOUR PATIENCE PLEASE ...**

Due to the implementation of a new licensing process, membership cards and receipts for licence renewals may be delayed.

**ST. JOHN'S WORT – ALERT FROM HEALTH CANADA**

Health Canada has issued a letter advising healthcare professionals of important drug interactions between St. John's Wort (hypericum perforatum) and certain prescription medications.

St. John's Wort appears to cause drug interactions by increasing the production of certain drug metabolizing enzymes in the liver. The resulting decrease in the blood and tissue levels of drugs metabolized by these enzymes may result in a loss of the desired therapeutic effect of these medicines.

In many cases, it may be advisable for the patient to discontinue products containing St. John's Wort prior to initiating treatment with a conventional medication (e.g. HIV-1 protease inhibitors, non-nucleoside reverse transcriptase inhibitors, cyclosporine, warfarin, digoxin, theophylline, and oral contraceptives). In the case of patients who have been stabilized on a higher than usual dose of a prescription drug in the presence of St. John's Wort, attention should be directed to the possibility of undesirable increases

in the blood levels of the interacting drug with St. John's Wort is discontinued. For drugs with a narrow therapeutic range (e.g. warfarin, digoxin, and cyclosporine), monitoring and dosing adjustments may be necessary in this situation to avoid an increased risk of toxicity.

St. John's Wort has also been reported to increase levels of serotonin and other neurotransmitters found in the brain. Concomitant administration with certain prescription antidepressants, which also elevate levels of these neurotransmitters, has been reported to cause a pattern of adverse events known as "serotonin syndrome". Patients receiving serotonergic antidepressants or migraine therapies (e.g. the triptan class) should avoid St. John's Wort products due to the possibility of an increased risk of serotonin syndrome during concomitant administration.

It should be noted that, when used on its own, St. John's Wort has not demonstrated significant health risks.



**MARATHON MAN!**

Many of you may have thought that Wayne Wurtz, our Field Officer has been running around aimlessly all this year, but NO! Wayne is actually in training for the Arthritis Society Joints in Motion Marathon to be run in Dublin, Ireland this coming October.



Wayne wishes to thank all his friends and colleagues who have so generously supported his efforts in raising the \$5000 required of all marathon participants. With this in place, Wayne is now assured of a spot on the "Joints in Motion" team, and can get serious about his training (he has already perfected the "oh, my aching body" line). The team begins their 20-week training program on June 4, 2000. Good luck, Wayne!