SASKATCHEWAN COLLEGE OF PHARMACISTS

Newsletter

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Counterfeit Health Products

The following information was provided by Health Products and Food Branch (HPFB) Inspectorate with a request to disseminate to our members.

Recently, counterfeit health products have been found in the Canadian supply chain. In response, the HPFB Inspectorate is developing an anti-counterfeit strategy to increase our capacity to mitigate the health and safety risks posed to Canadians by counterfeit health products. Part of the strategy will be developing and maintaining strategic partnerships with other enforcement and regulatory organizations to reduce the potential for counterfeit health products to enter the supply chain, increase awareness, and increase the capacity for detection and identification.

Counterfeiting of health products occurs within the larger context of health fraud. Counterfeit health products are forgeries, imitations made without right and with the intent to deceive. Although data on the magnitude of the issue varies between studies, all indications substantiate that the issue is extensive and global, penetrating well regulated supply chains of developed countries, and is compounded by the increasing expertise and sophistication of counterfeiters.

Counterfeit health products and associated activities constitute violations of the *Food and Drugs Act* (FDA) and its Regulations. Without market authorization, counterfeit health products fall within the scope of unapproved products. It is important to note that, while counterfeit health products are always unapproved for sale in Canada, all unapproved products are not necessarily counterfeit.

Counterfeit health products pose an unacceptable risk to the health and safety of Canadians. Not adhering to market authorization requirements, counterfeit health products lack any assurance of safety, quality, and efficacy. Counterfeiters supply potentially unsafe, unregulated, mislabelled, repackaged, co-mingles and toxic products to unsuspecting consumers, risking serious adverse reactions or events, serious harm or death. As a result, public health is severely endangered and consumer confidence in the supply chain is diminished.

The sale of counterfeit health products is a violation of the *Criminal Code* and therefore incidents of suspected counterfeit products are also referred to the Royal Canadian Mounted Police (RCMP) for further investigation. However, Health Canada is responsible for promoting the integrity of the health product supply chain, including addressing the health risks posed by counterfeit health products. As such, we work in conjunction with the RCMP to complement their expertise by providing investigative and laboratory expertise, as well as advice, pertaining to the *FDA*.

Due to the scope and nature of the issue, a collaborative approach is essential. Health Canada, the RCMP, Canada Border Services Agency (CBSA), provincial and territorial regulatory authorities, and the manufacturers of health products all have a role to play in combating counterfeiting.

Role for Health Professionals

Protecting the health and safety of Canadians from the risks posed by health products is a responsibility shared between federal, provincial and territorial authorities, and health care professionals. In order to minimize the potential risk of counterfeit products, health professionals are encouraged to:

- Request a drug establishment license (DEL) or a medical device establishment licence (MDEL) from importers, distributors, and wholesalers, etc.
- Look for a drug identification number (DIN), natural product number (NP), or drug identification number – homeopathic medicine (DIN-HM) on all relevant products.
- Report to provincial or territorial regulatory authorities any instances where counterfeit products have been offered supplied or suspected. Counterfeit products may be suspect due to lack of therapeutic effect or other reasons.

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Inside This Issue

SCP Council 2006-07

Division 1
Jeannette Sandiford, Weyburn
(term expires June 30, 2007)
President

Division 2
Terri Bromm, Tisdale
(term expires June 30, 2008)
Vice-President

Division 3
Randy Wiser, Prince Albert
(term expires June 30, 2007)

Division 4
Bev Allen, Saskatoon
(term expires June 30, 2008)
President-Elect

Divison 5
Bill Paterson, Regina
(term expires June 30, 2007)

Division 6
George Furneaux, Regina
(term expires June 30, 2008)

Division 7
Debbie McCulloch, Rosetown
(term expires June 30, 2007)
Past-President

Division 8
Janet Harding, Saskatoon
(term expires June 30, 2008)

Ex Officio
Dean Dennis Gorecki
College of Pharmacy and Nutrition, Saskatoon

Public
Ken Hutchinson, Fort Qu'Appelle
Joseph Jeerakathil, Saskatoon

Student Observer
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Administrative Assistant

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Assistant Registrar

Paulette Francis,
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Administrative Assistant

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Registrar

Cheryl Klein,
Senior Administrative Assistant

Heather Neirinck,
Administrative Assistant

Lori Postnikoff, Field Officer

Council Highlights – March 1, 2007

From the meetings held in Regina March 1, 2007:

- Received an update on the next phase of the Pharmaceutical Information Program (PIP) "E-Prescribing"
- Approved the summer hiring of a pharmacy student to undertake research regarding the development of an educational campaign to the public.
- Approved a bylaw amendment to lower quorum at the annual general meeting from 50 to 30 members. Attendance at the AGM has been decreasing and should the required 50 eligible members not be present according to the bylaws the official transaction of business would be invalid. Attempts to increase attendance to date have unsuccessful and so this bylaw amendment was approved.
- Received an update on the Joint Conference with the College of Physicians and Surgeons and the Saskatchewan Registered Nurses' Association to be held September 14-15, 2007. The Conference will commence with separate Council meetings the morning of September 14, then an afternoon joint Council meeting, education and development. The remainder of the two days will be joint social, networking and education sessions for our respective members. The theme of the Conference is "Collaborative Care Models to Advance Patient Safety". Please see separate notice in this issue for registration information.
- Approved 2007 award recipients to be announced at the Friday evening Welcoming Reception at the RBSP Annual Conference (for further details refer to separate notice in this issue).
- Appointed George Furneaux as the incoming Chair of the Complaints Committee replacing Bill Paterson who has held that position on the committee for a number of years. We take this opportunity to thank Bill for his good humour and stewardship of the Committee: it is a thankless job but a necessary function of the College's public protection mandate.
- Received a report from the Registrar in his capacity as Returning Officer, the constitution of Council for the 2007-2008 membership year: Councillors in Division 3, 5 and 7 were re-elected by acclamation, leaving a vacancy in Division 1 and Division 6 [George Furneaux had held the Division 6 seat on Council as a member-at-large. With his election in Division 5 (Regina), a vacancy in Division 6 (Swift Current) occurs as of July 1, 2007.]
  SCP Council for the 2007-2008 membership year is:

Division 1	Vacant
Division 2	Teri Bromm, Tisdale
Division 3	Randy Wiser, Prince Albert
Division 4	Bev Allen, Saskatoon
Division 5	George Furneaux, Regina
Division 6	Vacant
Division 7	Janet Harding, Saskatoon
Past President	Jeannette Sandiford, Weyburn
Ex-Officio	Dean Dennis Gorecki
Public Members	Ken Hutchinson and Joseph Jeerakathil

- Reappointed Gary Groves to the University of Saskatchewan Senate for a second term effective July 1, 2007.
- Approved continuation of work underway regarding consultation process for the regulatory initiative to enhance the pharmacist's authority to prescribe drugs.
- Approved administrative drug schedule amendments for ranitidine and famotidine (see separate notice in this issue).
- Approved the budget for the 2007-2008 membership year. Please refer to the detailed Fee schedule and 2008 Budget highlights included in this issue.

Fee Schedule 2007-08

On March 1, 2007 Council approved the fee schedule for the upcoming membership year as follows:

Membership and Licence Fee Schedule	2007-08	2006-07	% Change
Membership Fees			
Practising	$630.00	$610.00	3.28%
Non-practising	$525.00	$505.00	3.96%
Associate	$130.00	$125.00	4.0%
Retired	$65.00	$65.00	0%
Permit Fee Schedule			
Pharmacy Permit (Traditional)	$975.00	$945.00	3.17%
Pharmacy Permit (International Prescription Service operations)	$13,500.00	$13,350.00	1.12%
Satellite Pharmacy	$487.50	$472.50	3.17%
Fees – Registration and Other			
Registration (U of S Intern)	$250.00	$245.00	2.04%
Out of Province Registration	$670.00	$665.00	.75%
Dispensing Physicians	$770.00	$765.00	.65%
Locum Tenens	$250.00	$245.00	2.04%
Intern	$105.00	$100.00	5.0%
Appraisal Training			
Application Fee	$205.00	$200.00	2.5%
Assessment Fee	$655.00	$650.00	.77%
Reinstatement	$250.00	$245.00	2.04%
Jurisprudence Exam	$250.00	$245.00	2.04%
Lock and Leave	$405.00	$400.00	1.25%
Permit Amendment	$230.00	$225.00	2.22%
Late Payment	$185.00	$180.00	2.78%

Membership/Licensure Renewal 2007-08

Membership renewal time is nearing for the 2007 – 2008 year. Eligibility for re-licensure includes submission of:

- Application for Membership
- Fees and any arrears
- Declaration that Professional Development Log with minimum 15 CEUs
- Declaration of Malpractice Insurance (refer to SCP Bylaw 4.4.4)

The new on-line membership renewal system is currently being finalized. Your invoice and information package regarding instructions for submission of the application form on the system will be sent directly to the address you have provided to the office.

Eligibility for relicensure in the 2007-08 membership year includes completing the "Professional Development Log" with a minimum 15 CEUs (please do not submit these to the office at this time – you will be contacted should your portfolio be required for auditing purposes).

As well, **all malpractice insurance requirements must be met and application forms, fees, and any arrears must be received in the office on or before June 1, 2007.** A penalty of $180.00 + GST will be assessed for requirements received after June 1.

Date of approval is assigned only when a completed application form accompanied by the fees and requirements are received.

**Practising Membership does not include Malpractice Liability Insurance*

Role for Health Professionals

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If you have concerns regarding an EL licensee, verify with the list of EL holders available on the Health Canada website at:

DEL: http://www.hc-sc.gc.ca/dhp-mps/compli-conform/licences/drugs-drogues/del_lepp_tc-tm_e.html

MDEL: http://www.hc-sc.gc.ca/dhp-mps/compl-conform/licences/md-im/mdel_leim_10-07-2006_cp-pc_e.html

Or contact the Health Canada Establishment Licensing Unit at:

DEL_questions_Lleppp@hc-sc.gc.ca OR *MDEL_questions_LEPIM@hc-sc.gc.ca*

Health professionals should be alert to variations in packaging, labelling, and physician appearance of products. Common indicators of potential counterfeit drugs and devices, of which health professionals should be aware, include:

- Cost of the product is much lower than average
- Product normally in bulk packaging is sold individually
- Spelling mistakes on the product or package
- Shoddy appearance of the product or package
- Inadequate storage conditions by seller.

A checklist for visual inspection of medicines, in order to identify suspected counterfeit products for further examination, has been developed by the International Pharmaceutical Federation. The tool is designed to help health professionals carry out an inspection for signs of counterfeiting such as improper packaging labelling, or description of dosage. *The Tool for Visual Inspection for Medicines* is available at: *http://www.fip.orgwww2/subsections/index.php?page+menu_counterfeitmedicines&menu_counterfeitmedicines+menu_counterfeit medicines_ infofor*

An informational sheet for Consumers is available from the SCP office.

2007 Budget Highlights

1.0 Inflationary increases are based upon the Consumer Price Index increase of 1.3% at November 2006.

2.0 Predicts a surplus of $10.00

3.0 Regulatory Priorities

3.1 Statutory obligations and programs:
- Registration and licensing with staggered licence (June 30) and permit November 30 renewal deadlines
- Revised permit issuance, renewal and pharmacy inspection process
- Complaints management and discipline, including special investigations with alternative dispute resolution
- Implement and enforce NAPRA Model Standards of Practice for Canadian Pharmacists

3.2 Preliminary revisions to learning portfolio and early phases of continuing competency program.

3.3 Continue developing the primary care role of the pharmacist and pharmacist prescribing.

3.4 Continue to refine policy governance.

3.5 Continue CPDP grant and resume audits of learning portfolio.

3.6 Continue the subsidy for the Structured Practice Experiences Program funded from insurance reserves.

3.7 Continues Council priorities on primary care and quality, to include implementing the revisions to our pharmacy and professional practice evaluation procedures.

4.0 Replace regular Policy Governance coaching with coaching as needed.

5.0 Limited growth in number of members and pharmacies. Non-practising members support CPDP and the costs of operating, but not costs directly associated to licences such as the Saskatchewan Drug Information Service Grant, NAPRA assessments, Complaints and Discipline Committees and related legal costs.

6.0 Predicts no increase in interest rates, with inflationary increase in principal.

7.0 Continues fee payments using credit cards.

8.0 Participate in the RBSP conference (annual meeting, etc.) and joint conference with SRNA and CPSS.

9.0 All other programs are retained with increased Committee activity to ensure timely decisions. Two to four disciplinary hearings are anticipated with the costs allocated to practising membership fees.

10.0 Revised NAPRA assessment.

11.0 Increase in per diem and meal and mileage allowances. Last increased in 2005.

12.0 Continues routine building repairs.

13.0 Includes the costs of our communication strategy, with district meetings, website development and network improvements under PIP, plus additional costs to contribute data to the Sask. Health Provider Registry and to the CIHI Pharmacist Human Resource Database.

14.0 Predicts inflationary increases in administrative costs, with addition of administrative staff plus casual staff for peak times. Continues a self-insured Health Spending Account for staff.

15.0 Includes a Capital Assets Budget to disclose that depreciation is not covered by the operating fund or operating surpluses. We will consult with the Finance Committee to develop a long term plan.

16.0 Implement Members Emeriti and Fellows.

17.0 Second of a three-year increase to the Sask. Drug Information Services grant from $33,000 to $36,000.

18.0 President-elect to attend CPhA conference and President to attend one other conference as a delegate.

19.0 No internet pharmacy fee collected, but the regulatory system is retained if needed.

20.0 Does NOT include a proposal to contribute additional resources to the Prescription Review Program for a drug use evaluation capability using ADAPT data.

CEU Requirement Reminder

This is to remind members that the deadline for submission of the Continuing Education requirement for renewal of your annual membership is **June 1, 2007.**

Again this year we require only your signed declaration (on the renewal application) that you have completed a minimum 15 CEUs in the past year. You are responsible to ensure a completed professional development log and background materials are available for audit.

Do not submit your professional development log or background information to the SCP office unless you are specifically contacted to do so for auditing purposes.

Drug Schedule Bylaw Amendments

Clobetasone Butyrate 0.05%

With the official amendment to Schedule F to deregulate the medicinal ingredient clobetasone butyrate 0.05% in a cream formulation for topical use on the skin, this drug is now in Schedule II.

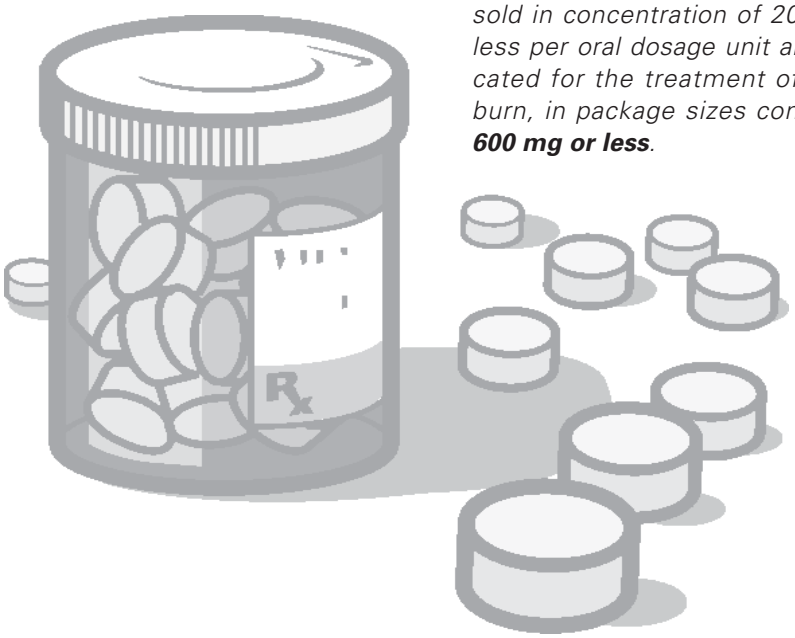
Upon prior notification that this drug was to be deregulated, Council had pre-approved this Administrative Bylaw Amendment to become effective when deregulated by Health Canada.

What this means is that the following schedule listing is now in effect:

Clobetasone butyrate *(when sold in a concentration of 0.05% clobetasone butyrate in cream preparations for topical use on the skin)* — Schedule II

Schedule II products are pharmacy only "Non-Prescription Restricted Access Drugs" — which can be sold by a pharmacist to the public without a prescription.

These drugs must at all times, be kept or stored in a secure location in the pharmacy that is not accessible to the public. The pharmacist must be involved in the sale of these drugs, **which includes arriving at the decision to sell the drug.**



Famotidine

Health Canada had previously published notice to de-regulate this drug from prescription to non-prescription status. The National Drug Scheduling Advisory Committee has recommended Schedule II Status based on package size. Council has approved amending Schedule I and placing this drug listing in Schedule II upon de-regulation by Health Canada.

We have received notice that such de-regulation was published in the Canada Gazette Part II on March 7, 2007 and therefore these amendments are now in effect.

Schedule 1 – Prescription only

Famotidine and its salts, except when sold in concentrations of 20 mg or less per oral dosage unit and indicated for the treatment of heartburn.

Schedule II – Pharmacy only, Non-Prescription Restricted Access Drugs

Famotidine and its salts when sold in concentrations of 20 mg or less per oral dosage unit and indicated for the treatment of heartburn, in package sizes containing more than 600 mg of famotidine.

Unscheduled – can be sold from any retail outlet

Famotidine and its salts when sold in concentration of 20 mg or less per oral dosage unit and indicated for the treatment of heartburn, in package sizes containing ***600 mg or less****.*

Ranitidine

The amendment is to become effective when "Ranitidine and its salts (except when sold in a dosage form containing mot more than the equivalent of 75 mg of ranitidine)" is replaced by "Ranitidine and its salts, except when sold in concentrations of 150 mg or less per oral dosage unit and indicated for the treatment of heartburn" from Part I of Schedule F of the *Food and Drugs Regulations*.

Health Canada had previously published notice to de-regulate this ranitidine in these strengths from prescription to non-prescription status. The National Drug Scheduling Advisory Committee has recommended Schedule II Status based on package size. Therefore, Council has approved amending Schedule I and placing this drug listing in Schedule II once it has been deregulated by Health Canada.

We have received notice that such de-regulation was published in the Canada Gazette Part II on March 7, 2007 and therefore these amendments are now in effect.

Schedule I – Prescription only

Ranitidine and its salts, except when sold in concentrations of 150m mg or less per oral dosage unit and indicated for the treatment of heartburn.

Schedule II – Pharmacy only, Non-Prescription Restricted Access Drugs

Ranitidine and its salts, when sold in concentrations of 150 mg or less per oral dosage unit and indicated for the treatment of heartburn, in package sizes containing more than 4500 mg of ranitidine.

Unscheduled – can be sold from any retail outlet

Ranitidine and its salts, when sold in concentrations of 150 mg or less per oral dosage unit and indicated for the treatment of heartburn, in package sizes containing 4500 mg or less of ranitidine.

From the Desk of the Dean

Dr. Dennis Gorecki
College of Pharmacy and Nutrition

One hundred years ago, Saskatchewan's legislature passed the ***University Act***, breathing life into the province's dream of an institute of higher learning. When the sod was turned, on the site of the present College Building, there was one clump of poplars on the open prairie. Today, there is a world-class university. As the University of Saskatchewan begins its centennial year, events and projects have been planned to celebrate with students, alumni, faculty and staff, residents of the city and province, and the entire country. The kickoff occurs with the official ***Birthday Party*** on April 3, 2007, to which the University welcomes everyone to come out and take part in the excitement.

Canada Post is marking the celebration by issuing a commemorative stamp, available starting April 3. A special centenary gift has also been received. Donna Hay, Plant Sciences research technician and part-time lily breeder presented the University with Lilium 'University of Saskatchewan,' an Asiatic lily bred for its white, gold and green colours. It has been registered with The Royal Horticultural Society in England and is being propagated by Plant Sciences Department. It will grace campus flowerbeds this summer and will be available to the public.

A major national event will showcase the University, city and province during the celebrations. The ***2007 Congress of the Humanities and Social Sciences*** will take place on campus from May 26 – June 3. "Bridging Communities: Making public knowledge – Making knowledge public" is the theme of the Congress, which is expected to attract 5,000-6,000 delegates to participate in academic and cultural events, with special emphasis on women, equity issues and partnerships with Aboriginal Peoples. Another exciting development is the establishment of three Centennial Chairs – one each in environment, public health and public policy, to respond to provincial and U of S priorities.

September 14-16 will see the return of hundreds of alumni and friends for the ***Centennial Homecoming*** celebrations. The weekend of reminiscing and activities will include ***Dog Day Afternoon*** with U of S Football Huskies versus Simon Fraser University, the ***President's Centennial Dinner and Gala***, and various academic lectures and events. Our College will host an Open House and grand unveiling of a hallway display, made possible through the generosity of United Pharmacists Enterprises, Ltd., to showcase the history, contributions and career paths of Pharmacists and Dietitians. We invite all alumni and friends to join us during this special weekend.

The University has begun its Centennial year with the promise of a future bright with opportunity. As we look ahead, we ask you to join us as we celebrate the past.

For more information about the Centennial Celebrations, visit *www.usask.ca/100*, and for College specific activities please see *www.usask.ca/pharmacy-nutrition/alumni*.

Notes from the Complaints Committee

Recently the Complaints Committee investigated an allegation of a medication error. We understand that due to human error medication errors are inevitable. Therefore, preventive measures can decrease the incidence of errors. It is most important to learn from the experience.

A complainant was prescribed Zocor® but a generic substitute for Zestril® was dispensed to the patient on three separate occasions. The original medication error occurred during product selection and was not discovered on the final check of the prescription by the pharmacist.

The pharmacy technician made the product selection and chose the wrong generic drug and selected that drug identification number (DIN). When the pharmacist was conducting the final check of the medication, the pharmacist compared the contents of the vial with the contents of the stock bottle. Rather than comparing the vial with the written prescription, the pharmacist checked the contents of the vial with the prescription label thereby missing the opportunity to catch the error. Since the wrong DIN was in the system with refills, the error was repeated until the customer returned to her physician for a new prescription.

According to the patient medication profile for this customer, she had been receiving Zocor® in that pharmacy for at least one year prior to this incident. A review of the profile should have raised a concern for the pharmacist.

Lastly, had the patient been given the opportunity to see the medication during counseling, she may have noted the difference in the medication's appearance.

Since this occurrence the pharmacy manager has instigated many changes to the dispensing function. The pharmacy staff have implemented the following policy changes: whenever a brand change is being contemplated the original prescription is referenced; detailed counseling sheets are given to each patient; if there is a price change of 10% a flag is raised for the pharmacist to conduct an additional check; and they conduct a 'show and tell' process for the patient at the point of sale.

The Complaints Committee reminds members that when working with support personnel, the responsibility for prescription accuracy lies with the pharmacist.

Prescription Transfers and Privacy

Members often inquire about legal and ethical obligations to protect the patient's privacy when transferring prescriptions. A typical scenario:

- A patient attends Pharmacy A and asks that his prescriptions dispensed at Pharmacy B be transferred to Pharmacy A. The pharmacist at Pharmacy A contacts a pharmacist at Pharmacy B to request that the information be transferred to him as permitted under section 14.13.4 of our Bylaws and sections C.01.041.1 to C.01.041.4 of *The Food and Drugs Regulations*. Now that Pharmacy A is within the "circle of care", does Pharmacy B require expressed consent from the patient, or can Pharmacy B rely upon deemed or implied consent, to disclose the pertinent personal health information to Pharmacy A? Does it matter if the patient requests only one transfer, or the transfer of all of his/her prescriptions?

Based upon advice from our Solicitor, we understand that in the scenario described above, that the pharmacist in Pharmacy B can transfer the prescription based on either implied consent or deemed consent (circle of care). There are no foreseeable reasons why this cannot include a request from a patient that all of his/her prescriptions be transferred whether or not refills remain if Pharmacist A has taken reasonable steps to satisfy him/herself that this is the true intention of the patient. This may include a quick check of the PIP Viewer to ensure that the whole profile is reviewed to ensure safe, quality pharmaceutical care.

In addition, both pharmacists must comply with the various rules regarding transferring prescriptions as set out in the bylaws and the Food and Drug Act regulations.

The key question from a privacy perspective is whether it is proper for Pharmacist B to rely on the request from a pharmacist at Pharmacy A without seeing something in writing signed by the patient or speaking to the patient directly. We believe it is permissible under both *The Health Information Protection Act* (Saskatchewan), and the Personal Information Protection and Electronic Documents Act (Canada) for Pharmacist B to rely upon the representation of Pharmacist A and proceed to transfer the prescription(s) without direct communication with the patient. However, Pharmacist B should take reasonable steps to confirm the identity of Pharmacist A, much in the same way as a pharmacist is required to make such a confirmation when receiving a verbal prescription from a practitioner. As section C.01.041.2(a)(b) of *The Food and Drug Regulations* seems to specifically contemplate a verbal transference of a prescription from one pharmacist to another, we recommend verbal pharmacist to pharmacist communication. Other forms of communication, such as by facsimile, can be used if Pharmacist B can confirm the identity of Pharmacist A, and both pharmacists can otherwise fulfill their legal obligations that constitute a proper transfer.

It would be prudent to obtain written direction and authorization from the patient, especially where the whole file is being transferred. This would help ensure that the patient's wishes are being adhered to, which protects both Pharmacist A and Pharmacist B. Also, if there is a competitive, or somewhat acrimonious relationship between the pharmacies, a written direction and authorization signed by the patient may help reduce the chances of further conflict.

Ethical considerations also support the ability of Pharmacist B to rely on the representation of Pharmacist A that the patient wishes for the prescription(s) to be transferred. If Pharmacist A misrepresents the intention of the patient to Pharmacist B, this would seem to create an ethical issue for Pharmacist A.

Pharmacist A must also be concerned about his/her own obligations under HIPA/PIPEDA. Pharmacist A must take reasonable steps to be sure of the intentions of the patient before making the request. Otherwise, Pharmacist A runs the risk of improperly collecting personal health information if prescriptions for which the patient did not authorize a transfer are transferred to Pharmacist A.

Prescription Review Program Changes

Due to a bylaw amendment of the College of Physicians and Surgeons of Saskatchewan, effective February 2, 2007, physicians are no longer required to include on prescriptions for drugs monitored under the Program "a statement that the prescription is only valid for three days." All other requirements of the Program remain unchanged.

We have sent a revised program summary to all pharmacy managers to replace the summary in the Pharmacy Reference manual. In particular, paragraph 4 states:

"A statement that the prescription is only valid for three days" has been deleted from bylaw 40 (3) of the College of Physicians and Surgeons and is no longer required on prescriptions. This means that the three day rule is eliminated and pharmacists may fill prescriptions at any time subject to professional judgment."

For further details, please consult the revised summary in the Pharmacy Reference Manual in the pharmacy, or at: *http://www.napra.ca/pdfs/provinces/sk/Prescription_Review_Program_revised_Feb2007.pdf*

Insulin Abuse

The College has received reports that body builders are obtaining fast acting insulin from pharmacists to help them build body mass. In response, we have received the following advisory from the Saskatchewan Drug Information Service:

Insulin Facts

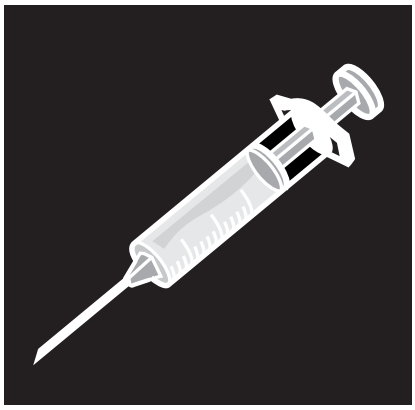
Insulin is being described as "the most powerful anabolic hormone on the planet."[1] Such articles can directly have a negative impact on young adults. According to a study in England, in 2005 there was a 14% significant increase of insulin use among male and female health club attendees.[2] In U.S, about one million elite and recreational athletes use performance enhancing drugs and as many as 25% of anabolic androgenic steroid abusers concurrently abuse insulin.[2,3] According to a representative from the Canadian Centre for Ethics in Sports, they have not done any research on this topic. Similarly, the Saskatchewan sports net representative wasn't aware of any such practice either.

Insulin Effect

Insulin works in synergy with steroids, where the latter spawns new muscles while the former inhibits catabolism of protein.[3] Insulin use is intended to enhance performance and stamina. Insulin-like growth factors are critical modulators of skeletal muscle growth. Their local administration to skeletal muscle results in significant increase in total protein. Due to their growth promoting properties, they are highly desirable to athletes and thus, the World Anti-Doping agency (WADA) has placed them on its prohibited list.[4] It includes brand names like Humalog, Humulin-N, Novolin GE NPH, Humulin-R, Novolin GE Toronto, Lantus and Levemir.[5] The normal practice among body builders is to inject 10 I.U. of regular insulin and to combine it with a large amount of sugary food. This technique is called hyperinsulinaemic clamp.[3] However; during competitions most athletes are on strict diets thus hypoglycemia could result in serious complications such as coma and even death. A 31 year old body builder was found unconscious at home with a blood glucose of 0.6 mmol/L, respiratory rate = 20 and pulse of 100. Upon improvement, he stated that the previous day he had switched to a different fast acting insulin.[3,6,7]

Role of the Community Pharmacist in Controlling Sale of Insulin

A source within the body building community revealed that "at least 10%" of his regular community clients admitted to using insulin and most of them obtained it from their diabetic friends. It is very hard to prevent diabetics from giving or selling their insulin to body builders.[3] Interestingly, authors of a letter in the British Medical Journal were able to buy insulin even though they were not diabetic.[1]



Pharmacists in a variety of settings including community practice dispense medications and offer advice on use of non-prescription products and dietary supplements to athletes. The major role of pharmacists in the use and abuse of performance-enhancing drugs includes educating, counseling, monitoring and obtaining accurate drug histories.[8] Time permitting, the pharmacist or their supervised intern can determine the condition or symptoms to be treated (Type 1 diabetes mellitus vs. Type 2 diabetes mellitus), the patient's self-diagnosis or practitioner diagnosis and assess patient's self-care objectives i.e. target blood glucose levels. On a broader aspect, pharmacists can question these patients as to whether they participate in any competitive sports because if they do then they would be subject to drug testing by numerous sports governing bodies.[9] Overall, if the pharmacist suspects misuse/abuse, they can refuse sale of the product. However, in the course of fulfilling their duty of care for the patient, the pharmacist can provide information about diet, training as well as non-judgmental advice about potential risks versus minimal (mostly unproven) benefits of performance-enhancing drugs including insulin. For those who continue to be intent upon using such performance enhancing drugs, the pharmacist can try to minimize risk of harm, for instance, by strongly discouraging reckless dosing practices, educating about risks associated with sharing needles/ multi-dose vials and providing information relating to access of needle-exchange facilities.[10]

Prepared by Grupreet Parmar,
SPEP student
Saskatchewan Drug Information Service
January 25, 2007

References are available upon request to the SCP office.

Informing Drug Therapy Options for Osteoporosis in Women

The drug alendronate is more effective and less costly to the health care system than teriparatide or other bisphosphonates for the prevention of fracture in postmenopausal women, according to a recent health technology assessment by the Canadian Agency for Drugs and Technologies in Health (CADTH).

The CADTH report, *"Teriparatide and Bisphosphonates for Treatment of Osteoporosis in Women: A Clinical and Economic Analysis,"* compared the clinical and cost effectiveness of teriparatide to alendronate, etidronate, and risedronate for the secondary prevention of osteoporotic fractures in postmenopausal women. Preventing fractures due to osteoporosis is a public health priority, particularly as the population ages. The medical complications of wrist, vertebral, and especially, hip fractures can cause significant morbidity and mortality.

The report found that alendronate or no drug therapy is the optimal treatment option in 80-year old women with previous fractures. Alendronate has been shown to reduce the risk of vertebral, non-vertebral, hip, and wrist fractures in this population. Despite a lower yearly prescription cost, etidronate's reduced effectiveness compared to other options, including no treatment, translated into higher health care system costs.

The report did not examine the use of these drugs for primary prevention, as neither teriparatide nor bisphosphonates have demonstrated a direct impact on clinically important fractures in these patients. No trials studied teriparatide in the primary prevention of osteoporotic fractures in women.

Because fracture rates are age-dependent, the cost effectiveness of bisphosphonates improves with older patients. Compared with no drug therapy, alendronate costs an additional C$169,600 per quality-adjusted life year (QALY) for a 65-year-old woman. A QALY is a health outcome measure that attempts to capture net health impact by combining length of life and quality of life. In a 90-year-old, alendronate therapy is less costly and more effective than no drug therapy.

The report's systematic review of clinical literature found two relevant clinical trials on teriparatide. The report builds on a previous CADTH review of 28 trials on bisphosphonates.

An overview of CADTH's clinical and economic reviews on this topic can be accessed through CADTH's website at *www.cadth.ca* or through Brendalynn Ens, CADTH's Liaison Officer for Saskatchewan. She can be reached at *brendalynne @cadth.ca*. More detailed information about the range of services offered by CADTH can also be found on the website.

The Canadian Agency for Drugs and Technologies in Health is an independent, not-for-profit agency dedicated to supporting informed decision making in health care.

Q and A from the SPEP Rotations

Q During a SPEP rotation, must a 4th year student who has been certified to prescribe emergency post-coital contraception be supervised by the pharmacist?

A Although the student has successfully completed this portion of the curriculum leading to a degree in pharmacy, they are not a licensed pharmacist.

Bylaw 5.7 *An intern under the immediate supervision and in the presence of a licensed pharmacist may dispense any prescription, recipe or formula, or may compound any drug or medicine.*

From this we would interpret the meaning to be that the intern may dispense ECP while under the direct and immediate supervision of a pharmacist. Certified or not, the intern is not a pharmacist and so cannot dispense/counsel independently. As with other prescriptions, all responsibility and liability lies with the licensed pharmacist.

National Association of Pharmacy Regulatory Authorities / Association nationale des organismes de réglementation de la pharmacie

Farewell and Best Wishes to NAPRA's Executive Director

The National Association of Pharmacy Regulatory Authorities (NAPRA) has announced the resignation of Executive Director Ken Potvin effective March 16, 2007.

Ken has accepted the position of Director of Admissions, Professional Relations and Undergraduate Affairs for the new School of Pharmacy at the University of Waterloo.

The Saskatchewan College of Pharmacists wishes to join with the NAPRA Board of Directors in extending our thanks and appreciation to Ken for his dedication and leadership during his time with the national organization. Our best wishes go with Ken as he joins this new and exciting opportunity involving the realization of a new pharmacy school in Canada.

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E-mail	jobs@drugstorepharmacy.ca
Online	www.drugstorepharmacy.ca

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Saskatchewan Institute of Health Leadership (SIHL) – 2007 Program

The Saskatchewan Institute of Health Leadership (SIHL) 2007 program begins May 14-18, 2007, and ends with a 2 day follow-up retreat November 15-16, 2007 all to be held at the Hotel Saskatchewan Radisson Plaza, Regina, Saskatchewan.

The seven-month program includes an initial and follow-up retreats with SIHL Course Presenters and Facilitators conducting lectures and workshops; group projects focusing on six core competency areas; teleconferences and access to coach/facilitators based in the healthcare system. This seven-month program concludes in November with a two-day follow-up retreat.

The Institute aims to bring together professionals from all disciplines and all levels within the healthcare system to foster leadership potential, skills and the creation of a leadership community that works together to promote, support and sustain good health.

Participants who successfully complete the program will receive a certificate that attests to mastery of the six core competencies:

1) Life Balance and Personal Development
2) Visioning and Planning
3) Systems Thinking
4) Conflict and Collaboration
5) Policy and Politics
6) Community and Culture

Program registration forms and information are available at the University of Regina's Centre for Continuing Education (306) 585-5739 or e-mail: *SIHL@uregina.ca*

Prairie Health Information Privacy Day 2007

Demystifying Health Information Privacy Challenges

April 16th, 2007 • Delta Regina • Regina, SK

PHIPD 2007 is an exciting new initiative for those organizations affected by health information privacy law across Canada's three prairie provinces. Health Information Protection laws are intended to strike a balance between the legitimate need of health professionals to collect, use or disclose personal health information and the need to maintain the confidentiality of such sensitive information. Agenda details and registration information are available at *http://www.phipd2006.ca* or call 613-226-8317.

Are You Interested in Being a Part of a Movement to Optimize the Pharmacists' Role in Primary Health Care?

CSHP and CPhA have launched an exciting new Pharmacy Specialty Network (PSN) for pharmacists interested in primary health care practice. This PSN will allow pharmacists practicing in settings such as primary health centres, ambulatory care clinics, community pharmacies, and other primary care venues to discuss issues relevant to this emerging practice, to share great ideas and practice tools, and to get advice on controversial or complex patient care scenarios. It offers access to an email newsgroup, a website with many resources to download, mentorship opportunities, and much more.

This PSN network is jointly hosted by CSHP and CPhA and is open to members of either organization who are currently working in primary care, are interested in this type of practice site in the future, or want to keep updated on what is happening the area.

To sign up, contact CPhA or go to *http://www.cshp. ca/cshpNetwork/psn/index_e.asp*.

For addition information on this PSN contact Dr. Derek Jorgenson at: *derek.jorgenson@saskatoonhealthregion.ca*

Take Advantage of the Best Professional Development Opportunity of Your Career!

The Canadian Council on Health Services Accreditation is recruiting clinical pharmacists who are practicing in CCHSA accredited institutions, to become surveyors. The new accreditation standards use teams of clinical and administrative experts to review client care. Pharmacists are needed to share their clinical knowledge of medication administration and reconciliation processes as well as their health care expertise in the review of organizational practices.

As a surveyor with CCHSA you will be provided with the opportunity to not only learn about good practices in other facilities but you will actually be able to see them at work, speak with the individuals who created and implemented them and expand your network to a national level. Your organization can also benefit as you bring "home" the innovations and best practices you witness as a surveyor.

Interested pharmacists are asked to contact Donna Hutton, Senior Advisor, CCHSA Western/Northern Office at:

Suite 1414, 10235 – 101 Street
Edmonton, AB T5J 3G1
Phone 1-866-452-3800
Email: *Donna.Hutton@cchsa-ccass.ca*

SASKATCHEWAN
COLLEGE OF
PHARMACISTS

96th Annual General Meeting

Saturday, April 28, 2007
9:30 – 10:30 am
Sheraton Cavalier Hotel
Saskatoon, Saskatchewan

SCP 50 & 25 Year Anniversary Recognition Welcome Reception
(Dinner Buffet)
Friday, April 27, 2007
7:00 pm

SCP President's Luncheon & Awards
Sunday, April 29, 2007

Mark your calendars now!

Please contact the RBSP office at 306-359-7277 for detailed Conference 2007 registration and accommodation information.

2007 Interdisciplinary Conference

"Collaborative Care Models to Advance Patient Safety"

Sponsors

Saskatchewan College of Pharmacists (SCP)

Saskatchewan Registered Nurses' Association (SRNA)

College of Physicians and Surgeons of Saskatchewan (CPSS)

TCU Place, Saskatoon, SK

September 14 (evening) and 15, 2007

Details in the next Newsletter

Primary Health Care | Soins de santé primaires

Primary Health Care Conference

"27/12 – Just Do It!
What's Working and Why"

An interdisciplinary forum to share learning from successful experiences in primary care and team development in Saskatchewan. Explore what works and how this can be transformed and implemented elsewhere across the province.

May 28, 2007

TCU Place
35 – 22nd St E
Saskatoon SK
S7K 0C8

Registration Deadline: May 1, 2007

27 health disciplines working together in 12 regional health authorities to advance primary care.

Registration form enclosed with this issue.

Mark Your Calendars
Event Not to Be Missed

THE LUNG ASSOCIATION

RESP Trec©

RESPIRATORY TRAINING & EDUCATOR COURSE

RESP *Trec*© (the Respiratory Training and Educator Course) will give health care professionals the latest information and training in asthma and COPD care. The Course content is based on the most recent Canadian evidence-based Guidelines. At the same time, the programs give Health Professionals the tools with which they can better teach their patients how to improve their asthma and COPD self-management skills.

Course consists of 3 modules

1. * Education
2. Asthma and Its Management
3. COPD and Its Management

*The Education module is mandatory and must be taken in conjunction with either the Asthma OR the COPD module.

Each Module consists of 1) Pre-workshop home study package 2) 2-day workshop with skill and written evaluation 3) Post-workshop assignment.

Cost: $900 + text for Education + disease module; $500 for additional disease module

Note: Modules CCCEP approved for 13 CEUs each

For more information and to register:
Website: www.resptrec.org
Email: info@resptrec.org

Supported by an unrestricted educational grant AstraZeneca