



2011 President's Inaugural Address

President Hrudka, fellow members, guests and family:

Norman Vincent Peale said "Be interesting, be enthusiastic...and don't talk too much". I will attempt two out of three - you can decide which two.

What a year we have had.....and what a president....Christine will be a hard act to follow!

I have been President a few times before- President of Can-Am Gymnastics, President of the Pavlychenko Folklorique Ensemble dance group, President of the Graduate Students' Association at the U of S- but President of SCP means something more to me than all the others. The seriousness and dedication with which I undertake this role are no more or less than the others, but my passion for the practice of the profession this role represents is far greater than for any of the other organizations.

In this celebration of 100 years of pharmacy regulation in Saskatchewan, we have heard many reminiscences of past pharmacy practice. In preparation for this address, as I reflected back over my years as a pharmacist, I was overwhelmed by the changes in the profession. When I was a fresh apprentice, or 'intern' as they are now called, and soon a young pharmacist, some things were very different.

Drug names on prescription labels were not allowed. We were not to counsel patients on their medications or let them know what they were getting, for fear the mystique of the medicine might be destroyed. Indeed, placebo medication was sometimes ordered and legally dispensed, without the knowledge of the patient or family. I recall Ritalin and Nembutal placebos that were ordered by the physicians in a cryptic manner so as to delude the patient into thinking they had the Real Thing.

Generic drugs did not exist, nor did amoxicillin. I had not heard of calcium channel blockers. When the first generics began to appear, we were all convinced they could not possibly be a good as the brand.

We weren't really sure what drug interactions were, and as they slowly became known, we had to remember them - no iPharmacist or computer program to help.

There were no photocopy machines. When I was researching and writing my undergraduate thesis (which we all had to write way back then), there was no

(continued on page 4)



President-elect Joan Bobyn receives her gavel from Registrar Ray Joubert

INSIDE THIS ISSUE

SCP Council & Staff	2
Council Highlights	2 & 3
Drug Schedule Amendment	3
From the Desk of the Dean	5
Narcotic & Controlled Drug Losses	6
Inter D4 Recap	6
Online Drugs Information Newsletters	8
The More You Know...	8
Pillar of Pharmacy Award	9
Event Announcement	9
BioAdvance and Remicade Prescriptions	10

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(term ends June 30, 2011)

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(Term ends June 30, 2012)

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Receptionist

- * Council met April 29, 2011 prior to the opening of the 10th Annual Pharmacists' Association of Saskatchewan Conference.
- * Council approved the cancellation of the spring District Meetings for 2011. While they are a valuable opportunity to discuss issues of interest with the membership, it was noted that less than 10% of the membership have been attending. It was felt that with the new website development there may be new avenues to explore for future connections with members.
- * Council received a report from Communimed (facilitators for the Inter D4 conference held March 11 and 12, 2011 in Regina). The overall feedback on the Conference was very good and planning is underway for InterD5 to build upon the success of InterD4 and involve more disciplines. It is anticipated that the next conference will be held in November 2012 in Saskatoon. Please watch for further information in future issues of SCOPe.
- * Council heard an update on the legislation prohibiting tobacco from pharmacies. Pharmacies were given until April 1, 2011 to comply with the new legislation prohibiting the sale of tobacco from a pharmacy or a retail store if the pharmacy is located within the store or if customers can enter the store directly or by a corridor exclusively used to connect the pharmacy with the store. The Ministry of Health has not reported any non-compliant pharmacies.
- * Council received for information a progress report on the upcoming National Association of Boards of Pharmacy and the American Association of Colleges of Pharmacy District V Annual Meeting to be held in Saskatoon August 4-6, 2011. This meeting is being co-hosted for the first time by the College of Pharmacy and Nutrition, University of Saskatchewan and the Saskatchewan College of Pharmacists.

The National Association of Boards of Pharmacy® (NABP®) is the only professional association that represents the state boards of pharmacy in all 50 United States, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, New Zealand, and eight Canadian Provinces.

District 5: Iowa; Manitoba; Minnesota; Nebraska; North Dakota; Saskatchewan; and South Dakota.

- * Council addressed the issue that following the March Election of Councillors, there remained vacancies in Divisions 3 and 7. In accordance with Council policy, we sent a memo to all members in the two Divisions asking for volunteers; unfortunately no one came forward.

Pursuant to administrative bylaw 3(16), Council may appoint eligible members from the Division, or failing that, from the membership at large. Council policy is if volunteers are received, consider their qualifications and assess them according to policy GP-16.

Following this process:

- * Council appointed Sheldon Ryma of Prince Albert to fill the vacancy in Electoral Division # 3 effective July 1, 2011.
- * Council appointed Bill Gerla of Humboldt to fill the vacancy in electoral Division # 7 effective July 1, 2011.

- * **Council for 2011-2012 Membership Year:**
 - President – Joan Bobyn
 - President Elect – Kim Borschowa (Division 1)
 - Vice President – Barry Lyons (Division 8)
 - Past President – Christine Hrudka
 - Division 2 – Lori Friesen
 - Division 3 – Sheldon Ryma
 - Division 4 – Doug MacNeill
 - Division 5 – Spiro Kolitsas
 - Division 6 – Brad Cooper
 - Division 7 – Bill Gerla
 - Ex-Officio – David Hill, Dean, College of Pharmacy and Nutrition
 - Public Members: Barbara-Ann deHaan and Ken Hutchinson

- * Council approved a **new Mission Statement** that was developed following the Strategic Planning session held on March 23 and 24, 2011. The new Mission Statement is:

Our Mission is to regulate the profession of pharmacy to provide safe, effective patient-centered pharmacy care in Saskatchewan.

- * Council learned that the Interdisciplinary Advisory Committee on Prescriptive Authority has met and has approved Minor Ailments Prescribing for three conditions:
 - * Acne
 - * Cold Sores (herpes labialis)
 - * Insect Bites

Live training sessions were scheduled for Regina (June 5, 2011) and Saskatoon (June 12, 2011). Deadline for registration was May 27, 2011. On-line training programs through the Continuing Professional Development for Pharmacists unit will be available after those dates.

- * Council reviewed an earlier decision to make PIP access mandatory for every prescription fill. Unfortunately, PIP integration has not been developed as smoothly as originally anticipated when Council first made this decision. At that time, the impact of the messaging standards were unknown and their development has caused some complications. Nevertheless, others in the health care system have expectations of pharmacists utilizing PIP and this is critical to the longer term goal of PIP being part of a more comprehensive electronic health record.

Council has deferred the date for implementation of mandatory PIP viewer usage at this time. This issue will be reviewed during the fall Council meeting so that Council members can reassess the status of PIP Integration at that time.

Drug Schedule Amendment Naproxen Sodium 220 mg (Effective March 18, 2011)

Amend Schedule III to delete:

Naproxen sodium 220 mg tablet (when sold in products labeled with a recommended maximum daily dose of 440 mg and, in package sizes of up to 6,600 mg)

Council approved the amendment to delete “naproxen sodium 220 mg tablets (when sold in products labeled with a recommended maximum daily dose of 440 mg, and in package sizes of up to 6,600 mg)” from Schedule III to Unscheduled status as recommended by the National Drug Scheduling Advisory Committee. This amendment came into effect on March 18, 2011 upon publication in the Saskatchewan Gazette following approval by the Minister of Health.

These products are now **Unscheduled** and can be sold from any retail outlet.



Notifying Doctors about Drug Shortages

When being informed about a drug shortage, doctors report that they appreciate recommendations from pharmacists on alternatives for the unavailable drug. This could be a different brand, strength or formulation of the drug or a therapeutic substitution. Saskatchewan Drug Information Service (SDIS) maintains a database on its website (www.druginfo.usask.ca) which provides this type of information for a number of shorted drugs. Other useful resources include Health Canada Drug Product Database (<http://webprod.hc-sc.gc.ca/dpd-bdpp/index-eng.jsp>), Therapeutic Choices (e-therapeutics⁺ available at www.shirp.ca), RxFiles (www.rxfiles.ca) and various clinical practice guidelines. Please contact Saskatchewan Drug Information Service (SDIS) if you have any questions about a shorted drug or to report a new drug shortage at:

Saskatchewan Drug Information Service
 Telephone: 1-800-667-3425 (Saskatchewan) (306) 966-6340 (Saskatoon); Fax: 306-966-2286
 Email: druginfo@usask.ca

(President's message continued from page 1)
internet or Medline. To find information, you went to the library's large 'Index' volumes to find listings of articles on your topic. Then you tried to find the specific paper in the library. If you wanted a copy of the article, you wrote to the author for a reprint, and eventually it would arrive in the mail. You definitely had to plan in advance if you wanted to get your work in on time. Either that or you spent hours in the library handwriting notes directly from the article. Eventually, when your paper or thesis was finished (by hand), you hired somebody to type it for you. And if there were errors in the final document, you added a sheet of 'Errata'.

There were no computers or calculators. Today, it is hard to imagine a time without the internet. We used typewriters, hand-written recipe cards to keep patient profiles, log tables and slide rules for complicated calculations.

There were no fax machines. You actually had to talk to a physician to discuss a patient or a prescription. I like to tell a story about my early days of practice at RUH in Saskatoon. Dr. Kirby from Rehabilitation Medicine, would always come down to the pharmacy to respond to phone calls we made to his office. He was very old-school British, and I thought maybe he wasn't aware of our systems. One day I said to him: "You know, Dr. Kirby, we can take prescription orders over the phone, so you don't have to come all this way to the pharmacy." His response was: "Young lady, I make it a point never to do anything on the phone that I could do in person." Not such a bad philosophy sometimes!

Smoking in the dispensary was the norm.

Despite the differences, the important things about the practice of pharmacy were the same then as now: there was an emphasis on quality patient care, safety, and appropriateness of dosing and therapy. And then, as now, advice was free!

We have come a long way since I was that young pharmacist 40 years ago. And where do we go from here? I believe expectations of the profession by the public and our health care partners are higher than in the past, our roles and responsibilities far more complex than they were.

After several years of hard work, we finally achieved Prescriptive Authority. On the immediate horizon, I anticipate the addition of Minor Ailments Prescribing to our Prescriptive Authority role. I have a vision that

Saskatchewan Health will recognize the need for and fund Primary Care pharmacists in the Community Pharmacy setting in addition to the current practice funded only in Primary Health Centre locations.

As we start to see changes in the generic funding model in Saskatchewan, we need to develop strategies for innovative funding of our valuable services. President Hrudka has alluded to pharmacists administering immunizations, as one expanded scope of practice, for example. Certification and regulation of technicians will help us achieve the flexibility we will need to expand our practices.

Council recently spent two days in an intense workshop building a new Strategic Plan that will carry us confidently into the future and our new roles. I was surprised and pleased to discover that although some directions of SCP needed to change, our Vision of "Quality Pharmacy Care in Saskatchewan" remained strong and true. This was reassuring, encouraging, and inspiring to me.

As we build on our Tri-Provincial partnership with our sister Colleges in Alberta and British Columbia, we will learn from their experiences in expansion of scope of practice, share our own, and move forward together with united purpose and strength. I intend to continue our robust working relationship with PAS, striving for common goals and victories over the next year. I hope to help strengthen our interdisciplinary partnership with the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Registered Nurses' Association.

In conclusion, for this coming year as your President, I will strive to be responsible and accountable to all members, approachable, and of open mind. I would like this to be OUR presidency, OUR year, OUR time to shine with shared values, goals and dreams.

I leave you with two quotes:

Confucius: "When it is obvious that the goals cannot be reached, don't adjust the goals, adjust the action steps."

Martin Luther King, Jr.: "Faith is taking the first step even when you don't see the whole staircase."

Respectfully,

Joan Bobyn
President-Elect





From the Desk of the Dean

Dr. David Hill
College of Pharmacy and Nutrition

I am pleased to update you on exciting developments in the College – the establishment of three research chairs. Both the **University's Strategic Research Plan** and our **College's Strategic Plan** speak to the huge significance of research chairs in achieving the following goals (please see www.usask.ca/research). Chair will:

- provide vision and leadership to build on/establish signature areas of research excellence. Our former colleague, Dr. John Hubbard, referred to research chairs as the 'sparkplug' to 'ignite' resources already in place – in terms of committed faculty researchers and infrastructure – to enhance research success.
- expand opportunities for strategic partnerships and interdisciplinary research.
- contribute to the attraction and retention of outstanding faculty and the training of highly qualified research personal, by building attractive research environments.
- enhance opportunities for external funding, notably Tri-Council funding, and the establishment of outstanding research infrastructure.

The first of our research chairs is Dr. David Blackburn, who was appointed in May 2010 as **Chair in Patient Adherence to Drug Therapy**. Supported by project partners Saskatchewan Health, AstraZeneca Canada, Merck Frosst Canada, Pfizer Canada and the University, David is leading research and educational activities for pharmacy and other health professionals to improve adherence. The overarching benefits of this work are to enhance the health and wellness of the people of Saskatchewan, bolster the work of students and scholars in our College and beyond in this critical area, and foster greater collaboration with health care professionals and industry.

Recruitment is well underway for a **Chair in Rational Drug Design**. The Chair will be a distinguished scholar who will facilitate exchange of ideas and team research on the intricacies of drug design within our College's **Drug Design and Discovery Group**, researchers across campus, at the *Canadian Light Source* synchrotron, as well with scholars from other institutions and partners in industry. The work of the Chair and colleagues holds enormous potential for the ability to treat diseases such as cancer, HIV-AIDS and diabetes. Establishment of this Chair was made possible through the commitment of GlaxoSmithKline, the Province, SaskTel, the University and the College.

Funding agreements are in place between partners in the Saskatchewan Ministry of Health, the Saskatchewan Health Quality Council, the Saskatchewan Health Research Foundation and the University to establish a **Chair of Health Quality Improvement Science**. Recruitment has begun for the Chair, who will be a recognized scholar and leader in health quality improvement. S/he will facilitate the delivery of health sciences curricula focused on excellence and quality outcomes, achieved through effective interprofessional collaboration and application of quality improvement science. The combined expertise of this Chair and colleagues with the Patient Adherence research team and the College's **EduLab Program** (dedicated to improving information exchange with patients) will create a centre of expertise and excellence that does not exist in Canada today.

We look forward to bringing you news on the work of our Chairs, and our efforts to establish additional research chairs in the College.

HAVE YOU MOVED?

Keeping Your Information Current

Please remember to inform the Saskatchewan College of Pharmacists office if you have changed your email address, mailing address or place of employment. It is the member's responsibility to keep their personal information current and up to date with the College. It is also the member's responsibility to inform the College of their current place of employment. This information helps the College in determining the electoral divisions for College election and allows the College to keep the member informed of urgent matters.

Increase in Narcotic and Controlled Drug Losses Due to Forgeries, Break and Enters and Armed Robberies in Saskatchewan

Recently both the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan College of Pharmacists have increased our efforts to educate physicians and pharmacists about inappropriate use of Prescription Review Program (PRP) drugs by sending "Alert" letters. These letters have in some cases prompted health care professionals to refuse to prescribe or dispense PRP drugs to particular individuals. Coupled with recent police efforts to crack down on multiple doctoring and illicit sales of prescription medication, these efforts may have resulted in an increase demand for these drugs through illicit channels.

The Office of Controlled Substances reported that in Saskatchewan, for the 2010 year, we experienced four armed robberies, 10 break and enters and eighty forgeries. These represent significant increases over past years.

It has been many years since an armed robbery occurred in our province and this article serves as a reminder to all pharmacists to be vigilant to the possibility of this type of event.

The British Columbia Pharmacy Association and the College of Pharmacists of British Columbia published extensive guidelines for addressing pharmacy robberies. These guidelines can be viewed at http://www.bcpharmacists.org/library/H-Resources/H-4_Pharmacy_Resources/1028-Guidelines_Pharmacy_Robbery_BC.pdf

The Saskatchewan College of Pharmacists will be reviewing and adapting those guidelines for publication in our Reference Manual.

Some suggestions from the B.C. Guidelines include:

- maintaining adequate lighting both inside and outside of the pharmacy;
- ensuring adequate staffing levels;
- ensuring all customers remove hoods, sunglasses, and other disguisable clothing while in the pharmacy;
- ensuring your security equipment is in good working order;
- remaining vigilant to the signs of "casing" including unusual requests and phone calls;
- reviewing your narcotic and controlled drug inventories and reducing them when practical.

InterD4 - A Collective Mindset, Unleashing Innovation and Galvanizing Support

InterD4, the latest installment of an ongoing collaboration between the Saskatchewan Registered Nurses' Association (SRNA), the College of Physicians and Surgeons of Saskatchewan (CPSS), and the Saskatchewan College of Pharmacists (SCP), was a success. Careful consideration of feedback from past conferences led to a total overhaul of format and function of the event. This year the sessions focused on developing a collective mindset, unleashing potential to innovate, galvanizing support with well defined goals and seizing opportunity for collective improvement.

The energy and engagement in the room would lead you to think you had stumbled into a family reunion where a game of Table Topics was being played. Table Topics is a cue-card style game where questions are posed to one another in order for people to get to know each other better. In actuality this was not far from what was happening. Groups were working on establishing their 'Code of Conduct' for the workshop. Cards were placed on the table with phrases that described behaviours and listening habits that foster trust and collaboration. Once guidelines for successful communication were established participants were able to move through the sessions of the workshop with rich discussion that was both effective and efficient. Paying attention to the key role of communication helped build a foundation from which to progress and this not only set a positive tone but also fit within the overall context of interdisciplinary collaboration.

McDonough and Doucette (2001) highlighted five stages of collaboration: professional awareness, professional recognition, exploration and trial, professional relationship expansion, and commitment to collaborative working relationships. Just like a code of conduct, these stages enable an understanding of respective roles and helps build a context of clarity, trust and mutual respect. Consider your own efforts in interdisciplinary collaboration, are you following the process?

(continued on page 7)

As the workshop progressed groups were given opportunities to understand what the diverse members could offer, were motivated to offer, and weigh tradeoffs to consider who was in the best position to take on responsibilities.

Capabilities and contributions were explored, how to confront challenges as a team was discussed, and ultimately calls were made about how to maximize efficiency by looking at the distribution of tasks. This level of exploration would not have been possible without excellent communication. Distribution of roles and responsibilities required awareness and recognition of who the players at the table were. A review of factors such as areas of overlap, work load, motivation, capabilities and constraints uncovered potential for positive change through collaborative practice implementation. Through being able to speak and be heard relationships expanded and commitments to confronting the challenges of current practices became a team effort. Over the course of the day one of the participants, an RN stated she had never spoken so many words to a physician over the course of her 20 years in nursing.



Creating spaces where we can come together and foster open communication and engage with each other through the stages of collaboration is what this conference was all about.

The enthusiasm has spurred a momentum both between the sponsoring associations and the members who attended the sessions. Resources are available online and you are encouraged to explore how activities from the conference can contribute to your current collaborations. Consider your next staff meeting ice breaker to consist of establishing a code of conduct or print out the stages of collaboration to serve as a reminder that we must start where we are at and build a solid foundation in order to increase our proficiency and ultimately patient first healthcare.

References:

Randal P. McDonough, PharmD, MSPHarm, and William R. Doucette, J Am Pharm Assoc. 2001;41(5) © 2001 American Pharmacists Association [Pharmacists and Physicians: Model for Pharmacist-Physician Collaborative Working Relationship](#) retrieved from on March 28, 2011

http://www.medscape.com/viewarticle/406728_3

Submitted by Sarah Liberman, RN, BScN, MN, PMP
Project Manager, Policy & Communications
Saskatchewan Registered Nurses' Association



Top Photo: Randy Wisner with Aleta Allen;
Bottom Photo: Jason Perpelkin with Alex
Crawley

Partners in Prescribing: My Pharmacist Knows

The Saskatchewan College of Pharmacists asked members and students at the College of Pharmacy and Nutrition, University of Saskatchewan, to submit slogan ideas for the promotion of a province wide public education campaign to promote prescriptive authority in Saskatchewan.

The office received an outstanding number of slogan submissions. After much deliberation, the Public Education Committee chose Aleta Allen's submission "**Partners in Prescribing**" as the slogan that would be used for the campaign. The committee chose Alex Crawley, 3rd year pharmacy student, as the runner up for his slogan: "Don't despair; we care!"

"Partners in Prescribing: My Pharmacist Knows" was launched on Friday, March 4, 2011 across the province. Both Aleta and Alex were given iPads for their submissions. The iPads were graciously provided by: Debbie Hollman, Ranbaxy and Terri Mah, Apotex.

For more information regarding prescriptive authority, please visit:

www.mypharmacistknows.com

Drug Information Newsletters Online

New SDIS and RxFiles topics are now available. These documents can be viewed and /or downloaded at the following websites:

- **SDIS** www.druginfo.usask.ca
 - * **Drug News** - Natural Hallucinogens to Avoid
http://www.druginfo.usask.ca/pdf/Salvia_Angel_Trumpet_newsletter.pdf
 - * **Hot Topics** - Potassium Iodide for Nuclear Emergencies
http://www.druginfo.usask.ca/pdf/Potassium_Iodide_for_Nuclear_Emergencies.pdf
 - * **Drug Shortages** – updated as we are made aware of shortages
http://www.druginfo.usask.ca/healthcare_professional/drug_shortages.php
 - * **Question of the Week** (for consumers) - How can I tell if a medication or vitamin product sold on the shelf has gluten in it?
http://www.druginfo.usask.ca/consumer/question_of_the_week.php
- **RxFiles** www.rxfiles.ca
 - * **Opioids in Chronic Non-cancer pain** - March 2011 Newsletter
<http://www.rxfiles.ca/rxfiles/uploads/documents/Opioid-2011-Newsletter.pdf>
 - * **Opioid Manager** - link to a guideline summary tool from the Canadian Guidelines:
<http://nationalpaincentre.mcmaster.ca/opioidmanager/>
 - * **Other:**
 - * Opioids in the elderly Q&A
<http://www.rxfiles.ca/rxfiles/uploads/documents/Opioids-Pain-ELDERLY-QandA.pdf>
 - * Solomon Trial Summary Opioids vs NSAIDs in Elderly OA & RA
<http://www.rxfiles.ca/rxfiles/uploads/documents/Pain-Trial-Summary-Solomon-Elderly-Arthritis.pdf>
 - * Urine Drug Screening Q&A
<http://www.rxfiles.ca/rxfiles/uploads/documents/Urine-Drug-Screening-UDS-QandA.pdf>
 - * Opioid Patient Consent/Treatment Agreement Samples (Links online)
 - * Canadian Opioid Guidelines – Part B:
<http://nationalpaincentre.mcmaster.ca/opioid/index.html>

The More You Know.....

“Heads Up” for Electronic Prescribing

As electronic prescribing becomes more prevalent, so, too, becomes the possibility of prescribing errors being made that are specific to this electronic process. Our office was recently made aware of the following incident regarding a prescribing error.

A patient was seen in an HIV clinic who had received about 5 days of **penicillamine** instead of **penicillin**. The patient had a very sore throat and was previously seen at a medical clinic. The physician chose penicillamine (instead of penicillin) from the electronic database. The patient was questioned by the pharmacist as to why they were prescribed penicillamine but they were unable to respond due to a language barrier. It wasn't until the patient was seen in the HIV clinic that the error was realized.

Accuracy in Faxing Prescriptions

Our office recently was made aware of a situation where a member of the public was consistently receiving fax transmissions on her phone line intended for a pharmacy due to a select few physicians and pharmacies misdialing the pharmacy fax number.

Not only was this annoying for the resident but personal health information was being released to her fax machine. The resident repeatedly contacted the offices and pharmacies involved to correct the problem. We remind pharmacies to be diligently accurate when dialing fax numbers regarding prescriptions.

Piperazine Abuse

A new OTC drug abuse issue has come to our attention. We want to advise all pharmacists that **Piperazine is a Schedule II Drug** under the provincial drug schedules and that **even in veterinary formulation (eg. veterinary worm medicine)**, it must be kept in a non-self selection area (i.e. behind the counter) and **sold only with the involvement of a pharmacist.**

Please be aware of the potential abuse of this drug. Please also review the active ingredients of any veterinary or pet medications that may be sold in your pharmacy for compliance with the requirements of the provincial drug schedules.

Source: Newfoundland and Labrador Pharmacy Board

Pillar of Pharmacy Award



L to R: Ray Joubert; Dayle Acorn, CFP; Bev Allen; Linda Prytula, CFP; David Hill, U of S; David Windross, TIVA Canada; Brian Jacobs, Sanofi-Aventis.

The Canadian Foundation for Pharmacy (CFP) proudly held the 2010 Pillar of Pharmacy Award in Saskatoon, Saskatchewan on the evening of Wednesday, March 23, 2011. It was held on the 100th anniversary of the passage of the first Pharmacy Act in Saskatchewan to honor Mr. Bev Allen, Assistant Professor of Pharmacy and Coordinator of the Structured Practice Experiences Program (SPEP) at the College of Pharmacy and Nutrition, University of Saskatchewan.

For the past 20 years, Bev has been sharing his experience with the students of Saskatchewan and for over 35 years, Bev has worked tirelessly for the profession of pharmacy at the local, provincial, national and international level. He has provided leadership to many pharmacy boards: the Canadian Pharmacists Association (CPhA), the Pharmacy Examination Board of

Canada (PEBC), the Association of Faculties of Pharmacy of Canada (AFPC) and the Canadian Foundation for Pharmacy. Bev was also the President of the Saskatchewan College of Pharmacists from 1987-88 and during 2008-09. He also practised as a pharmacist in his own pharmacy for many years before joining the faculty at the University of Saskatchewan.

Bev has received numerous awards for his work, including SCP's Pharmacist of the Year, CPhA's Meritorious Service Award, and Honorary Lifetime Membership with the Canadian Association of Pharmacy Students and Interns (CAPSI) and his selection in 2007 as one of 100 pharmacists from across Canada to be recognized with CPhA's Centennial Pharmacist Award.

Saskatchewan is proud to be the home of Bev Allen as well as the home of two past Pillar of Pharmacy winners: Mr. Jim Blackburn (former Dean of the College of Pharmacy and Nutrition at the University of Saskatchewan) and Mr. Ray Joubert (Registrar of the Saskatchewan College of Pharmacists).

The Canadian Foundation for Pharmacy and the Saskatchewan College of Pharmacists would like to send a sincere thank you to those who attended the gala event, including Bev's friends and family. Once again we would like to also thank our sponsors for their generous and continued support of the Pillar of Pharmacy Award and the CFP.

If you or someone you know is interested in donating to the Canadian Foundation for Pharmacy, please contact Mr. Dayle Acorn, Executive Director of the CFP at: 905-997-3238 or dacorn@cfpnet.ca.

2011 Accelerating Primary Care Conference

The **2011 Accelerating Primary Care Conference** is being held on **October 2-4, 2011** at The Westin in Edmonton, AB. Over 350 practitioners and leaders are expected to participate in the fifth annual conference. The audience will include: physicians, nurses, pharmacists, dietitians, rehabilitation professionals, mental health professionals, senior managers of health services, leaders in professional licensing bodies, advocacy organizations, and government. Information on the program and Call for Abstracts is available online at <http://www.buksa.com/apcc/>.

Checking PIP for Saskatchewan Coverage

Members have notified the office that there are an increasing number of individuals attending the pharmacy requesting exempted codeine products who are declaring that they are residents of another province and therefore do not have a valid Saskatchewan Health Card. In many instances this is not true and if one checks the PIP viewer the individual is a Saskatchewan resident and does have a profile in the electronic system.



BioAdvance and Remicade Prescriptions

Further to our February 2011 article, we have met with Merck* and have received clarification of the processes which have been implemented to work with Saskatchewan pharmacists in assisting their patients with financial support for their treatment with Remicade or Simponi (and other biologics offered by Merck*). **Physicians** are now faxing the BioAdvance Remicade prescriptions on the "Remicade order form" directly to the pharmacy, ensuring that the pharmacist receives a current and valid prescription. Pharmacists are encouraged to ensure that the required financial assistance has been put into place by contacting the BioAdvance Coordinator (BAC).

The BioAdvance Coordinators work with the physicians, nurse, patients, infusion clinics and hospitals to ensure that the product is delivered in a timely manner, ensuring the cold chain has been maintained. The patient signs a confidentiality agreement allowing the BAC to facilitate information sharing and patient care amongst the health care professionals, including the required financial assistance.

We encourage any pharmacists who may have questions about the BioAdvance program to contact the Specialty Services Manager for Saskatchewan at Merck*: Marie-Claude Thiffault at cell: (403) 519-6105, office: (403) 284-0511, fax: (403) 284-4105, email: marie-claude.thiffault@merck.com. Questions about clients or patients should be directed to Saskatchewan BioAdvance Coordinator Pam Osatiuk at (780) 960-4134, (877) 988-0213 by phone or (780) 960-2685 or (877) 968-0278 by fax or at pam@nextstepgroup.ca

*On July 1st the immunology division of Merck is transferred to Janssen, including all BioAdvance, Remicade and Simponi

