

In this issue...

- 2 • AGM resolutions
- 3 • Letter from the president
 - Pharmacists and meth precursors
 - On-line PDL is here
- 4 • Med-Effect: new website
 - Learning portfolio tip
 - EHR and the Third Way
 - CPSA Notice
- 5 • New CPD Plan
 - Self-assessment pilot
- 6 • CPD around the world
- 7 • Drugs added to Schedule F
 - Health Canada advisories
- 8 • Award nominations
 - Compounding and beyond-use dates
- 9 • Management problem solutions
- 10 • Sativex
 - From the faculty

Important: consultation on draft regulations

Membership forums to discuss the draft regulations to the *Health Professions Act* (HPA) and the *Pharmacy and Drug Act* (PDA) are scheduled for:

Sun., Oct. 23, 2005 in Calgary and Sun., Oct. 30, 2005 in Edmonton.

You may think we're telling you about the forums too far in advance. However, they will be full-day forums and we know some of you will need to adjust your work schedules in order to attend.

In addition, you will need to become familiar with the HPA and the PDA prior to reviewing the draft regulations. (The acts are both on our website at pharmacists.ab.ca/practice_ref_library/provincial_legislation.aspx.)

We will notify you when the draft regulations are available. We will also have available the draft standards of practice (under the HPA) and the draft standards for pharmacy operations (under the PDA) to provide context for the discussions about the regulations. Consultation about the draft standards will take place after the HPA and PDA have been proclaimed for pharmacy.

So, mark your calendars for one of these important forums. Details such as the time and location will be distributed closer to the events.

The new legislation will dictate the parameters of pharmacist practice and pharmacy operations for many years. We need your input!

Your membership profile is now on-line!

Your membership profile and continuing professional development log can now be accessed on-line.

On June 24, 2005, ACP launched its long-awaited on-line services. Although we're still working out a few bugs, members have said:

"Keep up the good work!"

"Thanks!"

"I am impressed...this makes it a lot easier."

Some members renewed their registration using the new service and were pleased with how easy it was to complete the task. Others have updated their demographic information or have

begun keeping an on-line record of their professional development activities.

If you haven't tried the new system, check it out on our website (pharmacists.ab.ca) by clicking on *My Membership Profile*. You will enter the same user ID (your certificate number) and password that you use to access the secure sections of our website and your membership e-mail.*

continued on page 2

alberta college of
pharmacists



* If you need assistance with your user ID or password, please contact Misti Denton at (780) 990-0321 or 1-877-227-3838 or customerservice@pharmacists.ab.ca.



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Councillors and our public members can be reached by e-mail via our website at pharmacists.ab.ca under *About, Council*, or by using the search feature to locate them by name.

Staff Directory

All staff are available at (780) 990-0321 or 1-877-227-3838 or by fax at (780) 990-0328. Their e-mail addresses are available on our website at pharmacists.ab.ca under *Contact Us*.

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Membership profile *continued from page 1*

This is a new system, custom developed for the college. We anticipate it will be a major component of the registration renewal process next year.

Because we want the system to work for you, we look for your feedback and encourage you to let us know if you experience any problems or if you have questions or suggestions. Please e-mail your feedback to memberinfo@pharmacists.ab.ca.

AGM resolutions addressed by Council

Two resolutions debated at the college's June 2005 annual general meeting (AGM) were discussed at a special council meeting on July 8.*

The first, which addresses the practice of tablet splitting (see the resolution to the right), was defeated at the AGM. However, the college is currently addressing medication-dispensing practices during the development of new standards of practice. The draft standards will be distributed to all members for consultation and feedback this fall.

The second resolution addressed affinity/loyalty programs (see the resolution to the right). After considerable debate and the defeat of several amendments, the resolution was passed at the AGM. On July 8, Council agreed that incentives that may encourage the use or sale of drugs, including coupons, affinity programs and patronage dividends, be addressed in the regulations to the *Pharmacy and Drug Act*. The draft regulations will be distributed to members along with the draft standards this fall, with the expectation that members will offer feedback. Comments from the consultation should help with the creation of enforceable guidelines for affinity programs.

See the latest issue of **heads up!** for updates on the new legislation, draft regulations, etc.

* According to the by-laws, all resolutions from the AGM and other meetings must be forwarded to Council for consideration and decision.

Tablet Splitting Resolution

"Whereas tablets often require splitting to accommodate the individual dosing requirements of patients; and,

Whereas pharmacists split tablets, and also provide advice to clients respecting the splitting of tablets; and

Whereas the incorrect splitting of tablets may contribute to inappropriate dosing and/or patient safety; and

Whereas several other provinces and states have policies respecting tablet splitting to enhance client safety;

Therefore be it resolved that:

The ACP develop a policy on tablet splitting; and,

The policy address issues related to:

- Error prevention.
- Medication stability.
- Type of tablets broken.
- Patients dexterity and cognitive impairment.
- Allied staff training.
- Health policy.
- Legality."

Affinity Programs Resolution

"Whereas pharmacies are increasingly using "affinity programs" that reward clients with air miles, bonus points, and/or other incentives in return for purchasing prescriptions; and,

Whereas some pharmacies provide "bonus" awards at specific time intervals, while others have offered bonus awards for "transferring" prescriptions; and,

Whereas affinity programs may influence patient choice in selecting a pharmacy and access to pharmacist services; and,

Whereas patients needlessly fill prescriptions for medication in order to receive extra points, resulting in medication waste and difficulty in assessing patient outcomes; and,

Whereas the monetary value of some rewards is greater than the co-payment paid by clients in accordance with their third party benefit plan; and,

Whereas the value of such rewards is not being transferred to those sponsoring third party carriers; and,



Letter from the president

On June 29, 2005, the college posted a letter from President Karen Wolfe on the website. Karen drafted the letter in response to criticisms of Council's decisions and actions regarding our proposed prescribing model and pharmacist registration under the *Health Professions Act*.

You can find the letter at https://pharmacists.ab.ca/news_events/default.aspx



Questions about the Health Information Act?

Contact the HIA Help Desk

Telephone:
(780) 427-8089

Fax:
(780) 422-5813

E-mail:
hiahelpdesk@gov.ab.ca

Whereas such rewards present the potential for increased ethical conflict as pharmacists pursue the privilege of prescribing;

Therefore be it resolved that:

Affinity programs that are only available at select pharmacies, and that provide clients with air miles, bonus points, or any other incentives in return for purchasing prescriptions be deemed a detriment to both the public and the profession; and,

The Alberta College of Pharmacists determine an alternative means to regulate the provision of such incentives."

Pharmacists' control of meth precursors important

Your support in controlling the distribution of methamphetamine precursors remains important.

A year ago, Alberta pharmacists were acclaimed as leaders for their participation in the college's Action on Meth initiative (see September/October 2004 **acp news**). Your willingness to move single-entity ephedrine and pseudoephedrine into the dispensary was seen as a bold contribution to the safety of your community.

The other component of Action on Meth, i.e., restricting a single transaction of ephedrine and pseudoephedrine products to 400 mg and 3600 mg respectively, is equally important. These products are often found in the home labs that increasingly appear around our province.

According to Sgt. Ian Sanderson of the RCMP, the home labs may only produce an estimated 10 per cent of the methamphetamine available to users.

However, they are a much greater safety risk to the public than the super labs because of the toxic chemicals, gases created during the production process, and hazardous waste products which are cavalierly discarded.

The increasing incidents of shoplifting and attempted theft of blister-pack pseudoephedrine reported by law enforcement agencies, and the increasing

frequency with which OTC pseudoephedrine products appear in home labs, **indicates that we as a profession must continue to be vigilant about monitoring these products in pharmacies.** We may not be able to stop the problem of methamphetamine production and use in Alberta; however, restricting access to meth ingredients is part of the larger picture in fighting illicit drug use. As the then Solicitor General Heather Forsythe said in July 2004, "We all have to work together to address the problem, and every step is an important one."



On-line professional development log is here!

On June 24, 2005 we went live with on-line registration renewal and an on-line professional development log (PDL). Perhaps you were one of the adventurous pharmacists who gave this new system a try and you're already familiar with the on-line forms. If you haven't tried it yet, check it out!

To locate the on-line form, go to the college website (pharmacists.ab.ca) and click on *My Membership Profile*. You will be prompted for your licence number and password.

When you're in the membership section you can revise your profile, such as change your address, and update your PDL. You can add accredited courses and non-accredited learning activities to your on-line PDL, print a copy for your records, and check your current CEU total.

continued on page 4



Health Canada's new website—MedEffect

In the last issue of **acp news** we noted that Health Canada was looking for input on how to organize a new website called MedEffect. The site was launched in August 2005, coinciding with the launch of the department's newly redesigned website.

MedEffect is intended to offer consumers and health professionals centralized access to relevant and reliable health product safety information such as advisories, warnings and recalls; and the *Canadian Adverse Reaction Newsletter*, among other important features. You can also complete and file adverse reactions to drugs.

You will find MedEffect at www.healthcanada.ca.ca/medeffect. There is also a link from the college website in the *Practice Reference Library*.

Learning portfolio tip...

Try the on-line professional development log (PDL)!

See the article on page 3 for more information about the on-line PDL.

The on-line PDL will be renamed the Continuing Professional Development Log, in keeping with the updated form in your Continuing Professional Development Plan booklet.

For the 2005/06 membership year you may use one of four log forms:

- the PDL in your RxCEL Learning Portfolio manual or available on our website,

- the computer-editable PDL on our website,
- the on-line PDL available on our website under *My Membership Profile*, and
- the new continuing professional development log in the Continuing Professional Development Plan booklet that will be mailed to you later this month.



On-line PDL *continued from page 3*

You'll find a list of accredited courses to select from, so entering an accredited course is often as easy as selecting it from the list and entering the number of CEUs and date of the course. You can even add your key learning ideas if you wish.

Even though you don't have to renew your registration until June 2006, we encourage you to try the on-line professional development log now.

Keeping a running tab of your learning activities will be helpful when you next renew your registration.

Give it a try and send us your comments or suggestions.

EHR a key initiative in the Third Way

The premier's recent Third Way announcements define the establishment of an electronic health record (EHR) for all Albertans by January 2008 as a key goal for the health care sector. The pharmacy community has embraced this challenge and today, more than 1,200 pharmacists have access to the EHR.

More pharmacy system vendors are close to introducing their Batch Plus solutions to allow pharmacists to connect directly to the EHR and ensure that dispensing information becomes a part of each Albertan's health record. Check with your

vendor to find out if they can connect to the EHR today.

While a fully integrated connection with the EHR is not available yet, pharmacists who are participating in Batch Plus agree it is a good first step. It allows them to check for allergies, drug intolerances, and other prescriptions while they are consulting with their patients. It also helps pharmacies to refine their work flow, begin collecting personal health numbers for their patients, and clean up their patient data (by attending to mismatches between systems) so that full integration will be even simpler to implement in future.

For more information about pharmacy Batch Plus connections or to get access to the Alberta EHR from your own pharmacy:

Phone (Edmonton): 780-412-9970

Toll-free: 1-866-756-2647

E-mail: health.ehrdeployment@gov.ab.ca
www.albertaehr.ca

Submitted by Alberta Health & Wellness

Notice of erasure from CPSA

We have received notification from the College of Physicians and Surgeons of Alberta of the following action:

Dr. Saratha Malhotra of Calgary has been erased from the Alberta Medical Register effective noon on June 2, 2005.



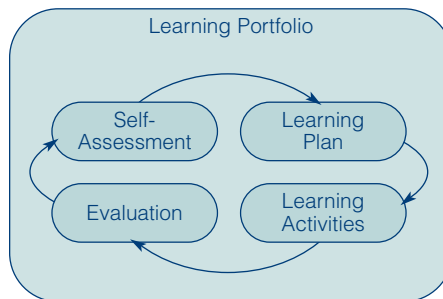
Do you struggle to keep up with all the new developments in pharmacy? Do you have trouble finding CE programs that are relevant to your practice? Do you scramble for CEUs at the end of the registration year? Do you sometimes feel like you're taking courses just to get CEUs?

Help is on the way! The new Continuing Professional Development Plan is coming to your mailbox this fall.

You may remember reading articles about the self-assessment project and the self-assessment pilot over the past year. After much discussion and revision, the self-assessment has been incorporated into the new Continuing Professional Development Plan (CPD Plan). The CPD Plan includes the four components of continuing professional development – self-assessment, learning plan, learning activities and evaluation.

How does it work?

- Completing a self-assessment will help you identify the areas that you would like to develop or enhance.
- Developing a learning plan with clear



learning objectives and target dates will help you work towards addressing your needs.

- Undertaking the learning activities gets you where you want to go.
- And evaluation of your learning helps you incorporate what you learned into your practice and think about what else you need to learn.

Put it all together and you have a process to maintain your competence throughout your career.

The CPD Plan will become an essential part of your RxCEL Learning Portfolio. Although it will take some time to complete the CPD Plan when you first begin to use it, in the long run the plan will

continued on page 6

Sample page from CPD Plan

| B-7 MAJOR COMPETENCY AREA: PHARMACY PRACTICE | | SELF-ASSESSMENT | | | |
|--|--|--------------------------|--------------------------|--------------------------|---|
| I am able to: | | Not Applicable | THIS YEAR | FUTURE | I do not want to/need to work on aspects of this competency |
| B-7-1 | Demonstrate knowledge of, or ability to locate information about each disease state, medical condition or biological condition (e.g., pregnancy, lactation, menopause) encountered in practice (see Appendix III for examples). ○ Background information - Definition and types - Prevalence and epidemiology - Etiology - Pathophysiology - Complications - Risk factors - Prevention - Transmission (if applicable) - Clinical presentation - Treatment options | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B-7-2 | Demonstrate knowledge of, or ability to locate information about, diagnostic criteria and/or assessment of each disease state, medical condition or biological condition encountered in practice. ○ Relevance of history: - Medical history - History of the complaint - Family history - Social history (ie smoking etc) - Drug allergy and sensitivities - Medication history - medications or treatments that the patient may have previously tried for this condition and subsequent efficacy or problems - Surgical history ○ Differential diagnosis ○ Concomitant disorders ○ Signs and symptoms ○ Physical examination criteria ○ Clinical investigations, including applicable laboratory findings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B-7-3 | Demonstrate knowledge of, or ability to locate information about, therapeutic options | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Self-assessment pilot provides valuable information

The considered and valuable feedback from the self-assessment pilot participants has been translated into a new self-assessment tool and included in the new Continuing Professional Development Plan.

Twenty-eight pharmacists worked with the draft self-assessment tool from September 2004 to April 2005 and offered suggestions and reactions to the draft document.

Thank you to all participants for your contributions!

Watch for information on CPD Plan course coming soon!



Continuing professional development being adopted around the world

Alberta is among the continuing professional development (CPD) leaders as evidenced by information shared at the 6th International Life Long Learning in Pharmacy conference in Saskatoon last June.

The four days of meetings and presentations were an excellent opportunity to learn how others are adopting continuing professional development and to share what we are doing in Alberta. Competency Director Roberta Stasyk presented a session on the RxCEL Competency Program featuring the new Continuing Professional Development (CPD) plan component. Delegates from around the world were interested in our experience.

We also learned at the conference that many pharmacy organizations are working on the same issues we are. Countries working to adopt a CPD process include the US, the UK, Australia and New Zealand.

Some much to learn

continued from page 5

be of tremendous benefit to you, your practice and your patients. The new tools developed for the expanded learning portfolio will help you identify where you want to focus your learning activities in the coming year and create a clear plan to achieve your goals. Using the tool will help you undertake learning activities that are **relevant to you in your practice**.

How do we know that this work will pay off in the long run?

Because participants in the self-assessment pilot told us that it made a difference to them. Ninety-six per cent of the pilot survey respondents said they have a sense of accountability for their continuing professional development as a result of using the self-assessment; 87 per cent said they feel confident planning for their continuing professional development. When we asked the self-assessment pilot project participants what they would say to fellow pharmacists, here's what they offered:

"An excellent tool to organize and plan profession development and continuous life-long learning."

"Be open to the process, and confident that it will benefit your learning and your practice. The time involved is worth it!"

The Continuing Professional Development Plan booklet will be mailed to all practising pharmacists this fall. Educational programs will be available through the UofA's office of Continuing Pharmacy Education (CPE), Faculty of Pharmacy and Pharmaceutical Sciences, beginning in mid-October.

What do you have to submit to ACP?

As a result of pharmacists' feedback, the self-assessment pilot, and ACP's experience with the program since 2001, learning portfolio forms have been revised and updated and some new forms have been added.

Watch the newsletter and our website for more information and helpful tips over the coming months. Be sure to consider taking CPE's Continuing Professional Development course!

| RxCel Learning Portfolio Form | Status | Submitted to ACP? | Description |
|--|---------|---|--|
| Continuing Professional Development (CPD) Plan | New | No. Private and confidential | <ul style="list-style-type: none"> ■ A tool for continuing professional development ■ Used to document self-assessment, learning plan, learning activities and evaluation |
| Continuing Professional Development Log (PDL) | Updated | Yes | <ul style="list-style-type: none"> ■ Previously called professional development log (PDL) ■ Updated to simplify reporting of mandatory CE ■ Recording key learning thoughts here is no longer required; you may record key learning thoughts on your CPD Plan ■ New elements: documenting the competency number from the CPD Plan (if desired and if applicable) and course accreditation number (if applicable) |
| Non-accredited Learning Record | Updated | Only for an audit of your Continuing Professional Development Log | <ul style="list-style-type: none"> ■ Previously called learning project record (LPR) ■ Updated to simplify information recorded ■ Used to document any non-accredited learning that is reported on the continuing professional development log. |

July Issue of Adverse Reaction Newsletter

You can now access the July 2005 *Canadian Adverse Reaction Newsletter* (CARN) from the Safety Advisories section of our website at pharmacists.ab.ca/news_events/safety_advisory.aspx

In this issue:

- transdermal fentanyl: abuse in adolescents
- Black cohosh: international reports of liver toxicity
- Rosiglitazone: decreased HDL cholesterol levels
- Ibuprofen: Stevens-Johnson syndrome
- new Regional Adverse Reaction centres
- case presentation: mefloquine with QT prolongation
- as well as a summary of advisories.

The CARN is also available via free electronic subscription. To subscribe go to the Health Canada website at www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/subscribe_e.html

The college receives a limited supply of the printed version. If you would like a copy of the July 2005 *Canadian Adverse Reaction Newsletter* please contact our office.

New prescription drugs added to Schedule F

The following drugs were added to Part I of Schedule F to the *Food and Drug Regulations* on June 15, 2005:

- Adefovir and its salts and derivatives
- Almotriptan and its salts
- Cetorelix and its salts
- Ketanserin and its salts
- Phenylpropanolamine and its salts and derivatives for veterinary use
- Tadalafil and its salts
- Teflubenzuron

Health Canada advisories

After the last edition of the newsletter went to print, Health Canada placed the following advisories on its website. You can obtain a copy by using the links below or by calling Misti Denton at the college office at (780) 990-0321 or 1-877-227-3838, or contacting her by e-mail at Misti.Denton@pharmacists.ab.ca

Some of the links will take you to the Health Canada website, others will take you to the Health Canada information on the National Association of Pharmacy Regulatory Authorities website.

- **Safety information: atypical antipsychotic drugs and dementia**
www.napra.ca/pdfs/advisories/atyp-antipsycho_hpc-cps_e.pdf
- **Safety information: DEPO-PROVERA® (medroxyprogesterone acetate injectable suspension USP) associated with bone mineral density changes**
www.napra.ca/pdfs/advisories/depo-provera_2_hpc-cps_e.pdf
- **Safety information: Clozaril® (clozapine) tablets and white blood cell monitoring**
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/clozaril_2_pa-ap_e.html
- **Safety information: slow-release opioid painkillers and alcohol**
www.hc-sc.gc.ca/english/protection/warnings/2005/2005_84.html
- **Safety information: co-administration of Videx and Viread, and either Sustiva or Viramune**
www.napra.ca/pdfs/advisories/videx_viread_hpc-cps_e.pdf
- **Safety Information: concomitant use of paroxetine (PAXIL® or PAXIL CR™) and pimozide (Orap®)**
for health professionals
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/paxil_2_hpc-cps_e.html
for the public
www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/paxil_2_pa-ap_e.html
- **Safety information: Viagra, Cialis and Levitra**
www.hc-sc.gc.ca/english/protection/warnings/2005/2005_83.html
- **Safety information: slow-release opioid painkillers and alcohol**
www.hc-sc.gc.ca/english/protection/warnings/2005/2005_84.html
- **Safety information: Zometa (zoledronic acid) and Aclasta (zoledronic acid)**
for health professionals
www.napra.ca/pdfs/advisories/zometa.pdf
for the public
www.hc-sc.gc.ca/dpp-mps/medeff/advisories-avis/public/index_e.html



Recognize excellence!

It's time to think about whom among your colleagues should be nominated for an ACP award.

Recognizing pharmacists through the awards program helps to raise the profile of pharmacy in Alberta, while identifying role models among your peers.

Consider nominating a colleague for one of the following awards.

M.J. Huston Pharmacist of the Year Award

—presented to a pharmacist who has demonstrated outstanding professional excellence in pharmacy practice (Note that the terms of reference for this award have been revised.)

W.L. Boddy Pharmacy of the Year Award

—presented to a pharmacy in recognition of exemplary professional standards in pharmacy practice

Wyeth Consumer Healthcare Bowl of Hygeia

—awarded to a pharmacist who has compiled an outstanding record of community service which, apart from his or her specific identification as a pharmacist, reflects well on the profession

Award of Excellence

—presented to a pharmacist for a single outstanding achievement in the field of pharmacy (This award is granted for a single unique accomplishment or contribution, thus differing from the Pharmacist of the Year Award.)

Honourary Membership

—presented by Council to a person who is not and has never been a pharmacist, and has rendered distinguished service to the pharmaceutical profession

Honourary Life Membership

—presented by Council to a registered pharmacist who has rendered distinguished service to the pharmacy profession

Nominations must be received at the college office by **Oct. 31, 2005.**

You can download the awards' terms of reference and the nomination form from our website at pharmacists.ab.ca/council_at_work/awards.aspx, or from the college office at (780) 990-0321 or 1-877-227-3838.

Compounded preparations and expiry dates

College staff have recently become aware that pharmacists may be unclear about how to establish an expiry or beyond-use date for compounded preparations.

We offer the following excerpts from *United States Pharmacopeia Dispensing Information (USP-DI), Vol. III, Approved Drug Products and Legal Requirements*, 22nd ed., 2002.

The beyond-use date is the date after which a compounded preparation should not be used and is determined from the date the preparation is compounded.

Because compounded preparations are intended for administration immediately or following short-term storage, their beyond-use dates may be based on criteria that are different from those applied to assigning expiration dates to manufactured drug products. **When a manufactured product is used as the source of active ingredient for a non-sterile, compounded preparation, the product expiration date cannot be used to directly extrapolate a beyond-use date for the compounded preparation.**

In addition to using all available stability information, the pharmacist should also use his or her pharmaceutical education and experience. Pharmacists may refer to the manufacturer or applicable publications to obtain stability, compatibility and degradation information on ingredients. **All stability data must be carefully interpreted in relation to the actual compounded formulation.**

If there is no stability information that is applicable to a specific drug and preparation, the following maximum beyond-use dates are recommended for non-sterile compounded drug preparations that are packaged in tight, light-resistant containers and stored at controlled room temperature.

For non-aqueous liquids and solid formulations,

■ **where a manufactured drug**

product is the source of the active ingredient—the beyond use date is not later than 25 per cent of the time remaining in the product's expiration date or six months, whichever is earlier;

- **where a USP or NF chemical substance (which is not a manufactured drug product) is the source of the active ingredient**—the beyond-use date is no later than six months;
- **for water-containing formulations (prepared from ingredients in solid form)**—the beyond-use date is not later than 14 days when stored at cold temperatures; and,
- **for all other formulations**—the beyond-use date is not later than the intended duration of therapy or 30 days, whichever is earlier.

These beyond-use date limits may be exceeded when there is valid supporting and scientific stability information that is directly applicable to the specific preparation, i.e., the same drug concentration range, PH, excipients, vehicle, water content, etc.

Need solutions to management problems?

Students in the fourth-year pharmacy management course at the UofA's Faculty of Pharmacy and Pharmaceutical Sciences are eager to help solve management problems as part of their course work.

The students are expected to research, prepare a written report, and make a presentation on an administrative or practice management problem. Approximately 25 students will take the course in the fall 2005 session.

If you have an idea for a project or have a problem you would like researched and reported on, please contact Harold Lopatka at (780) 492-0120 or harold.lopatka@ualberta.ca prior to Sept. 16, 2005.

All Alberta pharmacies are welcome to participate.

acp xPresses and News

acp xPress

(none faxed since last newsletter)

acp news

(issued on the college website since June 9, 2005)

External:

June 30

- CPSA looking for your help
- July issue of Adverse Reaction Newsletter available on website

Operations:

June 24

- On-line renewal now available

June 28

- Your registration renewal – receipts and deadline

June 30

- See award-winning pharmacists on the web

Practice Issues:

June 29

- Letter from ACP president

June 30

- Latest news about legislation and scope of practice

July 19

- Caution about warfarin substitution

Aug. 3

- Notices of suspension and erasure from the CPSA

Drug Information:

June 16

- Atypical antipsychotic drugs and dementia

July 4

- Depo-Provera® (medroxyprogesterone acetate injectable suspension USP) associated with bone mineral density changes

July 7

- Clorazil® (clozapine) tablets and white blood cell monitoring

July 14

- Palladone sales suspended in US

July 18

- Co-administration of Videx and Viread and either Sustiva or Viramune

July 23

- Concomitant use of paroxetine (Paxil® or Paxil CR™) and pimozone (Orap®)

July 25

- News about Sativex®

July 26

- Viagra, Cialis and Levitra advisory about possible vision problems

Aug. 3

- Slow-release opioid painkillers and alcohol

Aug. 9

- Zometa (zoledronic acid) and Aclasta (zoledronic acid)

Sativex® approved with conditions, but not on the TPP

Sativex, a new drug on the market in July 2005, is a combination of plant-derived delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). It is administered via a spray pump under the tongue or on the inside of the cheek and is used for relief of neuropathic pain in adults with multiple sclerosis.

Cannabinoids such as Sativex and Cesamet® (nabilone) are listed in Schedule II of the *Controlled Drugs and Substances Act*. They are single-entity narcotic drugs requiring a written prescription, but are not included on the Triplicate Prescription Program.

Pharmacists must record both the purchase and sale of these products in their narcotic registers.

For more information about Sativex, go to www.hc-sc.gc.ca/dhp-mps/prodpharma/index_e.html

Thank you for methadone feedback

The College of Physicians and Surgeons of Alberta has appreciated the feedback from pharmacists related to the draft *Standards and Guidelines for Methadone Maintenance Treatment in Alberta*.

Your responses will be reviewed by the Guidelines Development Committee in

the fall and considered for inclusion in the final version due in the spring of 2006.

...from the faculty

The faculty is proud to announce that once again the top pharmacy student in Canada, as per the PEBC examination and winner of the George A. Burbidge Memorial Award, is a UofA graduate; this year's winner is **John-Michael Gamble**. Since 1990, 11 UofA pharmacy students have achieved this outstanding honour.

The Alberta Medical Association has selected **Dr. John Bachynsky** to receive their Medal of Honour. The award recognizes a non-physician who has made an outstanding personal contribution to the people in Alberta and who has contributed to the advancement of medical research, medical education, health care organization and/or health education of the public and raised the standards of health care in Alberta. Congratulations John!

Dr. John Seubert is the latest addition to the faculty. He obtained his MSc (environmental toxicology) from SFU, his PhD (pharmacology and toxicology) from UWO and just completed a postdoctoral fellowship in cardiovascular pharmacology at NIEHS/National Institute of Health in Research Triangle Park, NC. John will coordinate Pharmacy 570 in September and 367 (cardiology) in February. He is in the process of setting up a research lab where his group will investigate the role of eicosanoids in regulating myocardial function and protection from ischemic injury.

In memoriam*

Vivian Viola Wylie died on June 24, 2005 at the age of 79 years. She graduated from the UofA with her BSc in Pharmacy in 1948 and registered with the Alberta Pharmaceutical Association in the same year. Vivian served in community pharmacy in Edmonton until her retirement in 1994.

She is lovingly remembered by Jim, her husband of 57 years, their four children and their families.

**The majority of the information used in this column was previously published by families of the deceased. The remainder of the information is released upon consent in compliance with the college's Privacy of Personal Information Policy.*



Mark your calendar!

Plans are under way for the 2006 conference and annual general meeting to be held in Edmonton, **June 2 and 3**. Watch for details in future issues of the newsletter!

10