The Apothecary

Summer 2010

Newfoundland and Labrador Pharmacy Board

The Apothecary is the newsletter of the Newfoundland & Labrador Pharmacy Board. It contains information on a wide variety of topics intended to enhance the practice of all pharmacists in the province of Newfoundland & Labrador. Pharmacists are responsible for reviewing any and ALL INFORMATION contained within including documents which are made available on the NLPB website via links throughout the newsletter. The Apothecary is now circulated electronically and is available in hard copy format only upon specific request.

Standards of Pharmacy Practice for Medication Management in Community Pharmacy Approved and Implemented

Recent changes to the *Pharmacy Regulations* approved by the Hon. Jerome Kennedy, Minister of Health and Community Services, as well as new Standards of Pharmacy Practice adopted by the Newfoundland and Labrador Pharmacy Board are now being implemented by pharmacists across the province. As of the date of publication, approximately 220 pharmacists have educated themselves and submitted their "Medication Management Declaration Form" to the NLPB Office.

Once a pharmacist is prepared to meet the requirements set out in the new Standards, he or she may then participate in Medication Management under three key areas:

- **Providing an Interim Supply** - provision of a small quantity of medication to meet a patient's short term needs (usually less than 30 days supply)
- **Extending a Prescription** (Continuation of Care) - provision of an additional prescription refill to meet a patient's needs beyond the short term (usually 30-90 days supply)
- **Adapting a Prescription** - changing the dosage form, dosage regimen or quantity dispensed, completing missing information on a prescription, or making a non-formulary generic substitution

In all instances, pharmacists must follow specific requirements and limitations set out in the Standards including requirements related to patient consent, documentation and notification.

For your information a selection of Frequently-Asked Questions is included in this issue of The Apothecary (see page 4) and the full document is available on the Standards, Policies & Guidelines page of the NLPB website.

As mentioned in the *Notice to Pharmacists* circulated with the Standards last month, we expect there will be updates to this information over the coming months as pharmacists integrate this new authority into their practice. In fact, the Medication Management Documentation & Notification Form has already been revised slightly based on feedback received from pharmacists. We will continue to send any other updates or additional information to pharmacists through the usual methods – email, The Apothecary and the NLPB website, www.nlpb.ca or through our latest communications strategy - by following us on Twitter (@nlpharmacyboard).

Standards of Pharmacy Practice - Personal Care Homes & Community Care Homes

Pharmacists are reminded that the newly updated *Standards of Pharmacy Practice - The Provision of Pharmaceutical Care to Personal Care Homes & Community Care Homes* were recently circulated to all pharmacists via postal mail. Pharmacists at pharmacies providing this type of service should be sure to review the document and implement any necessary changes.

NLPB Chair Keith Bailey Featured in Smokers' Helpline Newsletter

The Smokers' Helpline is very pleased to feature the work of Keith Bailey as this month's Spotlight. Keith is currently the Pharmacy Operations Specialist (Atlantic Region) for Shoppers Drug Mart. Keith has been involved in tobacco control as a pharmacist for 15 years, however in the past two years he has really made tobacco cessation a priority in his work. He says, "In the past two years I have undertaken to become more informed about the topic through continuing education, training courses and wellness intervention so that I can help patients directly and also pass on information and support to other pharmacists in the community."

Keith strives to address smoking cessation with patients and also educates other pharmacists on the importance of addressing tobacco addiction. He promotes the Smokers' Helpline services and CARE Program in Shoppers Drug Mart pharmacies and to other pharmacists. Keith is an outstanding role model for other pharmacists in demonstrating effective approaches to help patients take action on quitting smoking and ensuring that pharmacists are equipped to offer help through use of Smokers' Helpline CARE Referrals and promotional materials (such as posters, pamphlets and tear-offs).

The Smokers' Helpline acknowledges Keith's work on tobacco cessation initiatives. In addition to general promotion of the Helpline services in his everyday work, he has also arranged more formal training sessions through conference calls on the CARE Program and also the development of a training presentation on tobacco cessation programs and treatments which has been accredited by the Pharmacy Board. Since his involvement with the Smokers' Helpline, the number of referrals from Shoppers Drug Mart pharmacists has increased!

Keith was born in Twillingate, attended Memorial University with a degree in Pharmacy (1996) and an MBA (2004). He has worked as a pharmacist in various communities across the province including Goose Bay, Clarenville, Gander and currently in St. John's. Keith states, "I am in pharmacy operations with Shoppers Drug Mart and am also the Chair of the NL Pharmacy Board. I work as a pharmacist in many stores and see the need and benefits of a concerted effort towards smoking cessation. Helping people in this role is one of the most important interventions a pharmacist can make, hence the passion toward wellness."

Some words of advice from Keith: "A key to helping patients live healthier is developing a long term relationship with a patient and always being there to listen and understand. Smoking cessation is hard work and takes time so being in tune with people and knowing when they are ready is important. Never stop asking smokers (in a nice way) if they would like help. As health care providers we always have to support and plant the seed of change."

Keith encourages others to get involved in using the Smokers' Helpline CARE Program since it is such an easy and effective tool to connect smokers with support to quit. He says, "I'd encourage all health care providers (pharmacists, physicians, nurses, dentists, etc.) to become familiar with the CARE Referral Program. It's a great resource to help patients in the community!"

A sincere 'Thank You' to Keith Bailey on his outstanding work in tobacco cessation. You are really making a difference in helping people of this province live healthier tobacco free. We appreciate your support of the Smokers' Helpline programs and we look forward to continuing to work with you in the future.

Reprinted from the Newfoundland and Labrador Smokers' Helpline e-Newsletter July 2010 (Issue #35)

NLP Board Elections 2010

This year, the Board seats for Zone 2 and Zone 3 were due for election. As such, a Call for Nominations was mailed to all registered pharmacists in Zones 2 and 3 on June 16, 2010. Nominations were received up until July 21, 2010, with one nomination being received for Zone 2: and one nomination being received for Zone 3.

As a result of there being only one nomination for each zone, the result of the election is as follows:

Raymond Gulliver, Baccalieu Trail Pharmacy (South River) Elected in Zone 2 by Acclamation

Dorothy Ainsworth, Central Newfoundland Regional Health Centre (Grand Falls-Windsor) Elected in Zone 3 by Acclamation

We would like to take this opportunity to welcome Ray and Dorothy to the Board.

Reminder to Pharmacists Re: Methadone Carry Doses

Pharmacists dispensing methadone are reminded that "Take-Home" or "Carry" Doses are a privilege extended to certain patients meeting particular criteria as determined by the prescribing physician. The intention of this privilege is to reduce disruption in and improve the quality of the patient's daily life.

Having said that, certain requirements must still be met and the pharmacist's responsibility is not lessened. For example:

- Carries **MUST** always be diluted to 100 ml with TANG or other suitable diluent.
- Carries **MUST** be dispensed in childproof bottles and
- patients must be counselled to keep doses out of the reach of children.
- Carries **MUST** be labelled according to federal and provincial requirements and **MUST** include a warning that the amount of drug contained could cause serious harm or toxicity if taken by someone other than for which it was prescribed.
- Specific instructions regarding the dispensing of carries **MUST** be clearly indicated on the prescription by the physician including the number of carries to be dispensed per week, or the days of the week the patient receives carries, or the specific dates the patient is to receive carries.
- The dispensing of carries **MUST** be recorded in a similar manner as the daily administration records.

Physicians generally will not authorize more than six consecutive carry doses. If the number of carries authorized by the prescription exceeds the guidelines established by the College of Physicians and Surgeons, the pharmacist should obtain documentation of the reason extra carries were authorized from the physician before the carries are dispensed.

Pharmacists are also reminded that this privilege may be discontinued at any time by the physician or pharmacist for any of several reasons as described in the Standards of Pharmacy Practice - The Newfoundland and Labrador Methadone Maintenance Program (found on the NLPB website, on the **Standards, Policies & Guidelines** page).

Faxing...the Right Way!!

Faxing represents an effective and efficient means of relaying prescription information from prescribers to pharmacies. It can help streamline workflow and allow medications to be prepared in advance of the patient's arrival thereby reducing the amount of time a patient is required to wait for their prescription. However, practice standards cannot be sacrificed for the sake of convenience or avoidance of dialog with the physician.

In order for a faxed prescription to be considered a legal prescription, the necessary requirements as listed in the *Standards of Pharmacy Practice - Facsimilie Transmission of Prescriptions for Community Pharmacies* must be fulfilled. Pharmacists are asked to particularly note that not only must the prescription include the prescriber's name, address, telephone number, fax number and signature, but also certification statements by the prescriber that:

i. the prescription represents the original of the prescription drug order,
ii. the addressee (i.e. pharmacy) is the only intended recipient and there are no others, and
iii. the original prescription will be invalidated or retained so that it cannot be re-issued.

A Model Prescription Form (found with the Standards) can be distributed which may help the prescriber to successfully meet all requirements of a faxed prescription. Prescribers may choose to develop their own form but it MUST contain ALL the elements found on the Model Form.

The NLPB has been made aware that some pharmacies are continuing to accept inappropriate faxed prescriptions. This not only contravenes the requirements set out by the NLPB and the federal government, but upon audit, the prescription could be considered invalid by third party insurers. Additionally this practice creates problems for those pharmacists who are following the policy. Inconsistencies in practice are perceived by prescribers which then make it difficult for pharmacists to enforce the requirements. Pharmacists are reminded that the responsibility to ensure that the Standards are being followed lies both with the pharmacist filling the prescription and the pharmacist-in-charge.

Frequently Asked Questions

Medication Management

Do I have to participate in Medication Management?

No. Authorization does not mean obligation. The decision to perform any or all of these acts is at the discretion of the individual pharmacist. However, if a pharmacist does choose to perform any of these actions, it must be done in accordance with the Standards of Pharmacy Practice and within the limits of the pharmacist's own competencies.

Are there special requirements needed in order to participate in Medication Management?

Yes, prior to participating in Medication Management, a pharmacist MUST:

- **STUDY** the *Standards of Pharmacy Practice for Medication Management* IN DETAIL, **SIGN** the NLPB Declaration Form included at the end of the Standards (Appendix B) and **SEND** the form to the Board office for retention in the pharmacist's permanent file;
- **Maintain Personal Professional Liability Insurance Coverage** in an amount equivalent to or greater than that stated in the Board's *Policy on Professional Liability Insurance*; and
- **Be prepared to:**
  - ◊ **obtain informed consent** from each patient to whom these services are provided,
  - ◊ **document** all instances of Medication Management, and
  - ◊ **notify** the original prescribers, within the indicated timeframes.

What is informed consent?

As discussed in the Standards, informed consent has two basic components: patients have a right to determine what happens to their bodies; and health professionals have an inherent duty to provide patients with enough information to make an informed decision. The cornerstone to achieving informed consent is developing a good relationship with the patient. In order to achieve this, talk to the patient to discover specific needs and concerns, give the patient the information they need to make an appropriate choice and allow the patient time to ask any questions they may have.

Does informed consent need to be documented in writing with the patient's signature?

No, the patient's signature is not required. However, the pharmacist must initial the appropriate box on the *Documentation and Notification Form* (Appendix C) to indicate that informed consent was obtained.

How should I document Medication Management?

The Board has developed a *Documentation and Notification Form* template (Appendix C of the Standards) to assist pharmacists with documenting instances of Medication Management. This form must be completed IN FULL and retained in the pharmacy in case of future audit.

How do I file these forms? What about the computer hard copies?

Our consultation has indicated that the best way to handle these forms would be to file them in sequential order along with your other prescriptions. For example, when providing an interim supply or prescription extension, you would attach your computer "hard copy" to the form and file it. When adapting a prescription, you would attach the computer "hard copy" as well as the original prescription to the form before filing it.

Can our pharmacy develop our own medication management form? Can it be saved electronically versus on paper?

Yes, we have intentionally called our Documentation and Notification Form a "template" to allow pharmacies to develop their own version of this form, if they so desire. The only condition on this would be that all information on the template MUST be on the customized form. Having said that, there is something to be said for consistency and it would certainly be beneficial, from a physician's or nurse practitioner's perspective, to have some continuity between the forms they will be receiving.

With regard to saving the form electronically, this certainly may be possible as long as all the information required is captured on the form, the electronic form can be transmitted to the original prescriber in a suitable way and the form can be easily retrieved and associated with the correct transaction if required for audit.

When a pharmacist performs one of the activities under Medication Management, do they have to notify anyone else?

Yes, the Standards require that the original prescriber must

be notified of the pharmacist's decision within a particular timeframe depending on the area of Medication Management:

- Providing an Interim Supply - 72 hours
- Extending a Prescription (Continuation of Care) - 1 week
- Adapting a Prescription - 1 week

What information needs to be provided to other health professionals?

You must provide ALL the information that is indicated on the *Documentation and Notification Form* template, including:

- the name of the pharmacist responsible,
- the type of Medication Management that was provided,
- a copy of the new prescription label,
- the rationale for extending or adapting the prescription, and
- any follow-up plan that may apply.

How should other health professionals be notified?

Through consultation with the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) and the Association of Registered Nurses of Newfoundland and Labrador (ARNNL), it has been determined that the preferred method of notification is via fax transmission of the *Documentation and Notification form*. This will serve to assist prescribers with documentation on their end as well. However, pharmacists may determine that another method is best for you and for the prescribers you communicate with. It may be beneficial to speak with the health professionals in your area to find out how they wish to be notified.

Are there limitations on Medication Management?

Yes, Medication Management is not permitted on prescriptions:

- originally written by a Dentist, Optometrist or Veterinarian;
- for Narcotics, Controlled Drugs or Targeted Substances, including benzodiazepines;
- for the pharmacist themselves;
- for a family member, or someone of a "close personal or emotional relationship", unless there is no other pharmacist available in the community; or
- that bear a specific indication otherwise (e.g.: "Do Not Renew/Extend" or "Do Not Adapt").

I have just received a prescription with the following statement "Do Not Renew &/or Adapt" (or something similar) hand-written on it. Does this mean that I cannot adapt or renew this prescription?

Yes. Just as we honour notations like this from prescribers today regarding generic substitution, pharmacists are expected to honour hand-written "Do Not Renew &/or Adapt" instructions on prescriptions.

It is important to remember in this situation that should a pharmacist still feel that an extension or adaptation is in the best interest of the patient, he or she can always contact the prescriber for permission to extend or adapt the prescription. In any case where the original prescriber was contacted, this would then be considered a verbal order and would not be subject to the requirements of Medication Management (see Appendix A in the Standards).

What happens to refills when a prescription is adapted?

When a pharmacist adapts a prescription, he or she also takes responsibility for any authorized refills. The pharmacist could choose to provide an initial adaptation of the prescription but reduce or eliminate the authorized refills (for example, if the quantity of drug dispensed was altered due to package size availability, the number of refills may be reduced or increased accordingly). If they did this they would need to provide the rationale for their decision in their documentation and inform the patient that they will need to return to their physician earlier than intended (note: a pharmacist cannot add refills that were not initially authorized by the prescriber).

If the pharmacist adapts the prescription and maintains the authorized refills, when the patient returns for a refill the pharmacist would process the refill as they would any other refill prescription. The process of refilling an adapted prescription is not considered an adaptation per se, so the documentation and notification requirements do not apply to the refills.

Should the patient return to the pharmacy for a refill and a different pharmacist is on duty that pharmacist would again process the refill as they would any other refill. If they have a concern about the appropriateness of the adapted prescription they should do what they normally do if they have a concern about refilling a prescription; refuse to fill, provide an emergency fill if necessary and in this case either refer the patient back to the adapting pharmacist or to the original prescriber.

Professional Practice Issues

New Canadian Guideline for the Safe and Effective Use of Opioids for Chronic Non-Cancer Pain

In Nov. 2007, the National Opioid Use Guideline Group (NOUGG) formed with the support and/or representation from all provincial and territorial medical regulatory authorities. NOUGG's aim was to oversee the development and implementation of a national guideline to assist physicians in managing patients with Chronic Non-Cancer Pain (CNCP) by prescribing opioids safely and effectively. The culmination of NOUGG's efforts has been the recent publication of the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Noncancer Pain* (referred to as the *Canadian Guideline*).

One of the primary principles of NOUGG's work in developing the *Canadian Guideline* was to assist practitioners, including pharmacists, in treating patients' pain safely. Harms associated with opioid use can be reduced when:

1. drugs are prescribed and monitored with knowledge of the patient's history and risks,
2. patients understand potential benefits and harms and participate in reducing harms, and
3. clinicians assess outcomes for both effectiveness and harms.

Why was the Canadian Guideline developed?

Canadian medical regulatory authorities undertook guideline development in response to:

1. physicians and other stakeholders seeking guidance about the safe and effective use of opioids,
2. a growing concern about opioid misuse creating patient and public safety issues, and
3. the lack of systematically developed national guidelines on opioid use for CNCP.

A National Advisory Panel (comprised of 49 individuals from across Canada including pain specialists, family physicians, addiction experts, pharmacists, academics, nurses and patient group representatives) followed a formal process to review the draft recommendations from the research team.

In May 2010, the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain* was finalized and is now being implemented across the country.

What does the Canadian Guideline mean for your practice?

Part of the intent of this guideline is to promote safe and effective opioid prescribing habits of physicians in treating patients with CNCP through an evidence-based approach. As physician prescribing practices change, pharmacists must be aware of these guidelines and utilize the learnings as part of your assessment of the appropriateness of opioid prescriptions you dispense and medication therapy you manage. Pharmacists will have an integral role in collaborating with physicians and patients to implement these guidelines as part of ensuring optimal health outcomes and harm reduction.

The *Canadian Guideline* provides 24 evidenced-based practice recommendations. These recommendations centre on the practice areas of:

- Deciding to Initiate Opioid Therapy
- Conducting an Opioid Trial
- Monitoring Long-Term Opioid Therapy (LTOT)
- Treating Specific Populations with LTOT
- Managing Opioid Misuse and Addiction in CNCP Patients.

The *Canadian Guideline* includes practice tools intended to assist busy clinicians in decision making. Pharmacists may also benefit from using these tools in their practice.

References

The full *Guideline* is available in PDF and web format at: nationalpaincentre.mcmaster.ca/opioid/ and is also linked from the Professional Practice Resources page of the NLPB website.

Review article published in the Canadian Medical Association Journal, with a related commentary:

- Review: Opioids for chronic non-cancer pain: A new Canadian practice guideline
- Commentary: What we still don't know about treating chronic non-cancer pain with opioids

From time to time, we receive requests for interviews or information spoken in the French language. If you are a pharmacist who is bilingual and would be willing to assist us in these situations, please contact Meghan Handrigan at mhandrigan@nlpb.ca or by calling the office at (709) 753-5877.

REMINDERS

UPDATE - Counselling on New Prescriptions

As a follow up to a related article in the Spring edition of *The Apothecary* (available on the ***The Apothecary* and Other Communications** page of the NLPB website) and in response to a recent verbal complaint received at the NLPB office, pharmacists are reminded that the Pharmacy Regulations **REQUIRE** pharmacists to provide counseling on the **INITIAL FILLING OF ALL PRESCRIPTIONS**. Failure to do so could be grounds for a finding of Professional Misconduct by the Complaints Authorization Committee or an Adjudication Tribunal.

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Health Canada Adverse Reaction Online Reporting Form

Health Canada's MedEffect program allows for online reporting of Adverse Drug Reactions by both Consumers and Health Professionals through their reporting forms available at the **MedEffect Adverse Reaction Reporting** page.

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Preparation for 100 Year Celebrations

With the 100 year celebrations fast approaching, preparations are underway. If anyone has any older pharmacy-related photos that may be appropriate to use in a slideshow or booth display, please share them with us! Contact Meghan Handrigan at mhandrigan@nlpb.ca

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NAPRA Notes April 2010 Now Available

The most recent edition of NAPRA's newsletter NAPRA Notes is now available on NAPRA's website. Items in this issues include: NAPRA celebrates 15th anniversary; NAPRA receives $3.7 million in funding to help international pharmacy graduates access information for licensure in Canada; Information regarding the role of the pharmacist in the sale of non-approved marketed health products; Blueprint for Pharmacy moves into next phase and National office grows with the addition of new staff members.

Update on Availability of Required and Recommended References

We have been notified that in August 2010, CPhA will release the new editions of both *Patient Self-Care* (PSC) and the *Compendium of Self-Care Products* (CSCP). All of the content in both texts have been completely revised and updated. As neither of these references has been published in some time and the *Standards of Pharmacy Practice - Required and Recommended References for Community Pharmacy* requires that pharmacies have the current edition of each of these references, pharmacists-in-charge are encouraged to replace the current pharmacy copies as soon as they become available.

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In addition, we have recently updated the *Standards of Pharmacy Practice - Required and Recommended References for Community Pharmacy* to reflect the availability of new references as well as to indicate exactly what reference categories can be satifsfied by having an iPharmacist handheld on-site at the pharmacy. Please see the NLPB website for the updated document.

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No E-mailed Prescriptions Please!

Pharmacists are reminded that e-mailed prescriptions are **not considered legal prescriptions**. Until such time that security in transmission can be assured pharmacists are **not to accept** e-mailed prescriptions under any circumstances.

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Recent Break-ins

As there have been several recent pharmacy break-ins in the province, we want to remind pharmacists that all narcotics and controlled drugs should be properly inventoried and secured. For more information or assistance in impementing changes to your current procedures, please contact the NLPB office.

Recent Updates to the NLPB Website

- **About Us** page- Board Meeting Dates and Minutes for 2010; Annual Report 2010 added
- **Contacts (Find A…)** page - New Registers of Optometrists, Pharmacists, Pharmacies and Veterinarians added
- **"The Apothecary" & Other Communications** page - Press Release re: Pharmacy Network; Memo to Pharmacists & Pharmacy Owners re: Regulation of Pharmacy Technicians; Notice of Regulations re: Medication Management; MedEffect advisories added
- **Legislation** page - New Regulations re: Medication Management added; NLPB Binder files updated
- **Standards, Policies & Guidelines** page - *Standards of Practice for Medication Management* and accompanying documentation (form, FAQ) added; *Standards of Practice for the Provision of Pharmaceutical Care to Personal Care Homes and Community Care Homes* updated; *Standards of Practice for Required and Recommended Reference Materials for Newfoundland and Labrador Pharmacies* updated
- **Professional Practice Resources** page - Link to Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain added
- **Frequently-Asked Questions** page - New Questions added! Answers updated!
- **For the Public** page - updated with a new name (previously "You & Your Pharmacist") and with information on the NLPB Complaints Process
- ***NEW!*** **Pharmacy Technician Regulation** page - News and Updates regarding Pharmacy Technician regulation, a snapshot of the recommended Pharmacy Technician Regulation Process and a feedback form have all been added to this new page

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