

# ReadLinks

Online Edition • With Activated WebLinks

## New opioid-dependence treatment

*Subutex® provides important new therapeutic options*

Pharmacists across B.C. will soon be able to provide opioid-addicted patients with a new treatment option. Subutex® (buprenorphine hydrochloride), approved by Health Canada and slated for availability between February and September 2006, will be prescribed by specially-trained physicians. Subutex® is a partial opioid-agonist sublingual tablet indicated for substitution treatment in adult patients with opioid drug dependence.

The Subutex® product monograph advises against prescribing this drug unless daily intake supervised by a health-care professional can be ensured, except for weekends and holidays. Subutex® is used in a similar way to methadone, and while it is also an effective analgesic, this federally-scheduled narcotic is not approved for pain management. The product monograph also states the drug should only be prescribed by physicians who are experienced in substitution treatment in opioid-drug

dependence, and have completed the Subutex® National Education Program.

The Canadian Society of Addiction Medicine (CSAM) administers the Subutex® National Education Program. Subutex® training consists of an all-day session featuring five modules, including one on pharmacy-care issues. None of the modules are designed to stand-alone; in its current design, the pharmacy care module on its own does not provide enough information for a pharmacist to effectively provide pharmacy care to patients on Subutex®. There is currently no requirement for pharmacists to be trained, but pharmacists will be able to attend the sessions.

There are a number of unique features of the drug that highlight the need for pharmacist education before providing pharmacy care to patients on Subutex®. For instance, a pharmacist needs to assess a patient to ensure they are not intoxicated, and that they are in withdrawal before the

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## Pharmacy security gets close scrutiny

*Take safeguards to ensure your, and the public's, peace of mind*

The summertime theft of methadone powder from a community pharmacy on Vancouver's Downtown Eastside is followed by a rash of overdose deaths among area drug users; in Kelowna this autumn, police are tipped off to a planned community pharmacy B&E that didn't take place. What is the common denominator between these two unrelated events? Security.

Following the Vancouver pharmacy break in, college staff met with Vancouver Police Department investigators to discuss pharmacy security policies, in particular, secure drug storage. With the aim of devising comprehensive guidelines for the physical security of pharmacies, the college is surveying pharmacy security requirements and systems across the country. Of particular interest are

regulations addressing issues such as medication storage, inventory levels, and monitoring and reporting practices.

In the case of the Kelowna break-in rumour, the college took prompt action, sending a fax to area community pharmacies listing a number of helpful security review points. The list included the following suggestions:

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## Changing of the guard



Rita Thomson receives the Past President's Plaque from incoming President John Hope at the college's AGM in November. More pictures on page 8.

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## COLLEGE MISSION

To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

## from the REGISTRAR



Marshall Moleschi

### Having your say

If employees smile, nod, and say, "yes" at your pharmacy, maybe it's time to start an

argument. According to Harvard Business School professor Michael Roberto, the lack of good conflict – constructive conflict – within an organization makes it that much harder to accurately evaluate business ideas and make important decisions. The same is true for your College of Pharmacists of B.C.

The college recently held its annual general meeting. Like most organizations, our AGM sets aside time to discuss and vote on particular issues, or as they are formally known, resolutions. However, our guidelines (rule 4.10) state:

"Resolutions adopted by the members of the college during general meetings or by mail ballot shall be of an advisory nature and shall not be binding on the council, except as provided otherwise in the Act or the Bylaws."

The reason is simple. Registrants' views on an issue are one factor in making a decision. Other factors include legislation and the public interest. The Pharmacists, Pharmacy Operations and Drug Scheduling Act, section 2. (2) states:

"It is the duty of the college at all times

- (a) To serve and protect the public, and
- (b) To exercise its powers and discharge its responsibilities under all enactments in the public interest."

"So why bother to make a resolution?" you may ask. The reason is simple.

Resolutions are an effective way to help council understand issues that are important to the profession. Councillors are present at an AGM to hear the concerns of registrants, and all sides of an issue are considered. This provides an opportunity for attendees to have their say in a civil, open forum. While the views expressed on a particular topic are just one of the factors council must consider, they are important. The decisions made by council can affect the day-to-day functions of pharmacists and pharmacies. The profession's views must be considered in order for the college to achieve its mission:

"To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health."

The most important element of the process is the debate, and not the vote. The results of a resolution vote will not determine whether council considers the issue – the passion of the profession will. And if it is important to the profession, then it will likely be important to "help people achieve better health."

Our last AGM included good debate and all of the issues raised were brought to the next council meeting. Debates such as these help council make good decisions. I would like to give a big "thank you" to those of you who participated. Well done!

## What happened to the large C?

Is it College or college? It depends on how it is used. *ReadLinks* is now following the *Canadian Press Stylebook*, which suggests the use of capitals if the full name of an organization is used, e.g., College of Pharmacists of British Columbia, but lower case for general references, e.g., "The college's office is located in Vancouver." A similar rule is in place for "council." The Canadian Press guidelines note, "Lower case ordinary internal elements of an organization."

## Spreading the word

*CPBC talks to tobacco-free pharmacy allies*

Registrar Marshall Moleschi recently addressed the need for tobacco-free pharmacies in a presentation to the B.C. Healthy Living Alliance (BCHLA).

The BCHLA is an influential consortium of health-care organizations that includes the Heart and Stroke Foundation of British Columbia and Yukon, the Canadian Diabetes Association, and the Dieticians of Canada among its members. Politicians are also getting on board – the Union of British Columbia Municipalities is a BCHLA member, an indication of the importance governments place on fostering healthy communities.

Representatives from these and other BCHLA-member organizations were on hand for Marshall's presentation, titled, "Tobacco-free pharmacies: a logical next step in B.C.'s tobacco control efforts." Marshall's talk touched on a number of convincing points, including: polling data shows a vast majority of British Columbians support the removal of tobacco from pharmacies; B.C. has the lowest

smoking rate in Canada; and seven other provinces have already banned pharmacy tobacco sales. The issue strikes at the heart of the profession, with Marshall noting, "a growing ethical dilemma for pharmacists is providing nicotine-cessation products and advice in an establishment where tobacco products are sold."

B.C. has the fewest number of smokers in any province, and it is time to build on this achievement, Marshall told the gathering. This is especially important in light of one statistical warning sign: the rate of people quitting is slowing down. Of particular concern are smokers between the ages of 20-44, an age group that provides influential role modeling to children, through parenting, education, and social activities.

Tobacco cessation efforts need to specifically target these groups, but a concerted effort will benefit all citizens. And the college's efforts to make pharmacies tobacco-free zones compliment the provincial government's "Five Great Goals for A Golden Decade," as announced in this fall's throne speech. One of the goals is for B.C. to "lead the way in North America in healthy living and physical fitness."

## Methadone update

*Ingestion of home delivery must be witnessed*

### Delivery guidelines

The College of Pharmacists of B.C. has received reports that some pharmacies are using non-pharmacists to deliver methadone to patients' homes, and in some cases, the methadone is being given to the person who answers the door rather than being administered directly to the patient.

As a result of these concerns, some physicians are beginning to write "DWI in pharmacy" or "to be witnessed in the pharmacy" or a similar notation indicating that home delivery to a particular patient is not suitable. As with other instructions noted on a prescription, an indication that home delivery is not suitable for a patient must be honoured.

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# PDAP

## PDAP heads up

The next cycle of the Professional Development and Assessment Program (PDAP) will soon be underway. While the college is putting the finishing touches on a detailed schedule for participants, the following timeframes are intended to keep you apprised of when key steps in the PDAP process will occur:

- Early spring: selection letters mailed out.
- April-June: orientation sessions.



For up-to-date information, see [www.bcpharmacists.org/professional-development/prodevassessment/](http://www.bcpharmacists.org/professional-development/prodevassessment/).

## DRUG UPDATES AND ADVISORIES

For full details please check the National Association of Pharmacy Regulatory Authorities (NAPRA) website, [www.napra.ca](http://www.napra.ca). You can also find drug information on the college website, [www.bcpharmacists.org](http://www.bcpharmacists.org).

**Aranesp® (darbepoetin alfa)**  
Association of Aranesp® with antibody mediated pure red cell aplasia  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/aranesp\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/aranesp_hpc-cps_e.html)

**Femara® (letrozole)**  
Femara® is contraindicated in women with premenopausal endocrine status, in pregnancy, and/or lactation due to the potential for maternal and fetal toxicity and fetal malformations  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/femara\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/femara_hpc-cps_e.html)

**Zevalin® (ibritumomab tiuxetan)**  
Association of severe mucocutaneous reactions with the Zevalin® therapeutic regimen  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/zevalin\\_nth-aah\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/zevalin_nth-aah_e.html)

## Pharmacy security

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- If you have video surveillance equipment, ensure it is working.
- Ensure your monitored alarm system is functioning properly.
- Assess doors, windows, and other possible entry points for security, and upgrade if necessary.
- Ensure narcotics and controlled drugs are secured in a locked cabinet overnight.
- Ensure your pharmacy carries the smallest amount of narcotics and controlled drugs that are necessary – this will minimize the harm to the community in the event of a break in.
- If your pharmacy has a break in, you must notify Health Canada and the college about the loss of narcotics and controlled drugs.

Increasing media coverage of drug abuse, particularly crystal methamphetamine use, highlights the need for pharmacies to review security and put systems and measures in place to ensure the safety of pharmacists, patients, and the public at large.

# COUNCIL MEETING & AGM HIGHLIGHTS

## Council Meeting: November 25, 2005

### Registrar's update

- Regulation of pharmacy technicians
- Tobacco-free pharmacies

### Councillors' presentations

- NAPRA update
- Strategic planning process

### Guest presentation

- AGM resolutions preparation

### Motions passed

- The appointment of provincial nominee John Cheung to the PharmaNet committee.
- The proposed Standards for Pharmacy Technician Verification of Non-Sterile Products and the Standards for Pharmacy Technician Verification of Sterile Products in Hospital Practice policies.
- NDSAC drug scheduling changes for Desloratadine, Pramoxine, and Niacin (Nicotinic Acid).

## Annual General Meeting: November 26, 2005

### New Councillors

Elected councillors (Randy Konrad - District 1 and Barry Wilson - District 3) and re-elected councillors (Rita Thomson - District 5 and Carol Gee - District 7) were recognized, along with newest government appointee Margaret Cleaveley.

### Awards presentation

CPBC awards were presented to outstanding pharmacists; see page 8 of this issue.

Additionally, retired registrar Linda Lytle received an honorary membership, and President John Hope presented departing President Rita Thomson with the Past President's Plaque.

### Resolutions

CPBC registrants in attendance agreed to discuss, and then forward on to council for consideration, the four resolutions on the agenda:

- A proposed amendment to the Code of Ethics.
- Proposed access to college-approved drug information via PharmaNet.
- Incentives provided to methadone patients.
- Loyalty program points and prescription medications.

 [www.bcpharmacists.org/resources/councilcommittees](http://www.bcpharmacists.org/resources/councilcommittees) for complete council meeting and AGM minutes.

## Public appointee joins council

*Margaret Cleaveley has background in education and health care*



**Margaret Cleaveley**

Margaret, a Kamloops consultant with a background in education and health care, is the newest public appointee to the CPBC council. The first course of business for her one-year term was attending the November council meeting, and the following day, the college's AGM.

As a private consultant Margaret has conducted strategic planning workshops for a number of organizations, including Canfor, Weyerhaeuser, and Grande Prairie Regional College. Her experience with post-secondary education is particularly notable; prior to starting her own consulting firm, Margaret was a dean of career and vocational studies at Grande Prairie Regional College, and a campus principal at the Dawson Creek and Fort St. John campuses of Northern Lights College.

"The public perception" is Margaret Cleaveley's reply when asked what it is that government appointees bring to a regulatory body like the College of Pharmacists of B.C.

## Peter Cook receives award for many contributions

*Volunteer extraordinaire*

Peter Cook, first-ever recipient of the CPBC's Volunteer Honour Roll Gold Certificate, took time out of, what else, a college committee he volunteers with, to talk about his remarkable contributions to the college.

A 1982 UBC graduate, Peter has volunteered with the college for almost as long as he has been a pharmacist. He recalls, "David Kotow, the pharmacist manager of Regency Prescriptions #5, was involved as a college volunteer" when Peter started his first pharmacist job with Kotow. Peter soon



**Peter Cook**

"For many years I was on the other side of the table," she explains when asked what she will draw on as a college councillor. "I spent a good part of my working life as a college dean, and reported to three different boards. I appreciate quality people, and I've been able to observe a number of boards and their styles."

She has also participated on the decision-making side of the board table, serving on the disciplinary board of the Alberta Association of Registered Nurses, and the board of the College of Physical Therapists of Alberta. Margaret has a strong belief in the benefits of citizens participating in publicly-regulated organizations, noting, "Boards are responsible to the public, so what better way to represent the public than a seat at the table?" She also believes public appointees can act as emissaries by spreading the word about worthwhile initiatives and programs.

As for her posting to the College of Pharmacists of B.C., Margaret says "there is a learning curve for me, but I'm impressed with the standards of practice pharmacists follow." Her own experience with pharmacists is positive. "I have a good relationship with my pharmacy in Kamloops," she says. "Anytime I've gone in for information they've been very helpful."

followed in his boss's footsteps and joined the college's panel assessment committee.

In 1985 Peter moved to Regency Prescriptions #6, which he purchased in 1992. Although his professional practice has remained set – Peter still owns Regency #6, which added Medicine Centre to its name in the early 1990s – his volunteer activities have multiplied. The college committees Peter has served on include: panel assessment; peer review; discipline; and the learning and practice portfolio. He has also made important contributions to the development of the Framework of Professional Practice and the roll out of the Professional Development and Assessment Program. Currently Peter serves on the practice audit committee and the board of examiners.

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patient is given their first dose. Pharmacists also need to understand the time it can take for the product to dissolve, and plan in advance for a quiet location for patients to sit while their dose is dissolving.

The following factors need to be considered by health professionals when assessing buprenorphine as a therapeutic option. Some of them present logistical challenges for supervised dosing in a community pharmacy. Buprenorphine:

- Has a better safety profile than methadone in the case of overdose, because of its partial agonist effect;
- Related deaths have been mixed buprenorphine/benzodiazepine overdoses;
- May not be effective for patients needing a high dose of methadone (perhaps 60 mg or more);
- Will precipitate opioid withdrawal in patients who have recently used opioids;
- Is shown to be less of a target for diversion than methadone;
- Is available in 0.4, 2 and 8 mg sublingual tablets;
- Patients will usually be stabilized on doses between 4 and 32 mg; and
- Sublingual tablets take some time to dissolve; 4 mg doses may dissolve in two minutes, but 32 mg doses may take five to 10 minutes to dissolve under the patient's tongue.

### Subutex® notes

- Buprenorphine is federally scheduled as a narcotic. In B.C. this means that it falls under the controlled prescription program (formerly referred to as triplicate prescription).
- The College of Physicians and Surgeons of B.C. has restricted the prescribing of buprenorphine to physicians who have an exemption to prescribe methadone.

## Questions & Answers

**Q** I'm a pharmacy manager of a busy pharmacy and currently in the process of hiring new staff. What is the maximum number of pharmacy technicians that one pharmacist can supervise? I've forgotten the ratio established by the college.

**A** The college no longer has such a ratio. However, before you make a decision, keep the following in mind:

- Pharmacy managers need to ensure that staffing levels are commensurate with the workload volume and patient care requirements at all times.
- Pharmacists may delegate technical functions to pharmacy technicians if the pharmacists exercise appropriate supervision of the pharmacy technicians. This requires pharmacists to implement procedures, checks, and controls to ensure the accurate and safe delivery of community pharmacy services.

**Q** What is the schedule for Pregvit®? Can a midwife prescribe it?

**A** Pregvit® contains 1.1 mg of folic acid, along with other vitamins and minerals. Preparations containing more than 1.0 mg of folic acid per dosage form, or where the largest recommended daily dosage shown on the label would result in a daily intake of more than 1.0 mg of folic acid, are Schedule I and require a prescription for sale. Effective July 2005, Pregvit® was added to the midwives' prescribing schedule.



The complete midwives' prescribing schedule is available online at [www.cmbc.bc.ca/Standards/Midwives Regulation with Schedules](http://www.cmbc.bc.ca/Standards/Midwives%20Regulation%20with%20Schedules).

**Q** A patient brought in a prescription for two drugs, Amoxil® and Tylenol with Codeine No.3®, written on the same prescription form. The patient only wants me to dispense one of these drugs and wants another pharmacy to dispense the other drug. What do I need to do?

**A** The process you need to follow is different, depending upon which drug you dispense.

**Amoxil® dispensing (non-narcotic)** - you need to return the original prescription to the patient:

- Process the prescription for Amoxil®.
- On the original prescription, indicate that you have dispensed the Amoxil® and note your pharmacy name, your initials, and the date.
- Photocopy the original prescription for your records.
- On the photocopy, make a note that the original prescription was returned to the patient.
- Return the original prescription to the patient. The patient can then have the undispensed narcotic prescription dispensed at the pharmacy of his/her choice.

**Tylenol with Codeine No.3® dispensing (narcotic)** - you need to keep the original prescription:

- Process the prescription for Tylenol with Codeine No.3®.
- Log the prescription for Amoxil®.
- On the original prescription, indicate that you have dispensed the Tylenol with Codeine No.3® and logged the Amoxil®. Note your pharmacy name, your initials, and the date.
- You may photocopy the original prescription and provide the photocopy to the patient. Be sure to note your pharmacy name and telephone number on the photocopy so that the other pharmacy can contact you to transfer the Amoxil® prescription.

# PRACTICE NOTES

## LTC questions? Call Sharon Kerr

*She's the point person for long-term care*

College Quality Outcomes Specialist Sharon Kerr is now the "go-to" person for pharmacists with long-term care questions. Until her recent retirement, Margaret McLean answered questions regarding LTC, licensing, and by-laws. Now Sharon will provide assistance on these topics. She can be reached at 604-676-4239, toll free at 1-866-676-4239, or [sharon.kerr@bcpharmacists.org](mailto:sharon.kerr@bcpharmacists.org).

## HIV and ED drugs

*Increase in HIV among older adults tied to ED use?*

Data released by the B.C. Centre for Disease Control shows HIV cases for people over the age of 55 more than doubled in this province between 1995 and 2005. The number of infections grew from 3.5 per cent to 8.7 per cent over the 10-year period. Last December, in a *Vancouver Sun* article, Provincial Health Officer Dr. Perry Kendall suggested there might be a link between the growing number of cases among older adults and increased sexual activity due to the use of erectile dysfunction drugs.

## Diabetes: a growing concern

*Condition soaks up 27 per cent of PharmaCare budget*

The provincial health officer's 2004 annual report focused on the growth of type 2 diabetes in B.C. In his yearly survey, Dr. Perry Kendall noted that each year, an additional 20,000 British Columbians are diagnosed with diabetes; over 90 per cent of these are type 2 cases. If current treatment trends continue, the approximately \$1.04 billion spent in 2003-2004 on diabetes-related care will balloon to \$1.9 billion in 2015-2016 – an increase of over 80 per cent. Currently, PharmaCare spends 27 per cent of its budget on diabetes. But Kendall says \$200 million could be saved annually over the next 10 years if prevention methods are able to reduce the incidence of diabetes by 25 per cent.

# Methodone update

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Pharmacies offering methadone home delivery must ensure a number of important processes and precautions are regularly followed:

- Follow-up with the physician to clarify any ambiguous or conflicting instructions on the prescription;
- Enter the daily dose into PharmaNet before the pharmacist leaves the pharmacy to make the delivery;
- Prepare each dose in the pharmacy before the pharmacist leaves. Measure, pour, and label each dose with the specific patient's name;
- Have a pharmacist attend the patient's home, assess the patient to determine if it is appropriate to administer the dose that day, give the patient the dose, and have a short conversation with them to ensure that they have swallowed it;
- Transport the doses in a locked box so that in the event of a traffic accident, the methadone remains secure;
- Maintain a method of accountability that clearly documents which doses were provided to patients, that they were provided to the correct patient, and which doses could not be delivered; and

## B.C. Cancer Agency benefit drugs

*Steps for helping pharmacists and patients*

The Vancouver Island office of the British Columbia Cancer Agency (BCCA) has provided the CPBC with useful explanations and clarifications for community pharmacists regarding drugs funded by the BCCA.

The BCCA funds drugs used in the active treatment of cancer, but it does not fund drugs for supportive care, for example, anti-emetics or antibiotics. This difference is important to note if a drug has multiple indications. For example, dexamethasone is used in the active treatment of some lymphomas, and would be funded by the BCCA. However, dexamethasone is also used in supportive care as an anti-emetic, and would not be funded by the BCCA for this purpose.

Occasionally, a BCCA patient may have a prescription dispensed at a community pharmacy and will pay for this prescription, when the prescription could have been filled

- Reverse each dose that cannot be delivered to the patient from PharmaNet by the end of the business day.

## Out-of-province methadone prescriptions

Pharmacists occasionally ask the college about filling methadone prescriptions from provinces other than B.C. If a pharmacist has any doubts regarding such a request, the college suggests the pharmacist telephone the prescriber to assess the legitimacy of the prescription. Once satisfied that the prescription is okay, the pharmacist can dispense and process the prescription in the same manner as other prescriptions from prescribers in other provinces.

## Destroying returned methadone

If methadone that has already been dispensed to a patient is returned to your pharmacy, you don't need to obtain written Authorization to Destroy for Expired Narcotic and Controlled Drugs. You should, however, record the amount that you will be destroying, have a second health professional co-sign for the disposal, and ensure your methods of destruction keep people and the environment safe. Refer to the September/October 2005 issue of *ReadLinks* for more detail.

and funded through the BCCA. This may simply be a case of a patient forgetting that they can have the prescription filled at one of four regional cancer centres, or a hospital pharmacy affiliated with the BCCA. These hospital affiliations comprise the Communities Oncology Network (CON). Below is a strategy for community pharmacists to determine whether a prescription presented by a cancer patient would be funded if dispensed at a BCCA-affiliated pharmacy.

1. **Take note of whether the prescription is written on a BCCA prescription form.** If written on a BCCA prescription form, this may prompt a pharmacist to ask, "Would the prescription be funded if filled through the BCCA?" However, not every prescription will be presented on a BCCA prescription pad. For instance, in the case of a patient taking tamoxifen over several years, the prescription would likely be written on the prescription form of that patient's physician.

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## Benefit drugs

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- 2. Ask the patient why he/she is taking the drug.** If the patient says it is for cancer, this may prompt a pharmacist to ask, "Would the prescription be funded if filled through the BCCA?" A patient may not be able to differentiate between treatment of active cancer and supportive care. You may have to ask more specific questions, for example, is it for nausea or pain relief?
- 3. Check the BCCA benefit drug list.** The BCCA practices evidence-based medicine, and has created a benefit list identifying BCCA-funded drugs. The BCCA benefit drug list is updated regularly and is located at: [www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms.htm](http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms.htm).
- 4. Clarify with the prescribing physician.** Call the prescribing physician to clarify whether the drug is being used for active treatment of cancer or supportive care.
- 5. Call a BCCA regional cancer centre pharmacy.** See list below. A BCCA staff pharmacist may be able to provide clarification.

### Vancouver Centre

Pharmacy: 604-877-6135  
B.C. toll free: 1-800-663-3333

### Centre for the Southern Interior - Kelowna

Pharmacy: 250-712-3952  
B.C. toll free: 1-888-563-7773

### Vancouver Island Centre - Victoria

Pharmacy: 250-519-5510  
B.C. toll free: 1-800-670-3322

### Fraser Valley Centre - Surrey

Pharmacy: 604-930-4002  
B.C. toll free: 1-800-523-2885

Prescriptions covered by the BCCA can be taken to one of the four regional cancer centres, or a CON hospital pharmacy affiliated with the BCCA. Participating hospitals are located throughout the province. However, not all CON hospital pharmacies have out-patient services. Please contact the site prior to referring a patient.



A list of BCCA CON hospitals is located at: [www.bccancer.bc.ca/RS/CommunitiesOncologyNetwork/default.htm](http://www.bccancer.bc.ca/RS/CommunitiesOncologyNetwork/default.htm).

# what went Wrong

Dear College,

Last week my sister mistakenly received glyburide 5 mg tablets instead of prednisone 5 mg tablets.

We discovered this almost fatal mistake when my sister went into diabetic shock within one hour of taking her usual dose of four tablets. We had to call 911 and rush her to the hospital. Thankfully, she was saved.

Don't pharmacists pay attention to what they are doing? The medication vial had the right drug name on it but they still put the wrong drug inside.

*Concerned about Carelessness*

### The pharmacist involved reports:

In his final checking process, he usually checks DINs. However, in this situation, the stock bottle was no longer with the prescription. He knew that prednisone 5 mg tablets were white and noted through the vial that the tablets inside were white. Therefore, he assumed everything was okay.

### How could the above incident have been avoided?

1. Keep all the components of the prescription together. This makes it easier for the pharmacist to be accurate when performing the final check. Consider placing the original prescription, prescription label, manufacturer's stock bottle and vial in a basket or plastic bag.
2. Use a checking system to compare the DIN on the inventory container with the DIN on the computer-generated label.

3. Perform visual checks during the final checking process and when patient counseling. Open the vial and stock bottle to get a clear look at the medication that you are about to dispense.
4. Provide patient counseling each time a prescription is dispensed, even if it is a refill. The dialogue should include the following:
  - Confirming the identity of the patient,
  - Reviewing the dosage regimen,
  - Reviewing the instructions required to achieve the intended therapeutic response,
  - Reviewing the storage requirements of the drug, and
  - Confirming the identity of the drug, which should include reviewing the name and strength of the medication, and showing the drug to the patient.

It was one of President Rita Thomson's last duties, but a college first: the presentation of the College of Pharmacists of British Columbia Awards for excellence in pharmacy practice, at the November 2005 AGM.

A complete list of the 2005 CPBC award and recognition recipients is posted on the college's website at [www.bcpharmacists.org/resources/councilcommittees/agm/awards/index.php](http://www.bcpharmacists.org/resources/councilcommittees/agm/awards/index.php).

## Peter Cook

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As Registrar Moleschi noted when Peter received his award, "Peter has volunteered so many hours to advancing our profession that he's in a class of his own."

Peter cites contributing to the FPP as the highlight of his volunteer contributions. The process began when the college decided it was time to take a closer look at its practice guidelines, then known as the Statement of Competencies, and see how they could be improved. Peter recalls this process as a "challenging one," saying, "It is satisfying to see over the last ten years how positively (the FPP) has impacted the practice of pharmacy around the province."

Ironically, for someone who has received the college's highest honour for logging countless hours of volunteer time, when asked if he has ever considered running for council, Peter says, "I always thought it would require more of a commitment than I could make." He explains that he gets real satisfaction from putting into motion the decisions council makes.

"Registrant participation is vital," Peter comments, "because it provides input into the way pharmacy is practiced in B.C. The college relies on volunteers to accomplish what it needs to accomplish," he says, and "it is important to have a variety of people involved in this process."

For would-be volunteers, Peter suggests finding a position that doesn't conflict with other scheduling obligations and requires the amount of energy and input a pharmacist is comfortable contributing. As for the kind of attitude a successful volunteer needs, Peter provides a succinct answer that has undoubtedly served him, and the college, well through his many contributions: "An open mind - be able to listen to other committee members - but also don't be afraid to voice your concerns."



Rita Thomson and Donna Ratcliff, recipient, Five Star Pharmacist Award



Rita Thomson and Dr. Dana Cole, recipient, Award of Excellence in Hospital Pharmacy Practice



Rita Thomson and Paul Polachek, recipient, Award of Excellence in Long-term Care Pharmacy Practice



Rita Thomson and Mona Kwong, recipient, Award of Excellence in Community Pharmacy Practice



Rita Thomson and Brigita-Ann Wilkinson, recipient, Award of Excellence in Long-term Care Pharmacy Practice



Rita Thomson and Peter Cook, recipient, Volunteer Honour Roll Gold Certificate

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