Ontario College of Pharmacists
Putting patients first since 1871

PHARMACY CONNECTION

WINTER 2012 • VOLUME 19 NUMBER 1

THE OFFICIAL PUBLICATION OF
THE ONTARIO COLLEGE OF PHARMACISTS

WORKING TOGETHER: PHARMACISTS AND TECHNICIANS TEAMING UP IN ONTARIO COMMUNITIES

BUPRENORPHINE GUIDELINES

THANK YOU TO PRECEPTORS AND EVALUATORS

Ontario College of Pharmacists

Putting patients first since 1871

MISSION STATEMENT

The mission of the Ontario College of Pharmacists is to regulate the practice of pharmacy, through the participation of the public and the profession, in accordance with standards of practice which ensure that our members provide the public with quality pharmaceutical service and care.

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- Quality Assurance
- Registration

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- Communications
- Finance
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The objectives of Pharmacy Connection are to communicate information about College activities and policies as well as provincial and federal initiatives affecting the profession; to encourage dialogue and discuss issues of interest to pharmacists, pharmacy technicians and applicants; to promote interprofessional collaboration of members with other allied health care professionals; and to communicate our role to members and stakeholders as regulator of the profession in the public interest.

We publish four times a year, in the Fall, Winter, Spring and Summer.

We also invite you to share your comments, suggestions or criticisms by letter to the Editor. Letters considered for reprinting must include the author's name, address and telephone number. The opinions expressed in this publication do not necessarily represent the views or official position of the Ontario College of Pharmacists.

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On the Cover:
Phillip Chiu and Stacy O'Neill from Keswick, ON are just one of the many teams of pharmacists and technicians teaming up to deliver patient care in Ontario communities.
Story on page 8.

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CONTENTS

Della Croteau, R.Ph., B.S.P., M.C.Ed.
Deputy Registrar/Director of
Professional Development

> "If you are integrating technicians into your team, I'd like to hear what you have learned that could be shared with others."

Last fall, OCP conducted a survey over a period of three weeks to help us improve our communications with members, We were particularly interested in hearing your feedback on Pharmacy Connection, both print and online. I want to take this time to thank all of the members who participated in the survey. We had an excellent response, with some 30% of members providing their input. This is considered to be great success in terms of surveys so we thank you.

So what did we learn from all of this? We provide you a summary on page 34 of some of our key findings. Among them is the fact that you are in communication with us. The response rate itself tells us you want to provide input, and assist us in providing communications that you find valuable. So we will continue to ask for your input on a regular basis to make sure that our communications are reaching you in an effective manner.

You also told us that Pharmacy Connection is an important vehicle for information and that many of you are enjoying the online version. Responses revealed that you are looking for information on practice-related issues. Columns like "Focus on Error Prevention" and Q&As on practice are well-read and valued. But you want even more articles on practice and we will work on delivering that to you. This issue's cover story on technicians being integrated into the workplace is a good start. It contains real life examples of best practices for working together, profiling three practice settings, and addressing some of the major questions that are occurring with this new model.

If you are integrating technicians into your team, I'd like to hear what you have learned that could be shared with others.

As well, our colleagues with expertise in buprenorphine have provided an extensive update on its use and place in practice, in relation to the recently released clinical guidelines..

You also conveyed a need for more resources focusing on continuing education. I want to remind you to go to our website where we continually provide up to date information on CE opportunities for all members. It is one of the most popular areas of our website and allows us to provide more timely information than what we publish in *Pharmacy Connection*.

Our regular e-blasts to members received favourable comments. Members told us that these blasts provide valuable information on a timely basis.

Going back to the print vs electronic format of Pharmacy Connection, we heard from many members on their preference. There is still a large number of you who prefer print, but there are certainly significant numbers who would now, or at some time in the near future, be satisfied with an online-only version of the publication. As more and more of you incorporate mobile devices into your lives, you've expressed an interest in receiving information in that format. We will work to deliver on these needs as we plan future communications.

Marshall Moleschi,
R.Ph., B.Sc. (Pharm), MHA
Registrar

> "The College continues to meet with public health and other stakeholders to discuss how to best collaborate and enhance the current system."

As you'll read in our Council Report, last December, Council approved a change to the previously submitted Bill 179 regulation, and as a result, the updated regulation was re-circulated, along with an expanded list of substances to be administered by injection and inhalation for routine purposes, including immunizations. Council made this change because it considered that it was in the public interest to permit pharmacists to exercise a broader scope in the administration of drugs by injection and inhalation.

By the time you read this, the consultation period will be complete. I hope that you had a chance to add your thoughts to this important development. The College continues to meet with public health and other stakeholders to discuss how pharmacists and pharmacy technicians can best collaborate and enhance the current system. Thanks to all of you who participated in this process. Providing your input is an important responsibility.

I want to thank those of you too who came out to meet with me last fall. As you know, I spent much of my first few months as Registrar, on the road, travelling to communities across the province, delivering important messages about moving our profession forward. The discussions we've had in large and small group settings, the comments I've received – they are all very helpful to me and the team here at OCP as we set forward to continue our work regulating the profession in the public interest. An important part of that is our new strategic planning process which will begin in March and set the course for the College over the next three years.

If you weren't able to come out to one of the district meetings, I hope you were able to take a look at our website where we've made the presentation available to review at you leisure.

"Navigating the Grey" continues to be a theme I'm incorporating into all my work here as Registrar. To every meeting, whether it be with council, our provincial and national counterparts, associations and government, I have been trying to drive home the same message: that the time is now for the college to support and enable members to use their professional skills, knowledge and judgment in an integrated, evidence-based, patient-centered, outcome-focused health care system. Doing so will do wonders to improve the health of our population. Taking a more patient-focused approach, and building our confidence as practitioners is a mission all of us must undertake.

If I didn't get a chance to meet you last fall, I hope to do so at the earliest opportunity. As always, if you have any thoughts or ideas you would like to share, I encourage you to contact me so we can continue our dialogue on the important issues facing us this year.

DECEMBER 2011 COUNCIL MEETING

PROPOSED AMENDMENTS TO THE GENERAL OPERATING BY-LAW #2 RATIFIED

As reported previously, amendments to the by-laws respecting a revised fee structure for pharmacy related transactions were circulated to the membership for comment. These amendments were ratified by Council in December and will enable the College to better align the fees with the activities associated with the processing of a new certificate of Accreditation. For the updated by-laws, please refer to the College's website www.ocpinfo.com

PROPOSED AMENDMENT TO BILL 179 REGULATION – APPROVED FOR CIRCULATION

Council approved a change to the previously submitted Bill 179 regulation, and as a result, the updated regulation is being re-circulated, along with an expanded list of substances to be administered by injection and inhalation for routine purposes, including immunizations. In discussing this matter, Council considered that it was in the public interest to permit pharmacists to exercise a broader scope in the administration of drugs by injection and inhalation.

Updated copies of the proposed regulation, the list of routine injections and immunizations and drugs for inhalation are available on the OCP website.

STRATEGIC PLAN UPDATE

Progress continues towards meeting the goals and objectives set out in the Strategic Plan and Council received the progress report of action taken by all College areas since the September 2011 Council Meeting. Activities set in March 2009 are expected to reach completion in 2012 when Council will embark upon a new Strategic Plan. To this end, the College has engaged the services of Dr. Wayne Taylor who will first conduct a governance review with Council, and Ms. Anne Grant who will facilitate the strategic planning exercise.

Council also heard a presentation from eHealth Ontario regarding their progress with the development of the Medication Management System, which they anticipate will be in place by 2013. Also noted for information was the recent release of a report by Don Drummond on Canada's healthcare system. These, together with other backgrounders, will be used by Council during the strategic planning session to develop a Vision Statement, define values and develop broad strategic priorities for this College for the next three years.

COUNCIL APPROVES REVOCATION OF SECTIONS 41 AND 42 OF ONTARIO REGULATION 58/11 TO THE DPRA

Council approved a motion to revoke sections 41 and 42 of the Ontario Regulation 58/11 to the *Drug and Pharmacies Regulation Act* (DPRA), at the time that the Bill 179 Regulations under the Pharmacy Act are proclaimed.

Refill authority is currently only permitted in community pharmacies under the authority of the DPRA and the new provisions, upon proclamation, will broaden this scope to all members. This motion is a simple housekeeping measure which Ministry officials requested the College approve. It was acknowledged that upon proclamation of these regulations, comprehensive communication will be forwarded to the membership to help clarify the expectations.

MODEL STANDARDS OF PRACTICE FOR CANADIAN PHARMACY TECHNICIANS ADOPTED

College Council approved the adoption of the Model Standards of Practice for Pharmacy Technicians as developed through NAPRA (the National Association of Pharmacy Regulatory Authorities). The format adopted for these standards was drawn from that of the model standards developed for Canadian pharmacists but adjusted to reflect

the technician's competencies. The standards are available on the OCP website.

REGISTRATION REGULATION RESOLUTIONS APPROVED

Under the Registration Regulation, there are references to requirements which are to be approved by Council. These requirements are approved through resolutions and allow the College to make changes in these specific areas to keep the regulation current, without having to actually change the regulation. The requirements in the regulation will continue to be monitored by the Registration Committee and further recommendations for change will be brought to Council for approval as necessary. For a complete chart of the requirements approved by Council and their reference in the regulations, please refer to the College's website at www.ocpinfo.com

NEW COUNCIL MEMBERS WELCOMED

Council welcomed Ms. Christine Donaldson, who won the by-election in District H (hospital district) to the table. Also welcomed was returning public appointee, Mr. Babek Ebrahimzadeh, who was reappointed to serve on College Council for a further three-year term.

GOVERNMENT RELATIONS

Effective November 1st, 2011, and following an evaluation of proposals from other GR advisors, the firm of Leffler Consulting was selected to support the College in our government relations endeavors. Ms. Sandra Leffler has previously provided GR support to the College and her experience and background align well with the College's current philosophy. Registrar Moleschi has already met with several individuals within the government, both at the bureaucratic and political levels, and it is anticipated that these efforts will continue so as to enable the College to influence the development of any new programs at an early stage.

MEMBER ANNUAL RENEWAL IS DUE MARCH 10, 2012

The College's online Member Annual Renewal is now available.
NOTE: no form will be mailed to you, however email reminders will be sent.

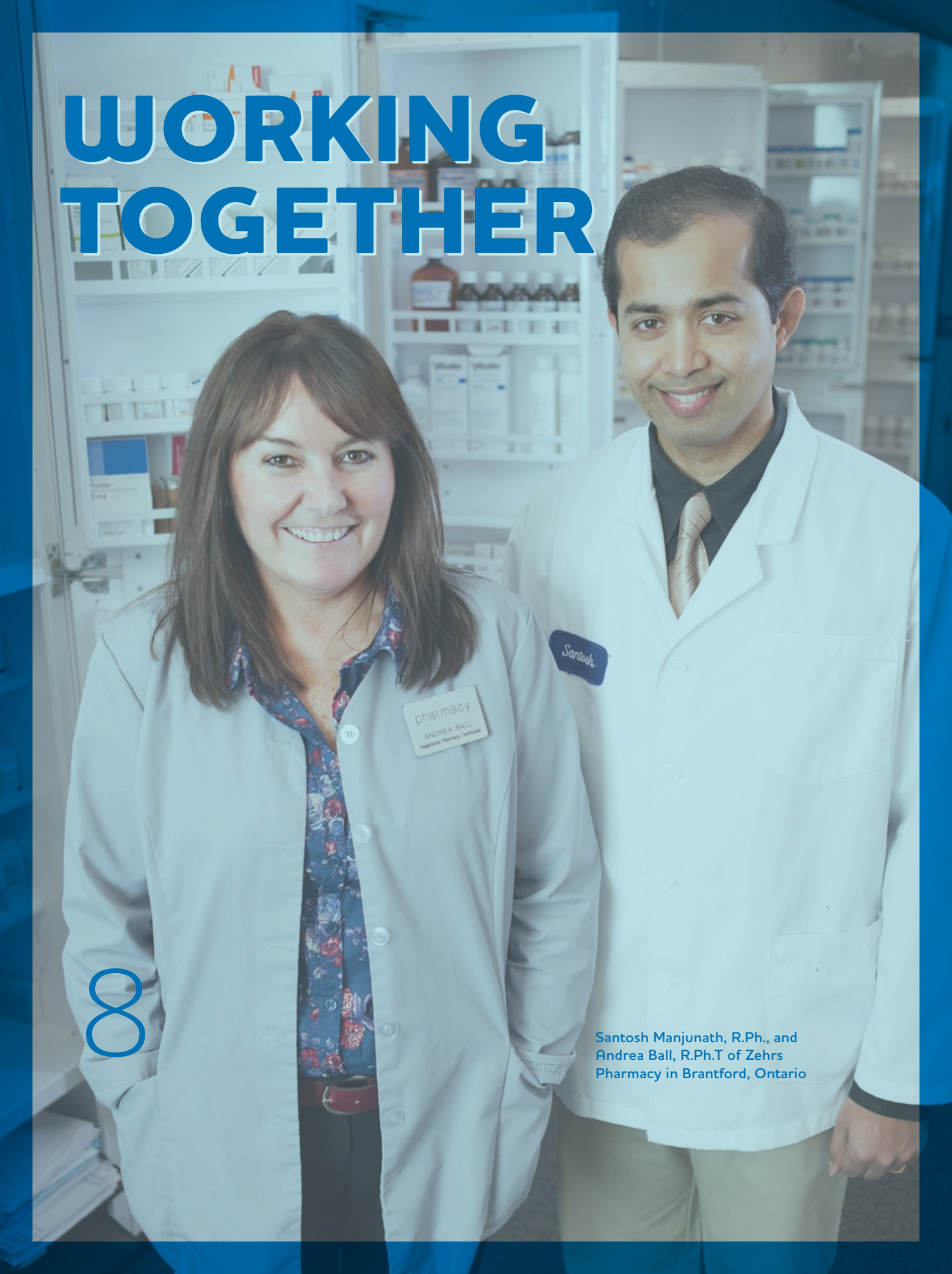
Before you begin your online renewal you will need:

- Credit Card or Interac (Debit Card) if paying online
- User ID - This is your OCP number
- Password - If you have forgotten your password, click 'Forgot your Password or User ID?' and a new password will be emailed to you.

Once you're ready:

- Go to www.ocpinfo.com and click on ***'Member Login'***.
- Enter your User ID (your OCP number) and your password.
- Once you have successfully logged in, click on ***'Member Renewal'*** on the left hand side of the screen.

WORKING TOGETHER



Santosh Manjunath, R.Ph., and Andrea Ball, R.Ph.T of Zehrs Pharmacy in Brantford, Ontario

PHARMACISTS AND TECHNICIANS ARE TEAMING UP IN ONTARIO COMMUNITIES TO DELIVER PATIENT CARE

It has been more than a year since pharmacy technicians have become recognized as regulated health professionals in Ontario. To date, the College has registered more than 500 individuals as technicians, and there are up to 5,000 individuals who are on the road to regulation. Technicians play a vital role in the pharmacy setting, supporting the pharmacist in providing more comprehensive patient care services. By taking responsibility for the technical components of dispensing within the pharmacy, technicians allow pharmacists to expand their services and scope of practice to improve patient care.

With changes to pharmacists' scope of practice on the horizon, the role of the technician in the pharmacy setting is becoming more vital. And while there still may be some barriers to full and effective integration of technicians in the pharmacy, there are some great examples where this new model of professional collaboration is working well – where technicians can practice within their scope allowing the pharmacist to take on more duties related to direct patient care.

In this article, we showcase three of these practice settings. Each of these pharmacies took part in a pilot program organized by their parent company, Loblaw. The aim of the pilot was to fully integrate the registered technician in the pharmacy, measuring success as when the following takes place:

- The registered technician spends most of the day performing their duties, which include accepting responsibility and accountability for the technical aspects of both new and refill prescriptions;
- The pharmacist spends most of the

day evaluating the therapeutic relevance of each prescription and talking to patients, providing professional services and other medication management functions (i.e. pharmaceutical opinions and MedsChecks);
- The prescription-filling process does not slow down.

Each of these pharmacies reflect on the pilot and how they have been able to work in a model that maximizes each professional's work. These individuals also shed light on some of the challenges of integrating technicians – and how best to meet them.

Phillip Chiu, R.Ph., and Stacy O'Neill, R.Ph.T
Zehrs Pharmacy, Keswick ON

Phillip is standing in the store of the Keswick, ON Pharmacy where he has worked for more than a decade. But he's not in his usual spot – behind the counter. Rather, he is walking around the store's pharmacy area, approaching patients who look like they may need some assistance in making health-related choices. "This is something that I've only been able to do because I have a technician on staff – and it really is the biggest benefit," he says. "The technician frees up our time so that we can spend it with our patients. Since we are not tied down to the counter as much, we can float around a lot more, going out to the floor, to approach patients, to provide them counselling. There's a lot more time to be proactive with the patients."

Phillip works with Stacy O'Neill, a registered pharmacy technician. They have worked together for more than ten years in this store, where Phillip is the designated manager. When Stacy became regulated last year, they integrated

Loblaw Initiative to Integrate Technicians

The three stores profiled in this article were all part of a pilot program through Loblaw, which recognizes and supports the expanded role of the pharmacist and thus the expanded role of the technician in pharmacy practice. Loblaw recognized that integrating technicians would require a shift in the way every pharmacy employee would think and behave and set out to provide support to pharmacies shifting to this new model. The three pharmacies were chosen for the pilot based on the following:
- They are busy pharmacies with overlapping pharmacists
- They had pharmacist staff who were demonstrating a good level of support for delivering professional services to their client base
- They employed pharmacists who were willing to support the integration into the new roles

Since February 2011, the pilot has involved regular conference calls with the pharmacies to discuss the integration of the technicians. In April, a four hour live training session for pharmacy managers and technicians was presented. It sought to help staff understand the changes in the pharmacy industry that necessitated the integration of technicians and provided training on maximizing opportunities for delivering professional services. Lynn Halliday, an in-house pharmacist for Loblaw (and non-Council committee member for OCP), developed and presented training strategies aimed at excelling in professional services delivery.

Another live training session in June focused on assessing learning to date and further strategizing on best ways to deliver professional services. Further meetings took place last fall to continue to prepare pharmacy teams on how to best adapt to new changes in scope with the technician playing a prominent role in the process.

Since the pilot program began, Loblaw reports that it more than tripled its prior year results with respect to the delivery of professional services, including MedsChecks.

her into the workflow in such a way that she, as the technician, takes care of the technical portion of the prescription and the pharmacist checks the prescription for therapeutic accuracy at the end of the process.

It's a process that pharmacies in the Loblaw pilot have implemented and to date it is proving effective.

"Sometimes, the flow gets interrupted when, for example, a patient may approach me with their prescription in hand," says Phillip, who explains that this requires him to take care of the therapeutic portion of the prescription at the front-end. In reality, the therapeutic check can take place at any point in the process, but Phillip prefers it take place at the end. "There is some advantage to doing the therapeutics at the beginning of the process, but we were finding that we couldn't spend as much time with patients as we need to at the end because we were simultaneously entering information into the computer." So Phillip is at the end of the counter, or floating in the store to best optimize his role.

As for Stacy's role, along with checking prescriptions, she is also responsible for checking compliance packs and taking telephone prescriptions from physicians and other prescribers. "As the technician, Stacy has become this incredibly great filter for me. It frees up my time to counsel patients," says Phillip.

While Phillip and Stacy have worked together for some time, they both have learned a great deal interacting within this new model.

"We didn't know what to expect once I became regulated," says Stacy. "We realized quickly though that everyone on the team, not just the two of us had to be ready for

day to day changes to our roles." She admits that adapting to the new model took some time. "There was definitely a steep learning curve in getting the whole team on board – to have all staff in the dispensary understand their roles," she says. Stacy estimates that it took a good two to three months for all staff in the pharmacy to get on board with the new model, to understand Stacy's role and how it would affect them.

For Phillip, the end result couldn't have been better. Having a technician, in Phillip's words has been a source of true professional satisfaction. "The new model has allowed me and the other pharmacists working in the store, to expand the amount of time we have to engage and interact with patients, going more in-depth to their health situation than ever before."

Both Phillip and Stacy agree that the biggest challenge has been changing old habits and creating new ones. Says Phillip: "I know for myself, that when Stacy first became regulated, I couldn't help but check for technical accuracy while I was doing the therapeutics. I was so used to checking that part of the prescription. But the more

we work within this new model, the more comfortable we are with the technician's ability."

For Stacy, there were challenges inherent in learning a new skill and applying it to real-life situations as well as the challenges in helping staff to understand the new role of the technician. "The other clerks had to understand what I was doing – what my role was, and at times there were some challenges in making those clarifications. But overall the acceptance level with them has been very good. Other staff have certainly showed interest in my role and in understanding the duties that I took over from the pharmacist. Overall, I think everyone in our pharmacy would agree that it's been a very positive situation."

Do they have any advice for other pharmacy practitioners that may want to integrate technicians into the workflow and don't know where to start?

Phillip says it's all about having an open mind. "Technicians can really help you in your practice," he says. "And the results are really gratifying – you can see them in terms of the number of patients that you can help counsel and to whom you can provide extra care. It's great to have another professional on the team that can help take away some of the workload."

Stacy adds that having support from other stores involved in the pilot has helped as has the support from the management team. "It's certainly made the transition easier," she says. As for any advice for other technicians who are integrating into a new role, she says "Just go for it. There's no reason to be reluctant. It's a great profession and many more opportunities to develop. We're just getting started."

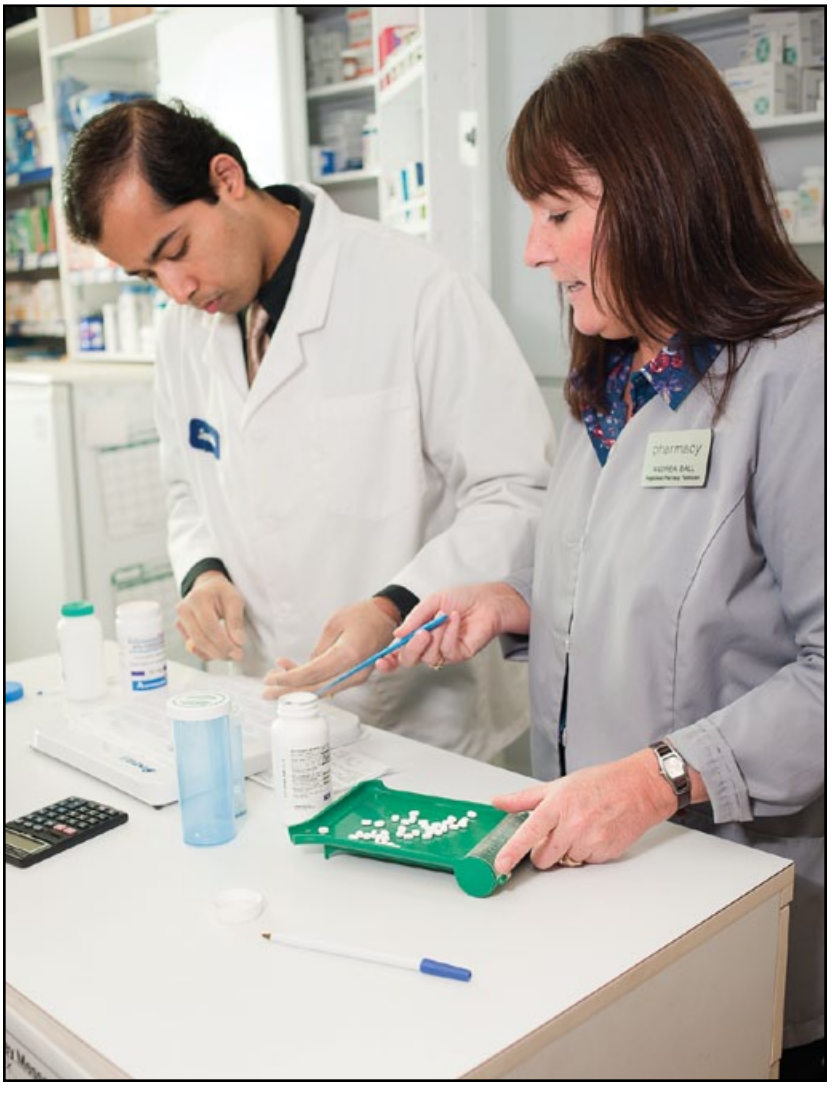
Santosh Manjunath, R.Ph., and Andrea Ball, R.Ph.T
Zehrs Pharmacy, Brantford ON

In Brantford, confidence is the name of the game as technician Andrea Ball works alongside pharmacist and manager Santosh Manjunath in a truly coordinated effort. Having Andrea, a technician on the team, according to Santosh has made a significant difference.

"I can say definitively that there is a major benefit in having a registered technician on the team," says Santosh. Like his counterparts in Keswick, Santosh points to the fact that having the technician handling the technical portion of the prescription allows him and the other three pharmacists on his team to take on more of the medication management issues facing patients. "Having the technician on the team gives us more free time which has resulted in us spending more time with our patients," he says.

That free time is spent, Santosh says, performing MedsChecks, and counselling on a variety of issues such as smoking cessation, weight control and cholesterol monitoring.

"Previously, patients always had to make appointments for this type of counselling," he says. "And while appointments make it easier for us to schedule seeing patients, they



can now walk in and often find me and my other pharmacist colleagues, available to do these important procedures and checks. It helps the patients, and the public at large in monitoring their health issues."

Santosh says his role has changed dramatically with the technician on board. "I feel like an advisor/coach who has directly helped my patients towards achieving healthy outcomes. It's very satisfying."

Andrea, a regulated technician who also volunteers as a non-council committee member with OCP has worked in pharmacy with Loblaw for 16 years –the past 10 with Santosh. She says that having her take on more responsibility in the pharmacy has contributed to a growing bond between patients and the pharmacists. "I see a definite increase in the confidence level our patients have with the pharmacist," she says. "In our pharmacy it's great because everyone is ready to change and accept the different roles and responsibilities."

Like their Keswick colleagues, in this setting, the workflow is one that puts the pharmacist at the end of the process. The technician or assistant is responsible for inputting information into the system to start the production required to fill a prescription. The technician performs the technical aspect – making sure the right medication and dose is dispensed for the right patient. The pharmacist comes in at the end of that process to provide the therapeutic check and to counsel.

Andrea admits that the process wasn't always smooth and it took some time for all members of the pharmacy team to be confident in each other and the new roles brought about by regulation. "It was definitely a little hard in the beginning. Everyone's a bit nervous about taking on a new skill," she says. "But we have been fortunate to have such a supportive team. From the beginning, the staff has all been very generous and patient with the shifts in responsibilities." Santosh admits that it took him some time to get used to the idea of Andrea, as the technician, checking the technical aspects of the prescription. "I couldn't help it at first – I was so used to checking the prescription from a technical basis, that it was just natural to continue to do so. But after a couple of weeks in the new model, that overlap stopped."

> "Having the technician on the team gives us more free time which has resulted in us spending more time with our patients"

"I'm very fortunate that Andrea is so capable in her work which gives me the added confidence of her performing her role," he says.

Still, Santosh says, there were some bumps along the road as other pharmacy staff became accustomed to Andrea's new role in the pharmacy. "In the beginning, the assistants would avoid consulting with Andrea as a technician. They were accustomed to coming to me directly with questions," says Santosh. "I made it clear that Andrea was and will continue to be, as a regulated technician, responsible for doing the technical check and made them go to her directly. It's a matter of sticking by those rules in order to help everyone's comfort level. It allowed them to develop their own similar rapport with her and develop their own relationship."

Andrea's role in the pharmacy has rubbed off on others: all five of their assistants are pursuing regulation. "I'm so happy for them," says Andrea. "It's a really good sign – it shows that in this pharmacy, everyone is on board and supportive of the technician role. I think that my colleagues can definitely learn from me and watch with anticipation on how they are going to work in their new role."

For Santosh, this is all good news as he continues to build deeper relationships with patients as he counsels them. "When we spend more time with patients they get to know us by name. For me, that means that they walk in and look for me specifically. On a professional level, I feel very satisfied by this."

Both Santosh and Andrea point to the pilot program as an important catalyst for establishing their workflow and determining the new roles in the pharmacy. "Other pharmacists in town have been asking me how it works and I've been speaking with them to share the knowledge we've had the good fortune to gain from our head office."

Hemal Mamtora, R.Ph., Vipul Patel, R.Ph., and Kim Lumsden, R.Ph.T.
Real Canadian Superstore, Strathroy, ON

Hemal Mamtora recalls a recent phone call he received from a patient. "This patient called me to say how grateful he was that I spent so much time with him to help assess his diabetes risk," says Hemal, the pharmacy manager of the Real Canadian Superstore

in Strathroy, ON. "He said he was so surprised by the effort I made to help him understand his risk profile, and how much he learned about his own health as a result." The interaction with this patient, says Hemal, was only possible due to the fact that he had a technician working on his team – that vital health professional who can take responsibility for so many duties in the pharmacy – allowing Hemal to provide one-on-one counselling to patients. "The accessibility that patients now have to me is so valuable," he says. "I can now spend time with patients and provide counsel to them. It's important to so many different kinds of patients – for the newly diagnosed diabetic, for example, I can assist with their blood-glucose monitoring, and be available for follow up."

Hemal Mamtora, R.Ph., Vipul Patel, R.Ph., and Kim Lumsden, R.Ph.T. of Real Canadian Superstore in Strathroy, Ontario

Kim Lumsden is the registered pharmacy technician in the pharmacy. She has worked there for 13 years. In their pharmacy, Kim is also situated at the point in the process where the technical check of the prescription is completed.

Hemal says that within a couple of months of Kim performing her new role, he felt confident that he didn't have to double check her work. "We have great confidence in her training and ability – she has really added value to the team." Kim admits that when she first became a regulated technician, there were some challenges in defining her role among her colleagues. "The main challenge was to have other staff understand my new role. I would say that it took about a month for everyone to understand and be comfortable with who was doing what and who was responsible for what," she says. Still, Kim recalls times when there have been misunderstandings about her role, particularly, for example, if there is a relief pharmacist on duty, who may not be used to working with a technician. "Like everything, communication is critical. Not all pharmacists may be used to working with a regulated technician, so it is natural that there may be some confusion as to why I'm doing what I'm doing. So it's important to let everyone know how the process works and educating them on what the technician is responsible for."

> "As a pharmacist, if you want to move forward and adapt to changes in scope, then this new model is fantastic."

Hemal says that for pharmacies who are thinking about integrating a technician into their practice, he says it's important to plan. "You have to draw up a plan on how you are going to integrate the technician into the workflow and communicate that with fellow staff members," he says. "At the same time, the pharmacist/manager should also be able to determine what extended services he or she is planning to provide to patients."

Vipul Patel, Pharmacy Director of Operations for the store, agrees. He says it is vital that pharmacists working with technicians are in a unique position to devote more time to patients, and that they must plan on how they are going to best use this time. "As a pharmacist, if you want to move forward and adapt to changes in scope, then this new model is fantastic. It allows you to practice your counselling and hands-on patient care skills. It gives you the time to deliver more patient care. In that, it allows you to grow and change with the profession." But you have to have a plan of action, he says. "You need to plan what you are going to do with all this extra time in place. It's a perfect time to expand your role, your services and get to know your patients and their needs." Pc

INTEGRATING TECHNICIANS INTO THE WORKPLACE

Tips and Reminders

Over the past several months, the College has visited a number of pharmacies to understand how the role of the pharmacy technician has been incorporated.

Each visit provided the pharmacy team members with an opportunity to discuss their successes and challenges and also seek clarification and feedback from College staff about their understanding of the technician role. For College staff, the visits have been invaluable, allowing us to share collective learning, correct some misconceptions and encourage others to benefit from the integration of these new team members. Although the process and model for integration of the technician was unique to each workplace, the discussion and issues were consistently related to the new role of the pharmacy technician in the dispensing of a prescription.

RESPONSIBILITY:

Every professional is responsible for meeting the standards of practice of their profession.

Technicians are responsible and accountable for the technical aspects of all prescriptions that they check, **both** new **and** refill. (e.g. the correct patient, product and prescriber in accordance with the prescription).

Pharmacists remain responsible and accountable for the therapeutic/clinical appropriateness of all prescriptions, both new and refill.

ACCEPTING VERBAL PRESCRIPTIONS:

Pharmacy technicians are able to accept verbal prescriptions, with the exception of narcotics and controlled drug substances.

Once legislative changes to the *Food and Drug Act* regulations are in place, pharmacy technicians will also be able to independently receive and provide prescription transfers.

INDEPENDENT DOUBLE CHECK:

The requirement to have an "independent double check" may have been a barrier to the integration of technicians in some practice settings. Standards of practice for technicians are now in place and allow for more flexibility. Whenever possible, a final check should be performed by a pharmacy technician (or a pharmacist) who did not enter the prescription into the pharmacy software system or who did not select the drug from stock. However, if another member of the team is not available, a final check can be completed by one professional providing there are other systems in place to ensure safe medication practices.

WORK FLOW AND PROCESSES

There is no one model that fits all. While the objective is to optimize the role of the technician and pharmacist, workflow will be dependent on physical layout, resources/staffing, patient population/characteristics etc. The pharmacist may best be positioned at the beginning of the workflow process and assess the appropriateness of the prescription even before the data is entered into the computer by the assistant or technician. Alternately the pharmacist may perform this activity at any time during the process or at the end.

Note that the technician cannot release the product to the patient until the pharmacist has performed the therapeutic check. It is important that the pharmacist's signature is clearly visible on the prescription to allow the team to establish that this has occurred. Some pharmacies use a stamp to mark the place for the pharmacist's signature.

The pharmacy manager must establish a method of differentiating and preserving the identification of the pharmacist and technician responsible for each prescription. Although signatures are the traditional method of accepting or declaring responsibility, pharmacy teams may wish to utilize other mechanisms within clearly defined and understood protocols. Future electronic workflow processes should consider this requirement.

An example of where a protocol could be utilized would be when dispensing within a compliance program. The technician checks the technical aspects of the weekly compliance packaging and signs for this activity. The pharmacist continues to review the profile on a regular basis as well as with each new prescription and when changes are made to any existing prescriptions.

The common objective of all pharmacies we visited is to increase opportunities to deliver professional services such as MedsChecks, Pharmaceutical Opinion Program and Smoking Cessation and to improve the quality of such interactions. All of the pharmacy teams agreed that the pharmacist generally had more time to spend with patients and this had a very positive effect on the patient-pharmacist relationship.

CREATING INTRA-PROFESSIONAL RELATIONSHIPS

Every site the College visited reported that they began to integrate the technician role slowly and cautiously. Pharmacy technicians acknowledged that they wanted time to gain confidence and adjust to the new level of accountability. They also realized that they needed to demonstrate their ability so that the pharmacist could feel confident in letting go of the technical functions.

Pharmacists told us they had to rethink how to perform their job and learn how to separate the technical and therapeutic functions. For some pharmacists it was difficult to see the added value of making these adjustments, particularly if the pharmacy technician was not being utilized to their full capacity. Both team members described the importance of being able to openly discuss their roles and test out new approaches collaboratively.

The introduction of a pharmacy technician role on the team also resulted in new relationships with pharmacy assistants. The pharmacy technicians acknowledged the challenge of accepting new responsibility for the work of others particularly when managing errors. They also noted how fortunate they were to be in their new role, recognizing that the opportunities for these roles have been limited. This realization added to the technician's sense of responsibility to represent their profession well and a desire that their success will lead to increased opportunities for other regulated pharmacy technicians.

GERIATRIC AND LONG-TERM CARE

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REPORT OF THE CORONER'S GERIATRIC AND LONG-TERM CARE REVIEW COMMITTEE PROVIDES RECOMMENDATIONS FOR USE OF DRUGS IN THE ELDERLY

The purpose of the Geriatric and Long-Term Care Review Committee (GLTCRC) is to assist the Office of the Chief Coroner in the investigation, review and development of recommendations towards the prevention of future similar deaths relating to the provision of services to elderly individuals and/or individuals receiving geriatric and/or long-term care within the province.

Established in 1989, the committee consists of members who are respected practitioners in the fields of geriatrics, gerontology, family medicine, emergency medicine and services to seniors. Elaine Akers, a former OCP council member, is currently the pharmacist representative on the committee.

In 2010, the GLTCRC reviewed 11 cases and generated 22 recommendations directed toward the prevention of future deaths. Common issues that the GLTCRC dealt with were:

- Medical and nursing management;
- Use of drugs in the elderly;
- Communication between healthcare practitioners regarding the elderly;
- The use of restraints in the elderly; and
- Medical/nursing documentation.

For the purpose of educating members, we have reprinted one case and recommendations pertaining to the use of drugs in the elderly. To read the full report, go to www.mscs.jus.gov.on.ca

CASE: 2010-01
OCC FILE: 2007-7779

ISSUE:

Concerns were identified relating to the care provided in a retirement residence and an acute care general hospital as well the use of narcotics and other medications.

SUMMARY:

This was the case of an 83-year-old woman whose past medical history included: chronic lymphocytic leukemia, scoliosis, gastroesophageal reflux disease, osteoarthritis with bilateral knee replacements, toe and bunion surgery, hysterectomy, hernia repair, bilateral cataract surgeries and an elevated uric acid.

In December 2006, the woman experienced a fall that resulted in a left wrist fracture, fractured ribs and a probable pelvic fracture. It was unclear if the fractured wrist was treated with a splint or a cast. It appeared that the fractured wrist remained a significant cause of pain for which her family physician prescribed increasing doses of oxycodone hydrochloride. She was also taking two different benzodiazepines.

Medical records and documentation relating to the woman's fall and initial management of her multiple fractures were not available for review. From the available medical records, the decedent was already taking a high dose of oxycodone when she was admitted to the retirement home in May, 2007. It could not be determined if alternate management strategies had been tried prior to starting the oxycodone (e.g. immobilization of the wrist, local blocks for the fractured ribs, and regular administration of acetaminophen may have been helpful in decreasing the need for an opioid analgesic).

The attending physician attempted to decrease the amount and dosages of medications being given to the woman. In early June, she developed abdominal distention, nausea and diarrhea. She was treated with loperamide, dimenhydrinate and a suppository. She was subsequently transferred to hospital where she was found to be in heart failure. She was admitted and treated with furosemide, dimenhydrinate, morphine, scopolamine and a Fleet enema. She died in hospital about 15 hours after arrival.

An autopsy found cardiomegaly, valvular heart disease and evidence of congestive heart failure. Toxicologic analysis found supratherapeutic levels of oxycodone and diphenhydramine and therapeutic levels of morphine, lorazepam, acetaminophen and chlorpheniramine.

It was noted by the Committee that research has shown that there have been identified risks of using oxycodone with other psychoactive medications, including benzodiazepines and dimenhydrinate. It was also noted that the development of heart failure results in impaired drug metabolism, further increasing the potential for the development of adverse drug effects.

Records indicated that the decedent received four doses of dimenhydrinate over the last two days of her life. It was noted by the Committee that dimenhydrinate is a drug that is rarely of benefit in the elderly and the use of this drug may have further contributed to the adverse outcome in this case.

The decedent also developed constipation during the terminal phase of her illness. While constipation may present as an overflow diarrhea in the elderly, it was noted that loperamide hydrochloride should not be prescribed for elderly patients taking opioids. It should only be given when the diagnosis of constipation has been properly excluded.

RECOMMENDATIONS:

1. Health care professionals should be reminded that loperamide hydrochloride should not be prescribed for elderly patients taking opioids who have diarrhea until the presence of constipation has been excluded.
2. Health care professionals should be reminded that dimenhydrinate is a medication that is rarely indicated for use in the institutionalized or hospitalized elderly. The combination of dimenhydrinate with other psychoactive or anticholinergic medications can result in the development of potentially serious drug interactions resulting in adverse outcomes.
3. Health care professionals should be reminded of the importance of using caution when prescribing opioids for elderly patients with chronic pain. The use of non-pharmaceutical interventions and non-narcotic medications such as acetaminophen should be considered for use as a first intervention in an attempt to minimize the dosage of an opioid required to control pain.
4. Health care professionals should be reminded that the potential toxicity of opioid medications can be increased by the concomitant use of other psychoactive medications. Pc

Buprenorphine for the Treatment of Opioid Dependence

UPDATE ON BUPRENORPHINE FOR THE TREATMENT OF OPIOID DEPENDENCE

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Buprenorphine has been available as a prescription opioid in Canada since 2008. It is marketed as *Suboxone*® by RB Pharmaceuticals, Canada, in combination with naloxone in a sublingual tablet. This medication has been available for several years in many parts of the world, including the United States. In Canada it is indicated for substitution treatment in opioid drug dependence in adults.

Buprenorphine treatment provides an alternative to methadone maintenance treatment in Canada. As with methadone treatment, patients prescribed buprenorphine should be carefully monitored within a framework of medical, social, and psychosocial support as part of a comprehensive opioid dependence treatment program.[1]

Pharmacist involvement in buprenorphine treatment can include the supervision of drug administration, monitoring patients, communicating with the treatment team, providing encouragement and support, and dispensing take-home doses ('carries').

Involvement in the treatment of opioid dependent patients with buprenorphine has the potential for pharmacists to expand their scope of practice and provide a satisfying professional opportunity to participate in the recovery of individuals dependent on opioids. This area of practice may be of particular interest to those pharmacists involved in the provision of methadone maintenance treatment. Opioid dependence is a complex disorder; therefore pharmacists who take training specific to buprenorphine therapy and other treatment options will be best able to provide pharmacy services to these patients.

With buprenorphine maintenance treatment, as with methadone maintenance treatment, patients benefit from physicians and pharmacists working together effectively to provide optimal treatment.

Recently, clinical practice guidelines were developed by the Centre for Addiction and Mental Health (CAMH) to provide clinical recommendations for the initiation,

maintenance and discontinuation of buprenorphine/naloxone maintenance treatment in the ambulatory treatment of adults and adolescents with opioid dependence in Ontario.[2] **Information in this article has been updated from its first appearance in OCP Connection (Jan-Feb 2008) to reflect these new guidelines. The Guidelines are available from the CAMH, OCP or CPSO websites, and should be reviewed before dispensing buprenorphine.**

KEY MESSAGES FOR BUPRENORPHINE

- Suboxone® is an opioid prescription medication containing buprenorphine 2 mg and 8 mg (in *sublingual* tablets) in fixed combination with naloxone 0.5 and 2 mg respectively (to deter injection drug use).
- Sublingual dissolution of Suboxone® sublingual tablets usually takes 2 to 10 minutes.
- Buprenorphine:
  - is efficacious as substitution therapy in the treatment of opioid dependence.[3-5]
  - is an alternative to, but not a substitute for, methadone maintenance treatment.[6]
  - acts primarily as a partial agonist at mu-opioid receptors.[1]
  - is considered safer in overdose than methadone, although if combined with other CNS depressant drugs (e.g., benzodiazepines) respiratory depression can occur.[7] If clinical symptoms of overdose occur, higher doses of naloxone or other measures for treatment may be required.[8]
  - may have a lower potential for abuse and dependence than pure agonists such as morphine[9-10], although abuse does occur.[9-11] The addition of naloxone to the Suboxone® product formulation is intended to further reduce the risk of injecting, but does not eliminate the risk.
  - can be titrated to a stable dose within days, in contrast to methadone which typically may take weeks to achieve the optimum dose.
  - prescribed at maximal doses may not be sufficient for all patients. When the maximum daily dose does not stabilize a patient, consideration should be given to using methadone.
  - may induce withdrawal in patients dependent on opioids if administered too soon after last use of full opioid agonist.
  - has also been successfully used for medical withdrawal treatment (detoxification) from opioids[7,12] and for the treatment of pain[13] (both are unapproved indications in Canada).

REGULATORY FRAMEWORK FOR BUPRENORPHINE

Buprenorphine/naloxone does not require a special prescribing exemption, unlike methadone, so prescriptions may be written by any practitioner licensed to prescribe narcotics. The College of Physicians and Surgeons of Ontario (CPSO) expects all physicians who wish to use buprenorphine to treat opioid-dependent patients to have training/education on this drug, and addiction medicine generally, prior to initiating buprenorphine treatment.

Prescriptions for Suboxone® have the same requirements as other "straight narcotics", however, in addition it would be good practice to also indicate:

- start and stop dates
- days for supervised administration
- days for take home doses

As with other opioids, dispensing procedures for buprenorphine/naloxone must comply with the *Narcotics Safety and Awareness Act, 2010*, as part of Ontario's Narcotic Strategy for monitored drugs.[14]

The new Guidelines highly recommend that pharmacists who provide buprenorphine services undertake training. These pharmacists must be aware of the unique nature of buprenorphine dispensing and specific issues that exist in dispensing medications for the maintenance treatment of substance dependence. Training resources are included at the end of the article.

HOW BUPRENORPHINE WORKS

Buprenorphine is a synthetic opioid with a unique profile: it is a partial mu-opioid receptor agonist.[1] Buprenorphine has a lower intrinsic activity at the mu-opioid receptor than a full agonist (e.g., methadone or oxycodone). This means that there is a "ceiling effect" to its opioid agonist effects at higher doses[15] making it safer in overdose and reducing its potential for abuse. In addition, there is little increase in efficacy with doses above [16-32] mg daily. Although it is a partial agonist, buprenorphine has a very high affinity for (i.e., binds tightly to) the mu receptor. This tight binding means that buprenorphine can block the effects of other opioid agonists (e.g., methadone or oxycodone), and precipitate withdrawal in those physically dependent on opioids by displacing agonists from opioid receptors.[1] The tight binding is also associated with a slow dissociation from the mu receptor resulting in a long duration of action.[1] This is why buprenorphine is associated with a milder withdrawal syndrome and has been used to assist in detoxification from other opioids.[7,12]

Buprenorphine's partial mu-opioid agonist activity is beneficial in the treatment of opioid dependence because:

- It reduces craving for opioids.
- It may block the effects of other opioids (e.g., morphine, oxycodone, heroin).
- It can attenuate opioid withdrawal.

PHARMACOKINETIC CHARACTERISTICS SPECIFIC TO BUPRENORPHINE[16]

Buprenorphine's pharmacokinetic properties allow it to be utilized as a feasible substitution treatment for opioid dependence. Buprenorphine has poor oral bioavailability due to extensive metabolism by intestine and liver. Sublingual administration allows absorption through the oral mucosa and thus prevents breakdown via first-pass metabolism. Suboxone® tablets are formulated to be dissolved under the tongue. The onset of action is slow with peak effects from sublingual administration occurring 3-4 hours after dosing. Buprenorphine is converted in the liver primarily by cytochrome P450 (CYP) 3A4 to an active metabolite (norbuprenorphine) with weak intrinsic activity. Both norbuprenorphine and buprenorphine are subject to hepatic glucuronidation. The mean elimination half-life is indicated as 37 hours in the product monograph[2], with evidence in the literature of large inter-individual variation (24 to 69 hours) following sublingual administration.[16] Most of the dose is eliminated in the feces, with approximately 10–30% excreted in urine.

The slow onset of action and extended duration of action are both desired features in a treatment for opioid dependence. It is possible that buprenorphine can be given on an alternate day or three times weekly dosing schedule once the patient has been stabilized on a daily buprenophine dose.

NOTES ABOUT NALOXONE:

Naloxone, a pure opioid antagonist, is contained in Suboxone® tablets in combination with buprenorphine, with the intention of deterring patients from dissolving and injecting the tablet. When injected, naloxone may attenuate the effects of buprenorphine or cause opioid withdrawal effects in opioid-dependent individuals. However, the effect may be limited by the short half-life of naloxone and the relatively stronger binding by buprenorphine to the receptors.

When Suboxone® is used sublingually, naloxone is largely unabsorbed and does not exert pharmacological activity.[16]

Naloxone in Suboxone® tablets does not appear to influence the pharmacokinetics of buprenorphine.[16]

CLINICAL ASSESSMENT CONSIDERATIONS

Clinical considerations for the use of buprenorphine must include a distinction between a diagnosis of "opioid dependence" and "physical dependence". "Opioid dependence" can be considered the same as "addiction" which is characterized by a loss of control over opioid use, continued use despite knowledge of harmful consequences, compulsion to use and/or cravings. "Physical dependence" to opioids refers to the physiological adaptations that occur with regular exposure to opioids, which result in the development of tolerance and the appearance of withdrawal symptoms when the opioid dose is lowered or stopped. Many patients on chronic opioid therapy become physically dependent but not addicted. Physical dependence alone does not indicate a diagnosis of opioid dependence.

Contraindications to buprenorphine/ naloxone are:

- Allergy to buprenorphine/ naloxone
- Severe liver dysfunction
- Acute severe respiratory distress
- Paralytic ileus
- Decreased level of consciousness
- Inability to provide informed consent

DOSING INFORMATION

The product monograph states that Suboxone® must be given daily with supervised dosing by a health professional (e.g. a pharmacist) for a minimum of 2 months.[1] The exception to this is in circumstances in which the pharmacy is not open on weekends, in which case suitable patients may receive take-home doses for Saturday and/or Sunday.[1] In the CAMH Guidelines, this is further qualified by stating that additional take-home doses earlier than two months could be provided if the physician decides that a patient would benefit from this and that the patient has a degree of clinical stability that would make them eligible for take-home doses. The patient must be made aware that this is against the Health Canada label, as well as all of the possible additional risks of receiving take-home dosing early in treatment such as overdose, careless storage and unintended ingestion by others, injection and diversion. Physicians must document their rationale for the early take-home doses and their discussion with the patient about the risks. Take-home doses should be increased gradually and the patient carefully monitored. Refer to the Guidelines for further information.

INDUCTION

Therapy is initiated when the patient is experiencing opioid withdrawal symptoms:

- at least 6-12 hours (preferably 12 hours) after use of short-acting opioid (e.g., heroin, oxycodone)[2]

or

- at least 12-24 hours (preferably 24 hours) or longer after the use of a long-acting opioid (e.g., OxyContin® when swallowed whole).
  - For methadone maintenance patients wanting to switch to Suboxone®, waiting 3-5 days after the last dose of methadone before starting buprenorphine/naloxone is recommended. The methadone dose should be tapered down to 30 mg or less before buprenorphine treatment is initiated to minimize the possible precipitation of intense withdrawal symptoms.
  - At least 48 hours may be needed for patients discontinuing fentanyl patch use.

Initially a single dose of 2 to 4mg is given under supervision. An additional 4 mg may be administered later on in the same day depending on the individual patient's requirement.

Initial doses may be:

- prescribed by physician, dispensed and dosing observed by pharmacist, or
- prescribed by physician, dispensed by pharmacist, dosing observed in physician's office, or
- prescribed, dispensed and observed in the physician's office.

CASE: MR. M

Mr. M arrives at the pharmacy Tuesday morning for his first scheduled dose of Suboxone®4mg. He has recently stopped his chronic opioid therapy and reports that his last dose of OxyContin® was approximately 12 hours prior. The pharmacist confirms that he is showing/experiencing signs of opioid withdrawal, including mild headache and some mild nausea. The pharmacist observes Mr. M take his Suboxone® 4mg sublingual dose as prescribed and ensures that the SL tablet has dissolved completely. The pharmacist dispenses two additional Suboxone® 2mg tablets, as prescribed, for Mr. M to take home in case his withdrawal symptoms re-appear in the evening. Approximately 45 minutes later that same day, Mr. M returns to the pharmacy and reports worsening symptoms including sweating, increase in his headache, runny nose, abdominal upset with increased nausea, as well as diarrhea.

Due to the timeframe of Mr. M`s worsened symptoms of withdrawal, the pharmacist counsels Mr. M that is likely experiencing symptoms of precipitated opioid withdrawal from his first dose of buprenorphine. Mr. M admits that he actually had his last dose this morning, since was worried about how long he would have to wait for his Suboxone® dose to ``kick in``.

Mr. M asks the pharmacist if he should take the additional 2mg dose now, to help with his worsened symptoms of withdrawal?

Precipitation of opioid withdrawal symptoms may occur when the patient is initiated on buprenorphine/naloxone if they are not yet in satisfactory opioid withdrawal. In these situations, buprenorphine, the high affinity partial mu agonist, displaces the full mu agonist opioid from the mu receptors triggering a decrease in receptor activity and lead to a worsening of opioid withdrawal symptoms. If buprenorphine is taken when a patient is in sufficient opioid withdrawal, the partial agonism will cause relief of the withdrawal symptoms. Consideration should be given to reassessing the patient one hour after the first dose of buprenorphine to assess for possible precipitated withdrawal. Additional doses of Suboxone are not recommended for precipitated withdrawal, rather, symptomatic management of withdrawal symptoms is preferred. The prescriber should be notified of the situation and Suboxone® induction rescheduled, typically for the next day. Abstinence from other opioids should be encouraged during this time.

MAINTENANCE

The dose should be increased progressively according to the individual patient's needs and should not exceed a maximum daily dose of 24 mg according to the product monograph.[1] Average maintenance doses have generally been found to be 8-12mg per day.[2] The dose is titrated according to reassessment of the physical and psychological status of the patient.[1] Stable doses of Suboxone® can be reached in a few days.

Once a patient has been stabilized on a maintenance dose, there is the option to reduce the frequency of administration for suitable patients (e.g., if doses have not been missed or when an alternative to take-home doses is needed for work or travel).[17] Alternate day doses are given at double the daily dose (e.g., 16 mg q2days for a patient maintained on 8 mg per day). An example of three times weekly administration for a patient maintained on 8 mg per day would be: Monday and Wednesday doses given at twice the daily dose (i.e., 16

mg) and a Friday dose at 3 times the daily dose (i.e., 24 mg). The dose given on any given day should not exceed 24 mg.

OBSERVED DOSING

CASE: MR. Y

Mr. Y is a 54 year-old male with a history of opioid dependence, who is maintained on buprenorphine/naloxone (Suboxone®). He has a history of opioid-taking behaviours that are associated with an increased risk of overdose, including taking more opioid analgesics than prescribed when he was using OxyContin®, and stock-piling his previously prescribed methadone carries.

According to his pharmacy records his buprenorphine had been prescribed as 8 mg SL on Monday, Wednesdays, and 12mg on Fridays. During a visit with his physician 4 weeks after starting,Suboxone®, Mr. Y reports he is actually taking 1/2 of an 8mg tablet every day. He stated that his pharmacy permits him to take 1/2 of the tablet home for the days he does not have observed dosing.

During a discussion with the physician, the pharmacist reported that they had not given permission for him to take 1/2 of the observed dose home, but that it takes a very long time to observe Mr Y taking the whole dose, and that it was possible he took the initiative to take a split portion of the dose home.

Water can be provided to patients **before** their dose to moisten the mouth and potentially decrease the time it takes for the tablet to dissolve. The 8 mg tablets, although not scored, may be split to speed up dissolution, but all pieces should be placed in the mouth to dissolve at the same time. Observed dosing includes checking under the tongue to ensure dissolution of the SL tablet in order to decrease the risk of diversion. A pharmacist can provide take-home doses or portions of doses only if it is indicated on the prescription.

Supervised dosing by pharmacists ensures patient adherence with buprenorphine therapy and that medications are being taken appropriately, which may help achieve positive outcomes for patients in opioid dependence treatment programs, and especially those with a history of aberrant medication-related behaviours outlined in this case. Observed dose dispensing services are part of a structured opioid treatment program and can act as an effective mechanism to stabilize patients.

RECOMMENDED DISPENSING PROCEDURE FOR PHARMACISTS:

- Confirm identify of patients using photo identification, especially when the patient is not known to the pharmacist.
- Assess patients for intoxication and compliance prior to dosing.
- Dosing is best done in a private area of the pharmacy where the patient can sit undisturbed by other patients, yet still be observed by the pharmacist.
- Push tablets through foil wrapping into medication cup to minimize handling.
- If the Suboxone® dose consists of more than one tablet, all tablets can be placed under the tongue together.
- Dissolution of Suboxone® tablets is not immediate and may require up to 10 minutes to completely dissolve under the tongue. After 1-3 minutes, pharmacists should check under the tongue to assess for dissolution, this is the most important time for reducing the possibility of dose diversion, e.g. once the tablet begins to dissolve it becomes more difficult to divert. Pharmacists should keep in mind that a chalky residue may remain after the drug has been absorbed.
- Drinking water or other fluids immediately prior to taking Suboxone® may moisten the mouth and enhance dissolution of tablets and speed up the dosing administration process.
- Patients should be instructed not to swallow their saliva or suck on the tablets while the tablets are dissolving.
- **Patients should refrain from drinking fluids or eating for approximately 5 minutes after tablets have dissolved in order to ensure that the full dose of medication has been absorbed.**
- If the patient vomits after taking the dose, there is no effect on buprenorphine absorption once the tablet has dissolved.
- Finally, pharmacists should consider using a treatment agreement with the patient in order to communicate information regarding practical issues pertaining to pharmacy routine and services, as well as expectations of the patient and pharmacy staff. A sample treatment agreement is available in the CAMH Guidelines Supplement 5: Buprenorphine/ Naloxone Dispensing.[2]

TAKE-HOME DOSES

Take-home dosing can be considered based on the assessment of clinical stability, length of time in treatment and the patient's ability to safely store the drug. The decision regarding take-home doses should involve collaboration between the patient, pharmacist and physician. Patients with take home doses should be assessed and reviewed on regular basis. (See also the dosing information section

above.)

Pharmacists may consider having an initial pharmacy/patient treatment agreement that would include information on safety issues with patients starting to take doses home.

Take home doses should be kept in the original strip packaging. Use of childproof closures are recommended. Take home doses need to be securely stored.

MANAGEMENT OF MISSED DOSES

Compliance with buprenorphine treatment needs to be monitored by the pharmacist. Any missed doses should be communicated to the prescriber. The pharmacist should consult the prescriber to develop a plan on how to continue with buprenorphine treatment after more than 5 missed consecutive doses. Recommendations for new starting doses are available in the CAMH Guidelines[2] based on the patient's buprenorphine dose and number of consecutive doses missed.

MANAGEMENT OF INTOXICATED PATIENTS

CASE: MS. P.

It is Friday evening and Ms. P arrives at the pharmacy for her observed daily dose of buprenorphine/naloxone. She has been maintained on Suboxone® 24 mg daily for the past 3 months. When the pharmacist greets her at the counter, she is wearing sunglasses and stumbling as she walks. After further assessment, the pharmacist notices that her eyes are reddened, she is slurring her words, and is slightly confused. With further questioning, the pharmacist confirms that Ms. P is intoxicated with alcohol. She received her last dose of Suboxone® on the previous day.

Ms. P asks the pharmacist if she can return later in the day to receive her observed dose of Suboxone®.

Prior to dosing administration, dispensing pharmacists should assess patients for possible intoxication. For purposes of patient safety, patients should not receive a dose of buprenorphine/naloxone if they appear intoxicated or sedated. In some cases, pharmacists will need to decide to hold or delay administration. It is recommended that the prescribing physician be contacted to make a collaborative decision on patient management. Patient safety is paramount. Due to the long duration of action of buprenorphine/naloxone, it is reasonable to hold one day's dose and reassess the next day. Education should be provided to the patient to reinforce safety risks of buprenorphine/naloxone, especially when used in combination with alcohol (or sedatives).

To help prevent such a situation, it is recommended that pharmacists communicate with patients at initiation of Suboxone® treatment and on an ongoing basis to discuss a protocol for management if patients present to the pharmacy for their observed Suboxone® dose while intoxicated. Pharmacists should be familiar with signs and symptoms of intoxication in order to enable them to recognize and make a judgement on the degree of intoxication.

CONTINUITY OF CARE

Communication must occur among pharmacists and other health care providers (as with methadone maintenance treatment) to ensure that there are no omissions or overlaps in buprenorphine dosing. This is important when a patient is switching pharmacies, or is admitted or discharged from institutions such as hospitals or jails.

UNAPPROVED USES FOR SUBOXONE

Withdrawal Treatment

Although not officially approved for opioid detoxification, buprenorphine treatment has been shown to be well accepted by patients and effective for use in detoxification from opioids.[18,19] Buprenophine has also been used to assist those in the final stage of withdrawal from methadone. In this case the dose of methadone should be tapered down to 30 mg or less before treatment is switched in order to avoid precipitating withdrawal.

Pain Treatment

Buprenorphine has been prescribed in the context of treatment of pain and chemical dependence.[13]

ADVERSE EFFECTS

It is important to distinguish *adverse effects* from *withdrawal symptoms* that can be precipitated by buprenorphine.

As discussed above, after the first dose of buprenorphine there may be some precipitated opioid withdrawal symptoms, such as headache, gastrointestinal upset, nausea, diarrhea, runny nose, sweating.

Adverse effects during buprenorphine treatment are dose related and similar to other opioids. Most common are constipation, headache, CNS depression (e.g, sedation) euphoria, sweating, nausea, insomnia and orthostatic hypotension.

Toxic effects can be caused by buprenorphine alone or in combination with other CNS depressants. Since buprenorphine is a partial agonist, there is a ceiling effect on respiratory depression, however, very high doses of buprenophine in some individuals have been associated with severe symptoms. Respiratory depression, when it occurs, may be delayed in onset and more prolonged than with opioids such as morphine, and reversal with naloxone is more difficult due to buprenorphine's very tight binding to opioid receptors. Other treatment approaches may be necessary (e.g., assisted ventilation).

DRUG INTERACTIONS

Serious respiratory depression has occurred when buprenorphine has been combined with CNS depressants including other opioids, alcohol, benzodiazepines, certain antidepressants, sedating H1-receptor antagonists, barbiturates.[1]

Special caution is recommended with the use of benzodiazepines and buprenorphine as this combination has resulted in respiratory depression, coma and death.[1]

Medications with CNS effects should be avoided and patients counselled regarding the risks associated with alcohol and benzodiazepine use.[1]

Buprenorphine is primarily metabolized by CYP3A4. Inducers (e.g., phenytoin, carbamazepine, rifampin) or inhibitors (e.g., ketoconazole, fluvoxamine, erythromycin, indinavir, saquinavir) of this enzyme would be expected to interact with buprenorphine. Ketoconazole, a powerful inhibitor of CYP3A4, has received particular attention and it has been reported to significantly increase peak plasma concentrations of buprenorphine.[16] Careful patient monitoring and adjustment of buprenorphine dose when necessary, is recommended.

SPECIAL PATIENT POPULATIONS:

Pregnant Patients
The role of buprenorphine in pregnancy has not been clearly elucidated and Suboxone® is not approved for use in this population.[1] Studies have shown that buprenorphine is efficacious, well tolerated and safe in pregnancy.[20, 21] Neonatal withdrawal can occur, although some sources indicate that symptoms are mild or absent in many cases.[7,22] Although buprenorphine may prove to be a suitable option for the treatment of opioid dependence during pregnancy, the role and safety of naloxone in this setting is not known. Buprenorphine without naloxone may be an option for some patients through Health Canada's Special Access Programme. The current standard of care for the treatment of opioid dependence in pregnancy is methadone treatment.

Patients with Renal or Hepatic Failure
The dose of buprenorphine does not have to be significantly adjusted in renal impairment.[16] It is possible that the dose may need to be modified in chronic liver disease.[16]

ABUSE OF BUPRENORPHINE

Buprenorphine is considered to have a lower potential for abuse due to its pharmacological properties (i.e., partial opioid agonist activity) compared to opioids which are full agonists, e.g oxycodone or morphine. However, abuse has been reported in countries where both buprenorphine alone and in combination with naloxone are available.[9-11] Buprenorphine has been abused by crushing and then administration by snorting or by the intravenous route.

Supervised daily dosing in the first 2 months of buprenorphine treatment is intended to reduce the risk of diversion. Pharmacists may minimize diversion through careful dispensing and dose monitoring, watching for "double doctoring" and communicating possible diversion (e.g., lost or stolen carries) to the physician.

Use of diverted buprenorphine by opioid-naïve people can result in overdose, particularly when combined with alcohol, benzodiazepines or other CNS depressants. Diversion for use in a person dependent on methadone or other opioids can cause them to experience precipitated withdrawal.

See chart on page 29 for a comparison of Buprenorphine to Methadone

CONCLUSION

Buprenorphine is available as Suboxone®, approved for the treatment of opioid dependence. This sublingual formulation is combined with naloxone to deter intravenous use. Pharmacists in Ontario have an opportunity play an important role in the management of Suboxone® treatment with other members of the treatment team.

Opioid substitution therapy, whether with buprenorphine or methadone, has been shown to be far more effective than detoxification in improving health

and drug outcomes in the treatment of opioid dependence.[22] Buprenorphine has several advantages when compared to methadone: it is safer in overdose, optimal dosing can be achieved quickly, it may be associated with less abuse and diversion, it may be easier to taper, it may be associated with less stigma and may be more convenient for the patient. New clinical practice guidelines are available from CAMH on the use of buprenorphine/naloxone for opioid dependence. They provide evidence-based clinical recommendations developed by a multidisciplinary committee, and are available from the CAMH, OCP or CPSO websites.[2]

Buprenorphine may be considered a first line therapy, especially in those with a shorter history of opioid dependence and lower levels of opioid agonist needs. However, those that do not do well on maximum doses of Suboxone® (24mg daily) may need to switch to methadone with its greater dosage range.

There is growing evidence that the problem of prescription opioid abuse is increasing in Ontario.[25] The number of individuals seeking detoxification treatment from OxyContin® at CAMH increased significantly from 2000-2004[26] and there has been an 80% increase in the demand for addiction treatment for prescription opioid dependence over the last five years in Ontario.[27] The College of Physicians and Surgeon's of Ontario released a document in August 2010 entitled *"Avoiding Abuse, Achieving a Balance: Tackling the Opioid Public Health Crisis"*. Pharmacists are vital health-care team members, central to the increasing problem of prescription opioid abuse and addiction. The profession needs to take a lead role and actively engage in being part of the solution to this problem.[28] The Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain (http://nationalpaincentre.mcmaster.ca/opioid/) provides guidance for pharmacists in managing patients on chronic opioid therapy. Developing expertise in the pharmacological treatment of opioid dependence is also an important component of this engagement.

Involvement in buprenorphine treatment provides pharmacists with increased opportunities to provide pharmaceutical care to patients with opioid dependence. Pharmacists who already provide methadone services may be in a position to expand their scope of practice and further participate in the recovery of their patients with opioid dependence. Pharmacists in most cases see the patient more frequently than the prescribing physician. This means that direct open communication between the physician and pharmacist is essential for the optimal care of patients receiving Suboxone® treatment. Possible barriers for patients to access treatment include the cost of Suboxone®. Another challenge is the ability to provide a suitable, confidential area in the pharmacy where patients can wait while the Suboxone® dose is dissolving under the observation of the pharmacist.

Pharmacists who take buprenorphine training are best able to provide support and encouragement and to help prevent, identify and resolve drug-related problems in their patients on Suboxone® treatment. Good communication between the pharmacist, physician and patient will result in optimal patient care before, during and throughout Suboxone® treatment.

BUPRENORPHINE TRAINING RESOURCES

The CAMH Opioid Dependence Treatment Core Course now includes training on both methadone and buprenorphine. (www.camh.net/education/I)

The CAMH manual "Methadone Maintenance: A Pharmacist's Guide to Treatment" is currently being updated and the new edition will include buprenorphine maintenance treatment. It should be available later this year.

While waiting to take full training, pharmacists can access the Reckitt-Benckiser online Suboxone Education Program at www.suboxonecme.ca. PC

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COMPARISON OF BUPRENORPHINE TO METHADONE

	BUPRENORPHINE	METHADONE
Formulation	Sublingual tablet	Oral liquid
Effective treatment for opioid dependence?	Yes	Yes
Physician exemption required to prescribe?	No	Yes
Pharmacology at opioid receptors	Partial mu-agonist	Full mu-agonist
Onset of action	Slow sublingually	Slow orally
Duration of action	May be longer	Long
Titration time to stable dose	Days (to weeks)	Weeks
Supervised doses	Yes	Yes
Take-home doses possible?	Yes	Yes
Need for extemporaneous preparation by pharmacist	No	Yes
Time to ingest dose	Minutes (needs to dissolve under tongue)	Seconds (swallowed)
Alternate day dosing possible?	Yes	No
Ceiling dose for opioid substitution effects?	Yes	No (can titrate dose higher for patients who require it)
Ceiling dose for respiratory depressant effects?	Yes (may be safer in overdose)	No
Sedation	May be less	May be more pronounced
Physical dependence/withdrawal	May be less/milder	May be more difficult
Is abuse possible?	Yes (naloxone included to ↓ IV abuse)	Yes (juice added to ↓ IV abuse)
Concern of added toxicity when combined with CNS depressants?	Yes	Yes
CYP3A4 interactions	Yes	Yes
Stigma	May be less	Possibly more
Does counseling improve treatment outcomes?	Yes	Yes
Ontario Drug Benefit Coverage	Not a general benefit at this time - through Exceptional Access Program only for 8 mg SL tablets.*	Yes
Need to provide discreet seating area in pharmacy for dosing?	Preferable	Seating not required (but may be best to have discreet area to medicate)

*ODB EAP criteria currently: For the treatment of opioid dependence in patients who have failed, have significant intolerance, have a contraindication to, or who are at high risk for toxicity with methadone; or when a methadone maintenance program is not available or accessible.

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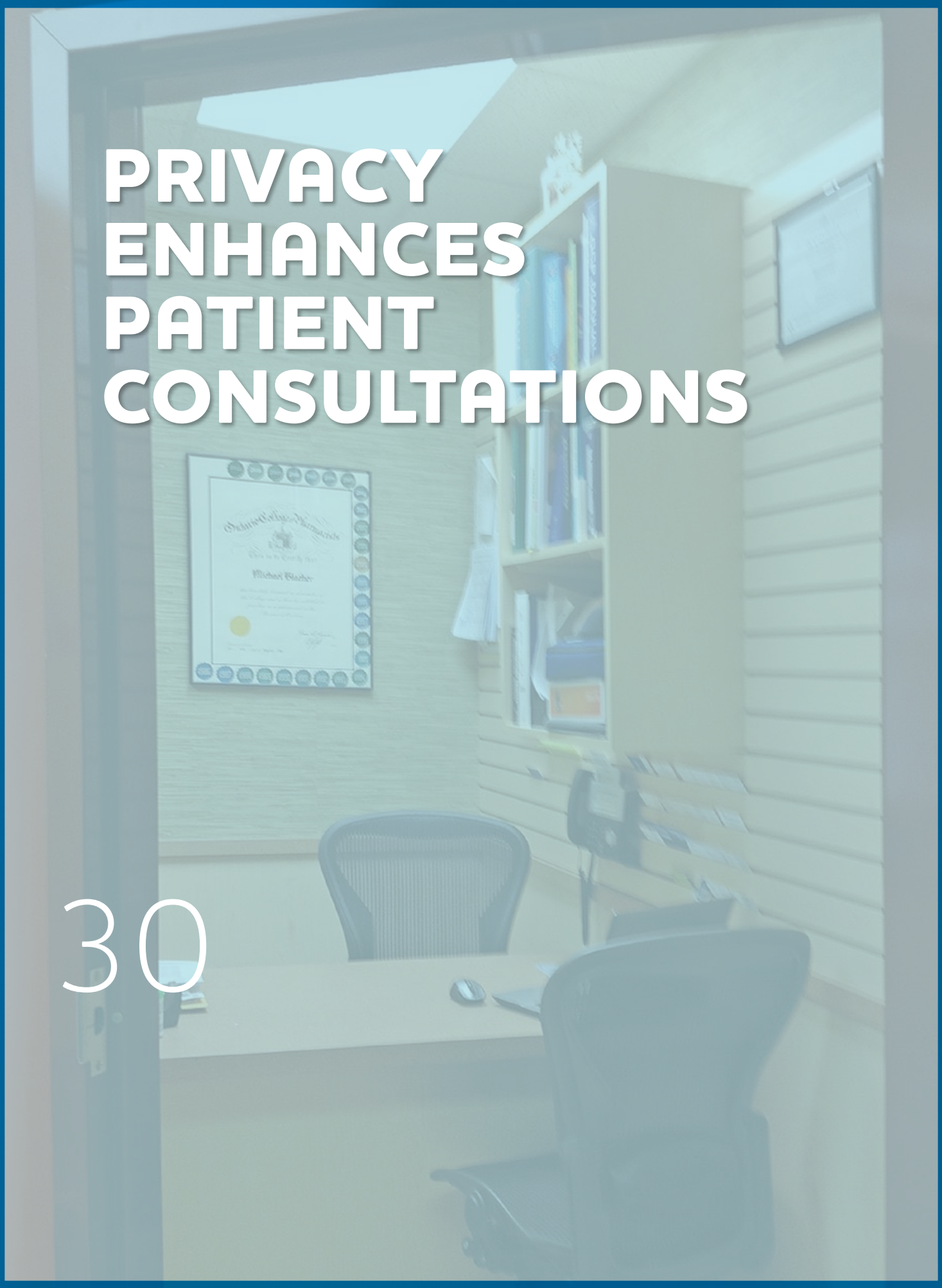
PRIVACY ENHANCES PATIENT CONSULTATIONS



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HOW ONE ONTARIO PHARMACIST CREATED THE PERFECT SPACE TO COUNSEL PATIENTS

By Stuart Foxman

After Michael Blacher, R.Ph. renovated his Family Health West PharmaChoice, many changes were instantly noticeable. The new dispensing station, counters, floor, fixtures and colours are like "eye candy," says the Windsor pharmacist. But he is particularly proud of one addition that isn't as obvious – and that's the point.

One priority when remodeling was to create a private consultation room. The Ontario College of Pharmacists has long encouraged members to have a separate and distinct patient consultation area offering acoustical privacy. With the passage of the *Drug and Pharmacies Regulation Act* in March 2011, that became a requirement for new and existing pharmacies.

While a defined area would suffice, Blacher wanted an actual room that was visually and acoustically private. The roughly five-by-nine-foot room was carved out of part of the medical clinic's reception area. It has a lockable door into reception, and a sliding glass door into the dispensary.

Before the renovations, Blacher would do consultations in one of the exam rooms down the corridor, the accounting office upstairs, or the dispensary (speaking quietly). None of the options were ideal.

Since building the room, Blacher has seen a difference in both the quantity and quality of patient interactions. The number of consultations has

increased as much as threefold due to the convenience. Moreover, "We have more productive conversations."

Now when Blacher meets in the consultation room, he has all of his reference texts at his disposal, as well as a terminal to look up the patient profile. He can sit down with no distractions or time constraint, no one else pushing to use the space. "People really appreciate it," he says.

Blacher is thrilled with the impact of his renovation, which was prompted to comply with the latest pharmacy size requirements. The dominant colour scheme is green and beige, instead of what he calls "clinical" blue and white. The fixtures are maple coloured, and the floor is hardwood. To improve work flow, the dispensing counter is an island. And the printer is now recessed into the cabinetry, which makes things quieter.

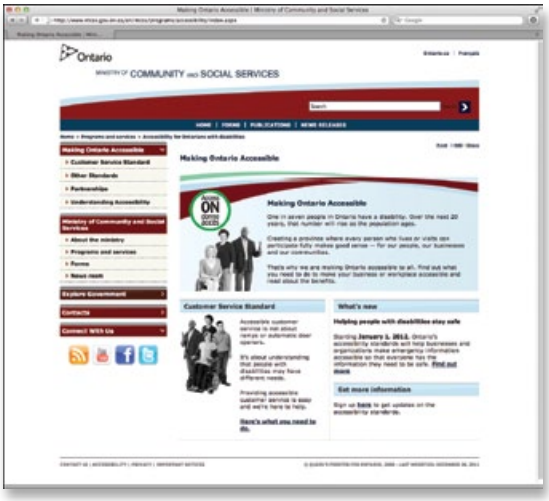
Everything feels more soothing, says Blacher, which matters to staff and patients alike. It's important to look inviting, he says, and the private consultation room contributes to patient-centred service and professionalism.

You don't need a large pharmacy either, Blacher notes, to devote a dedicated space for consultations. His pharmacy is only 220 square feet (not including storage and an office on another floor).

Blacher's solution is a great model for other pharmacists, says Lilly Ing, R.Ph., a Professional Practice Advisor with the College.

"When you're in a segregated area of the pharmacy, you can have more meaningful conversations, and patients have your undivided attention," says Ing. "It just makes patients feel more comfortable." Pc

AODA Customer Service Regulation now in effect



Effective January 1, 2012, all organizations with one employee or more in the private and non-profit sector must be in compliance with the Ontario government's **Accessible Customer Service Regulation**. This regulation is the first to come into effect under the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA). OCP recommends that you learn more to find out if this regulation applies to you, what you need to do, and why you need to comply. This is a government regulation. OCP's role is to support members by providing information about the Act and information about free and low cost resources to help with compliance.

You can find free tools and resources to help all organizations comply at the government's accessibility website www.accessON.ca.

You can find other free tools tailored to the health care sector including an e-learning course, a health care compliance guide with questions and answers, a checklist of requirements and compliance templates at the Excellence Canada accessibility site: www.peopleaccess.ca.

People Access
Making accessibility easier

This site also provides strategies to help your patients or clients know that your practice is committed to accessibility.

Members Emeritus

Any pharmacist who has practiced continually in good standing in Ontario and/or other jurisdictions for at least 25 years can voluntarily resign from the Register and make an application for the Member Emeritus designation. Members Emeritus are not permitted to practice pharmacy in Ontario but will be added to the roll of persons so designated, receive a certificate and continue to receive Pharmacy Connection at no charge.

For more information, contact Client Services at 416-962-4861 ext 3300 or email ocpclientservices@ocpinfo.com

"We Hear You"

Communicating with Members Survey receives excellent response

Last fall, OCP conducted a survey to help inform decision making about communicating with members. The broad goal of the survey was to make improvements to current communications vehicles such as Pharmacy Connection, e-blasts and the website.

WHAT WE LEARNED:

You are interested in providing input:

Of the more than 14,000 e-mails sent, some 4,200 were filled out for an overall completion rate of 29.9%. This response rate is considered very high in terms of surveys.

You read Pharmacy Connection – both print and online

Almost all respondents read Pharmacy Connection: eight of ten read the printed version; 14% read the electronic version only. Two-thirds of you spend up to one hour reading Pharmacy Connection; seven percent spend more than two hours.

You Like to Read About Practice-Related Issues and Continuing Education

You showed a strong preference for more content that focuses on issues such as error prevention articles, practice Q&As, real-life examples, and interesting member profiles both in the community and in hospital. You also want the College to provide more information about Continuing Education opportunities.

You Like Print and Electronic Communications

Seven of ten respondents told us they want to receive the printed version of Pharmacy Connection, only. Three of ten wanted the electronic version, only. The vast majority of you agree that OCP should continue the current procedure of sending an email with the link to the electronic version.

You Use our Website as an Information Resource

About half the respondents visit the website from between once every two weeks to once every two months. The majority of you (seven of 10 respondents) tell us that you are able to find the information you seek on the site and it meets your needs.

Many of you are using mobile devices

You told us that you would like to view the website and *Pharmacy Connection* on your mobile device. The use and preference of mobile devices varies with age group; with younger members showing a stronger preference for this medium than older members.

Similarly, two-thirds of respondents either own a mobile device or will probably be getting one. Of those who currently own a mobile device, two-thirds want to use their smart phone to receive emails and E-Blasts from OCP, and to access the OCP web site. Half would like mobile access to Pharmacy Connection.

You are reading E-Blasts sent from the College

The majority of you tell us you are reading e-blasts that ask for feedback on regulations and provide practice-related information. Eight of ten respondents want the E-Blasts to continue to be sent as they are now

Where do we go from here?

- Your response rate tells us that you appreciate the opportunity to provide feedback. We will continue to poll you for information on our communications vehicles in the future.
- While many of you prefer the print version of *Pharmacy Connection*, there is a growing number of you that prefer the electronic version only. As our online readership increases over the years, we need to ensure that our online product is meeting your needs. **Effective in 2012, all new members (both pharmacist and technician), will be offered the electronic version of Pharmacy Connection. Print will be available on request only.**
- We will continue to distribute e-blasts to communicate timely information and post them to our automatic feeds.
- With this issue of *Pharmacy Connection*, we have started to respond to your preference for more practice-related content and will continue to do so over time.
- We will continue to work on ensuring our website content is relevant and easy to navigate. We will be re-organizing the site this year and will rely on many of the helpful comments that you provided. Pc

THANK YOU ONCE AGAIN FOR YOUR PARTICIPATION IN THIS SURVEY!

DISCIPLINE DECISIONS

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WHY THE COLLEGE PRINTS DISCIPLINE SUMMARIES

A reminder that the College provides summaries of discipline decisions in each issue of Pharmacy Connection as part of our obligations under the Registered Health Professions Act (RHPA). The Act requires the College to include the result, including a synopsis of the decision of every disciplinary and incapacity proceeding. The decisions in Pharmacy Connection are summaries only. Full text decisions of the Discipline Committee dating back to October 2009 can now be found by searching the database at www.canlii.org under Ontario, Boards and Tribunals. Note that OCP's register also notes the terms, conditions, limitations and any other public information on each Member's certificate of registration. Information about any current allegations or previous findings of professional misconduct, incompetence or incapacity, which relate to the member, are also specified. The public register can be accessed any time by visiting Member/Pharmacy search.

Member: Russell Foster, R.Ph.

At a hearing on September 8, 2011 a Panel of the Discipline Committee found Mr. Foster guilty of professional misconduct. The allegations of professional misconduct against Mr. Foster related to the misappropriation of drug products, including prescription drug products, from the pharmacy, as well as placing drug products, including prescription drug products, that had previously been prescribed and/or dispensed, into pharmacy stock.

The Panel imposed a penalty which included:

- A reprimand
- Directing the Registrar to impose specified terms, conditions or limitations on Mr. Foster's Certificate of Registration and, in particular, that:
  - Mr. Foster complete successfully, at his own expense, within 12 months of the date of the Order, the PRoBE Program on professional/problem-based ethics for health care professionals;
- A suspension of three months, with one month of the suspension to be remitted on condition that Mr. Foster complete the remedial training as specified above;
- Costs to the College in the amount of $3,500.

Member: Gary Chin, R.Ph.

At a hearing on November 22, 2011, a Panel of the Discipline Committee found Mr. Chin guilty of professional misconduct. The allegations of professional misconduct against Mr. Chin arose as a result of his failure to comply with a prior Order of the Discipline Committee dated June 15, 2009. The hearing proceeded in the absence of Mr. Chin.

Although Mr. Chin has resigned from the College, the College advocated for revocation of Mr. Chin's Certificate of Registration, noting that should he ever wish to have his Certificate of Registration reinstated, he would be required to appear before a Panel of the Discipline Committee and show cause why his license ought to be reinstated. The College further advised that this reinstatement process would involve a detailed review of Mr. Chin's ability and suitability to practise pharmacy in Ontario, and that this process was different, and more rigorous, than the process which would apply should Mr. Chin seek to have his Certificate of Registration reinstated following his simple resignation from the College.

As a result, the Panel was of the view that the revocation of Mr. Chin's Certificate of Registration was important in order to protect the public, and serve as a meaningful deterrent to Mr. Chin and to members of the profession at large. The Panel accepted that, from a policy perspective, it is important that members of the profession facing disciplinary proceedings appreciate that they cannot simply resign in an effort to avoid the consequence of their actions, which would seriously undermine public confidence in the profession.

The Panel ordered revocation of Mr. Chin's Certificate of Registration, effective November 22, 2011.

Member: Samia Botros, R.Ph.

At a hearing on November 29, 2011, a Panel of the Discipline Committee found Ms. Botros guilty of professional misconduct. The allegations of professional misconduct against Ms. Botros related to failure to appoint a Designated Manager to manage the pharmacy as well as to provide complete and accurate directions for use of drugs.

The Panel imposed a penalty which included:

- A reprimand;
- Directing the Registrar to impose specified terms, conditions or limitations on Ms. Botros' Certificate of Registration, and in particular, that Ms. Botros complete successfully, at her own expense, within twelve months of the date of the Order, the Root Cause Analysis seminar (including any evaluation) offered by the Institute for Safe Medication Practices;
- A suspension of three months, with one month of the suspension to be remitted on condition that Ms. Botros complete the remedial training as specified above;
- Costs to the College in the amount of $2,500.

The full text of these decisions is available at www.canlii.org

CanLii is a non-profit organization managed by the Federation of Law Societies of Canada. CanLii's goal is to make Canadian law accessible for free on the Internet.

FOCUS ON ERROR PREVENTION

Ian Stewart B.Sc.Phm., R.Ph.

COMPUTER ALERTS

When dispensing medications, pharmacists, together with pharmacy technicians, must ensure that the right patient receives the right drug at the right dose by the right route at the right time interval. During the checking process, pharmacists must also look for possible drug-drug interactions, drug-disease state interactions, duplication of therapy, non-compliance, potential abuse or misuse of the drug, possible drug allergies, etc.

Computer systems can play a key role in reducing medication errors during the dispensing process by alerting pharmacy staff of a potential drug related problem. However, in addition to the clinically significant warnings, computer systems may also provide many clinically insignificant alerts. If the numbers of clinically insignificant alerts are high, pharmacy team members may inadvertently perceive alerts to be a hindrance to workflow and may override these warnings without adequate investigation, especially during busy times. As a result, potential drug related problems may be overlooked resulting in a medication error.

CASE:

A senior citizen was taking Eltroxin® 50mcg once daily. Her physician called her pharmacy to increase her dose to 75mcg once daily. Synthroid® 75mcg was prepared correctly and delivered to the patient. No note was entered into the patient profile regarding the discontinuation of Eltroxin®50mcg.

Approximately one month later, the patient called the pharmacy and requested a refill of Eltroxin® 50mcg. Since refills remained on the old prescription, Eltroxin® 50mcg was processed and delivered. The clinical warning of "duplicate drug" was likely overridden by the computer entry technician.

A few weeks later, the patient also requested a refill of Synthroid® 75mcg. This was again dispensed and delivered. It appears that the patient was taking both Eltroxin® 50mcg and Synthroid® 75mcg daily.

Approximately one month later, the patient again requested Eltroxin® 50mcg. On this occasion, the pharmacist noticed the "duplicate drug" alert and called the physician to investigate. On checking the patient's chart, the physician confirmed that the patient should only be taking Synthroid® 75mcg once daily.

POSSIBLE CONTRIBUTING FACTORS:

- Incomplete document was made in the patient profile regarding the discontinuation of Eltroxin® 50mcg.
- Synthroid® 75mcg was delivered to the patient. Counseling on the discontinuation of Eltroxin® 50mcg may have been incomplete.
- The patient was unaware that Eltroxin® and Synthroid® was the same drug.

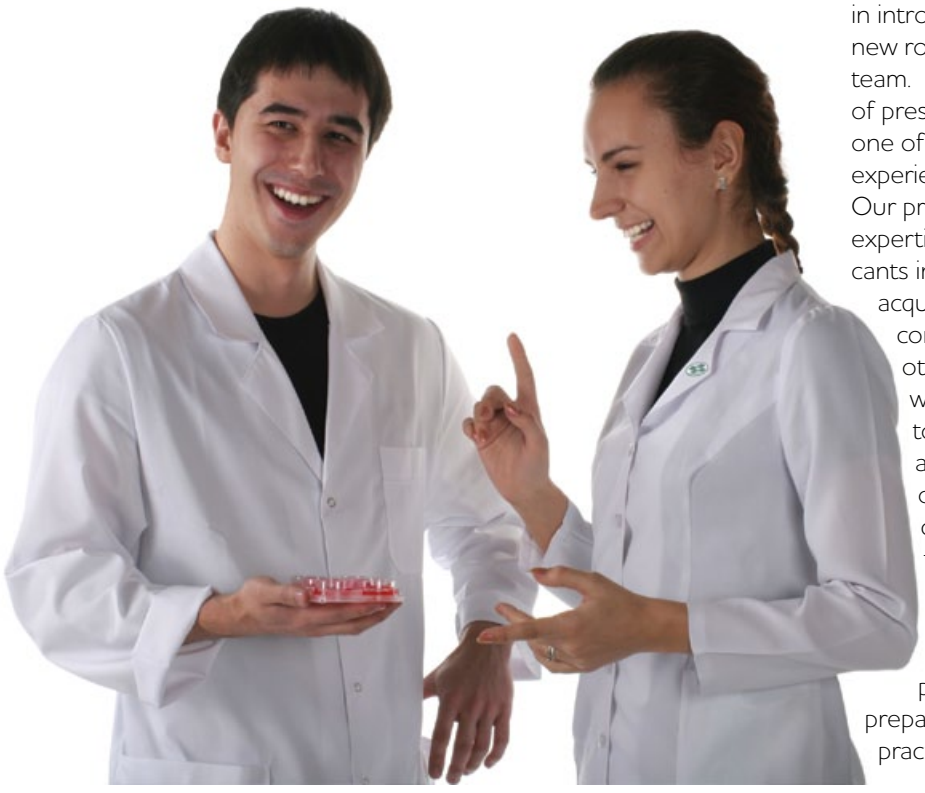
RECOMMENDATIONS:

- If there is a change in drug therapy. Inactivate or discontinue the "old" prescription to prevent the inadvertent dispensing of the drug. Appropriate notes should also be added to the patient profile.
- Remind staff of the potential pitfall of looking for "old" prescriptions with repeats to refill.
- Patients must be called for counseling following the delivery of any new medication. Ensure that the patient is appropriately counseled regarding any change in drug therapy. Suggest that the patient return any unused medication for safe disposal. In the interim, suggest placing an X on the prescription label to indicate that the medication should no longer be taken.
- Remind all staff to check all clinical alerts to prevent the inadvertent overriding of significant clinical alerts.
- Consider restricting the overriding of clinically significant alerts to pharmacists only.
- If excessive clinically insignificant warnings are received, contact your software vendor to suggest a reduction of the numbers. PC

Please continue to send reports of medication errors in confidence to Ian Stewart at: ian.stewart2@rogers.com.

Thank you, Preceptors and Evaluators!

On behalf of the College, we would like to thank the pharmacists and pharmacy technicians who served as preceptors and evaluators in 2011. We rely on these members to ensure that every new pharmacist and pharmacy technician has demonstrated their competency. By welcoming a pharmacy student, intern or pharmacy technician applicant to their pharmacy team, these individuals have continued the tradition of sharing time, experience and enthusiasm for our profession with a future colleague.



Students and interns continue to express appreciation to their preceptors for the encouragement and learning opportunities provided. Many preceptors have included their student or intern as they implemented expanded professional pharmacy services in their practices. Conducting medication reviews as part of the Meds Check Program, participating in the Pharmaceutical Opinion Program, and running clinic days continue to be popular activities that interns incorporate into their rotation to enhance their skills in patient care and communication.

Pharmacy technician applicants (PTAs) found the activities beneficial in introducing themselves to their new roles within the pharmacy team. Practising the final release of prescriptions has proven to be one of the most positive learning experiences throughout SPT. Our preceptors have shared their expertise while guiding the applicants in their learning of this newly acquired skill. Becoming more comfortable collaborating with other health care practitioners within their scope has helped to build confidence and appreciation of the value they offer as a regulated health care provider. Preceptors found the rotation was a learning experience for both, and recognized that registering technicians will enable pharmacists to be better prepared for an expanded scope of practice.

2011 HIGHLIGHTS

Nearly 696 pharmacists and pharmacy technicians attended one of 25 preceptor workshops held in Burlington, Cambridge, Kingston, London, Ottawa and Toronto. The year started with three Orientation workshops for technician preceptors, and three for pharmacy student and intern preceptors. Recognizing that the same preceptor skills are required for all preceptees, and that the SPT programs for pharmacy students/interns and PTAs are quite similar, we launched a new combined Orientation workshop in March. Fourteen new workshops were held for first-time preceptors, preceptors re-establishing eligibility and/or expanding their eligibility to supervise the training for a PTA. Pharmacy technicians also began to attend the workshop in preparation for becoming preceptors themselves for PTAs.

> "I thoroughly enjoyed being a preceptor, I'm very grateful for the opportunity, and hopeful that I can be of assistance again."
>
> OCP's first Registered Pharmacy Technician Preceptor, June Weiss RPhT

Five Advanced Workshops were held for current preceptors who last attended a workshop more than three years ago. The Advanced Workshops provide an opportunity for preceptors to enhance their teaching and assessment skills and to share their experiences with other preceptors. Dr. Lalitha Raman-Wilms' workshop, "Past, Present & Future of Pharmaceutical Care Practice" guided preceptors in their review and assessment of pharmaceutical care practice. The workshop by Dr. Zubin Austin on "Training Program for Preceptors/Mentors of IPGs" enabled preceptors to identify their preferred learning and conflict management styles. Dr. Lionel Laroche's workshop on "Guiding International Pharmacy Graduates to Practise in a Multicultural Pharmacy" provides insight into cultural differences and builds skills to guide the training of a diverse population. Based on the positive response from preceptors, we will continue to offer these workshops in 2012 and explore other advanced workshop topics.

In May, the online Training Portal for pharmacy students and interns was launched. Like the Training Portal for PTAs, all activities and assessments are posted electronically for review and discussion between the preceptor and preceptee, and access by the registration advisors and SPT reviewers. Benefits of the Training Portal are evident by shorter waiting times for activity and assessment reviews, and more opportunities for SPT staff to interact with preceptors and preceptees. Feedback from the pharmacy students, interns and preceptors continues to help us enhance the Training Portal.

The practising pharmacists who assist in reviewing the SPT activities have continued to provide coaching and individualized feedback to preceptees about their activities in a timely manner.

During the year, 470 pharmacists and pharmacy technicians became first-time Structured Practical Evaluation (SPE) evaluators for pharmacy assistants who are completing bridging courses and some working towards becoming pharmacy technicians. Many of the 855 SPE evaluators have supervised more than one SPE candidate, and some, as many as five! These members supervised 812 applicants, and continue to evaluate the 179 SPE candidates in progress.

Once again, a sincere thank you to our preceptors, evaluators, facilitators, presenters, and reviewers for their valuable contributions to the SPT program, and the future of pharmacy!

The dates and topics for Preceptor Workshops in 2012 are posted on the OCP website. If you would like to become a SPT preceptor, please contact Vicky Clayton-Jones by e-mail at regprograms@ocpinfo.com or by phone at (416) 962-4861 x 2297 or 1-800-220-1921 x 2297.

In the following pages you will find a list of members that volunteered as preceptors in 2011.

PRECEPTORS

AJAX
Patrick Garcha . . . . . Shoppers Drug Mart
Sweta Gupta . . . . . Drugstore Pharmacy
Haider Jaffry . . . . . Costco Pharmacy
Emad Khalil . . . . . Health Rite Pharmacy
Kaivan Talachian . . . . . Costco Pharmacy

ALEXANDRIA
Helene Lauzon . . . . . Pharmacie Jean Coutu Pharmacy

ALLISTON
Vicki Hoffman . . . . . Stevenson Memorial Hospital
Pauline Ramirez . . . . . Zellers Pharmacy

AMHERSTBURG
Luigi Di Pierdomenico . . . . . Emrose Medical Pharmacy

AMHERSTVIEW
Jalpa Shah . . . . . Shoppers Drug Mart

ANCASTER
Joan Marini . . . . . Dell Pharmacy
Nikola Mrksic . . . . . Shoppers Drug Mart

AURORA
Edmund Bielawski . . . . . Summit Veterinary Pharmacy Inc
Faraz Chaudary . . . . . Shoppers Drug Mart
Jennifer Cordingley . . . . . Remedy's Rx
Gabrielle Ho . . . . . Medical Pharmacy
Mary Nasrallah . . . . . Zellers Pharmacy
David Onizuka . . . . . Shoppers Drug Mart
Laurene Pang . . . . . Remedy's Rx
Alireza Shahkar . . . . . Remedy's Rx
John Shenouda . . . . . Hollandview Pharmacy
Eileen Tso . . . . . Sparkle Pharmacy
Jacqueline Wong . . . . . Enhanced Care Pharmacy

BARRIE
Faris Al Akeedi . . . . . Costco Pharmacy
Susan Czaja . . . . . First Medical Pharmacy
Alireza Goudarzi . . . . . Costco Pharmacy
Morgan Harrison . . . . . Royal Victoria Hospital
Fariborz Moeini Mazandaran . . . . . Costco Pharmacy
Margaret Momberg . . . . . Sobeys Pharmacy
Shamin Rajan . . . . . Shoppers Drug Mart
Andrew Sinclair . . . . . Royal Victoria Hospital
Rene Thibault . . . . . Royal Victoria Hospital

BELLEVILLE
Dinie Engels . . . . . Quinte Healthcare Corporation
Sherrie Gao . . . . . Quinte Healthcare Corporation
Andrea Johnston . . . . . Quinte Healthcare Corporation
Cyril Kocherry Antony . . . . . Rexall Pharma Plus

BLENHEIM
Erin Berry . . . . . Shoppers Drug Mart

BOLTON
Medhat Awad . . . . . Total Health Pharmacy
Nabil Gobran . . . . . Total Health Pharmacy
Yin Siow . . . . . Shoppers Drug Mart
Lily Spasic . . . . . Total Health Pharmacy

BOWMANVILLE
Michael Cavanagh . . . . . Pharmasave Medicine Chest Pharmacy
Thomas Oommen . . . . . Lakeridge Health

BRACEBRIDGE
Connor Moggach . . . . . South Muskoka Memorial Hospital

BRAMALEA
Sela Lee . . . . . Pharmacy

BRAMPTON
Seema Ahmed . . . . . Costco Pharmacy
Angelo Arciero . . . . . Wellcare Heartlake Pharmacy
Altaf Bhaidu . . . . . Pharmasave
Kalpesh Chauhan . . . . . Shoppers Drug Mart
Tejal Chauhan . . . . . Shoppers Drug Mart
Abhaya Dixit . . . . . Dukh Bhanjan Pharmacy
Sherif El Sabakhawi . . . . . Shoppers Drug Mart
Maria Gracia Faustino . . . . . Zellers Pharmacy
Cosimo Fragomeni . . . . . Vodden Medical Arts Pharmacy
Mahrous Gad . . . . . Conestoga Pharmacy
Hany Girgis . . . . . Bramiss Pharmacy
Snehlata Gupta . . . . . Zellers Pharmacy
Rajeev Gupta . . . . . Kings Cross Pharmacy
Rania Hanna . . . . . Shoppers Drug Mart
Emad Henein . . . . . Bramdale Pharmacy
James Hernane . . . . . Shoppers Drug Mart
Sultana Khan . . . . . Shoppers Drug Mart
Munawar Khan . . . . . Costco Pharmacy
Sunitha Kondoor . . . . . Shoppers Drug Mart
Saima Mahmood . . . . . Shoppers Drug Mart
Marina Mani . . . . . Castlemore Pharmacy
Nishant Parikh . . . . . Westbram Pharmacy
Nisha Patel . . . . . Westbram Pharmacy
Celia Prioste Galle . . . . . Main St Pharmacy
Muneera Qureshi . . . . . Brampton Medical Plex Pharmacy
Manisha Ramaswamy . . . . . Shoppers Drug Mart
Andria Reich . . . . . Springdale Pharmacy
Ethel Rizarri . . . . . Shoppers Drug Mart
Neven Saad . . . . . Greencross Drugs
Sameh Sadek . . . . . MD Health Pharmacy
Happy Saladeen . . . . . Pharmacy
Sri Sathyanarayanan . . . . . Nanaksar Pharmacy
Nadeem Sayani . . . . . Connaught Place Pharmacy
Naresh Sehdev . . . . . Shoppers Drug Mart
Baher Shenouda . . . . . Pan Drugs
Ashish Sheth . . . . . Zellers Pharmacy
Hany Silwanes . . . . . Conestoga Pharmacy
Parvinder Singh . . . . . Bramcentre Pharmacy
Sandip Singh . . . . . Shoppers Drug Mart
Shuchita Srivastava . . . . . Drugstore Pharmacy
Joseph Yousef . . . . . Sandalwood Pharmacy

BRANTFORD
Irene Asad . . . . . Brantford Medical Pharmacy
Bruno Bove . . . . . Shoppers Drug Mart
Jennifer D'Souza . . . . . The Brantford General Hospital
Khurshid Dost . . . . . Cenpro Pharmacy
Santosh Kumar Manjunath . . . . . Loblaw Pharmacy
Rashda Rana . . . . . Zellers Pharmacy

BRIGHTS GROVE
Kelly Haggerty . . . . . Bright's Grove Family Pharmacy

BROOKLIN
Basem Indrawes . . . . . Medical Centre Pharmacy

BURLINGTON

Dorcas Adeoye . . . . . Costco Pharmacy
Jaime Chan . . . . . Costco Pharmacy
Nabil Georges . . . . . Plains Medical Pharmacy
Jason Handa . . . . . Smartmeds Pharmacy
Sanjay Khosla . . . . . Shoppers Drug Mart
Manjeet Pannu . . . . . Appleby Pharmacy
Samir Patel . . . . . Morelli's Pharmacy
Chee Kong Shi . . . . . Halton Family Pharmasave

CALEDON EAST

Samuel Lai . . . . . Caledon East Pharmacy

CAMBRIDGE

Justin Barnaby . . . . . FreshCo Pharmacy
Jason Lee . . . . . Drugstore Pharmacy
Tamer Matta . . . . . Casey's Pharmacy
Kuveshan Naidoo . . . . . Shoppers Drug Mart
Bashir Sachoo . . . . . Shoppers Drug Mart
Muhammad Saji . . . . . Forbes Park Pharmacy
Gregory Streppel . . . . . Langs Pharmacy
Ellen Thomas . . . . . Preston Medical Pharmacy

CAMPBELLFORD

Thomas Miller . . . . . Campbellford Memorial Hospital

CARLETON PLACE

Esmail Merani . . . . . Carleton Place IDA Drugmart

CHATHAM

Abdourahamane Amadou . . . . . Shoppers Drug Mart
Anne Broeders . . . . . Shoppers Drug Mart
Michael Collodel . . . . . Shoppers Drug Mart
Gary Deroo . . . . . Chatham Kent Health Alliance
Janet Johnston . . . . . Chatham Kent Health Alliance
Nancy Kay . . . . . Chatham Kent Health Alliance
Christopher Mazaris . . . . . Shoppers Drug Mart

CONCORD

Theresa Rudakas . . . . . Glen Shields Pharmacy

CORNWALL

Jake Caerlang . . . . . Zellers Pharmacy
Joanne Labelle . . . . . Shoppers Drug Mart
Josee Lemay . . . . . Medical Arts Pharmacy

COURTICE

Maria Dela Cruz . . . . . Courtice Pharmasave

DEEP RIVER

Nina Shah . . . . . Rexall Pharma Plus

DOWNSVIEW

Fatima Ismail . . . . . Nor Arm Pharmacy
Safwat Khair . . . . . The Medicine Shoppe
Jaymesh Khetia . . . . . Shoppers Drug Mart
Nelson Leung . . . . . Shoppers Drug Mart
Adriana Nedea . . . . . Homa Pharmacy

DUNDAS

Bhupinder Nagra . . . . . Shoppers Drug Mart

DUNNVILLE

Ashwin Gandhi . . . . . Grand River Pharmacy
Philip Hauser . . . . . Hausers Pharmacy

EAST GWILLIMBURY

Atossa Babaie Nami . . . . . Costco Pharmacy
Eliza Chu . . . . . Costco Pharmacy
Parinaz Saifi . . . . . Costco Pharmacy

ELLIOT LAKE

Peter Angus . . . . . Rexall

ELMIRA

Stefan Gudmundson . . . . . Shoppers Drug Mart

ETOBICOKE

Mary Abd El Said . . . . . Sherway Pharmasave
Wassim Abdel Malek . . . . . Pharmasave
Muhammad Ashraf . . . . . Zellers Pharmacy
Anne Lee . . . . . Medical Pharmacy
Emad Mankaruos . . . . . Sav-On Drug Mart
Ian Stewart . . . . . Shoppers Drug Mart
Ragavan Sundaramoorthy . . . . . Shoppers Drug Mart
Saeed Tahir . . . . . Remedy's Al Shafa Pharmacy
Abdul Wajid . . . . . Loblaw Pharmacy

EXETER

Sarah Palen . . . . . Shoppers Drug Mart

FERGUS

Maged Ayoub . . . . . St. Andrew Pharmacy

GANANOQUE

Victoria Nichol . . . . . Shoppers Drug Mart
Jean Tang . . . . . Pharmasave

GEORGETOWN

Heather Sproule . . . . . Young's Pharmacy And Homecare
Joyce Thornton . . . . . Shoppers Drug Mart

GLOUCESTER

Shiela Bringino . . . . . Zellers Pharmacy
Schenneth Padura . . . . . Zellers Pharmacy
Renukanthan Pillay . . . . . Shoppers Drug Mart
Tanya Rodrigues . . . . . Costco Pharmacy

GUELPH

Robert Baxter . . . . . Kortright Pharmacy
Issac Gergs . . . . . Campus Drugmart
Simmar Grewal . . . . . Zellers Pharmacy
Harvinder Khabra . . . . . Pharmacy
Kenneth Manson . . . . . Rexall Pharma Plus
Mark McNamara . . . . . Shoppers Drug Mart
Suzy Rouman . . . . . Royal City Pharmacy
Neil Veridiano . . . . . Zellers Pharmacy

HAMILTON

Jamil Ahmad . . . . . Shoppers Drug Mart
Emad Boles . . . . . Total Health Pharmacy
Anna Brooks . . . . . Hamilton Health Sciences Corp
Dale Cochrane . . . . . Hamilton Health Sciences Corp
Christina D'Silva . . . . . Wal Mart Pharmacy
Ayman El Attar . . . . . Daniel Drug Mart

PRECEPTORS

Armia Fahmy . . . . . John Young Pharmacy
Linda Ghobrial . . . . . Juravinski Cancer Centre
Ramon Goomber . . . . . Charlton Medical Pharmacy
Yayoi Goto . . . . . St. Joseph's Hospital
Jafar Hanbali . . . . . Shoppers Drug Mart
Wassim Houneini . . . . . Shoppers Drug Mart
Janice Hunks . . . . . Shoppers Drug Mart
Agnes Kadiata . . . . . Loblaw Pharmacy
Luay Khaled . . . . . Shoppers Drug Mart
Betty Kurian . . . . . Zellers Pharmacy
Maged Labib . . . . . West End Pharmacy
Kathleen Leach . . . . . Sutherland's Pharmacy Limited
Kim Ngoc Lu . . . . . Hamilton Health Sciences Corp
Rima Lukavicius . . . . . Wal Mart Pharmacy
Christopher O'Brien . . . . . Hamilton Health Sciences Corp
Ehab Sefain . . . . . King Medical Pharmacy
Usama Shamshon . . . . . Lopresti Pharmacy
Kusum Shukla . . . . . Shoppers Drug Mart
Nancy Simonot . . . . . Doctor's Choice Pharmacy
Elizabeth Tung . . . . . McMaster Pharmacy

HAWKESBURY

Abdel Hakim Ait Aoudia . . . . . Pharmacie Jean Coutu Pharmacy
Viorica Chirila . . . . . Zellers Pharmacy
Eman Moharib . . . . . Zellers Pharmacy
Sylvie Robillard . . . . . Pharmacie Jean Coutu Pharmacy

HUNTSVILLE

Abdo Hlal . . . . . Zellers Pharmacy

INGERSOLL

Robert Parsons . . . . . Pharmasave
Domenico Ricciuto . . . . . Pharmasave

IROQUOIS FALLS

Philip Reed . . . . . Rexall

KANATA

Anna Adelberg . . . . . Costco Pharmacy
Valerie Batterton . . . . . Shoppers Drug Mart
Borjana Borcic . . . . . Rexall
Mohammed Elsaraj . . . . . Costco Pharmacy
Munaza Wasay . . . . . Drugstore Pharmacy

KAPUSKASING

Nadia Giancola . . . . . Rexall
Kimberly MacPhee . . . . . Shoppers Drug Mart

KINGSTON

Reena Acharya . . . . . Shoppers Drug Mart
Nicole Armstrong . . . . . Rexall Pharma Plus
Adam Doyle . . . . . Shoppers Drug Mart
Heather Goodland . . . . . Kingston General Hospital
George Ho . . . . . St. Mary's of the Lake Hospital
Maha Markabi . . . . . Loblaw Pharmacy
Jennifer Mather . . . . . Kingston General Hospital
Michelle Methot . . . . . Kingston General Hospital
Alistair Packman . . . . . Kingston General Hospital
Bonnie Ralph . . . . . Kingston General Hospital
Andrea Slack . . . . . Shoppers Drug Mart
Gillian Turnbull . . . . . St. Mary's of the Lake Hospital
Hsuan Wong . . . . . Shoppers Drug Mart

KITCHENER

Ehab Abdel Sayed . . . . . The Tannery Pharmasave
Yehia Atia . . . . . Health Park Pharmacy
Kari Bartmann . . . . . The Grand River Hospital
Amgad Elgamal . . . . . Shoppers Drug Mart
Scott Hannay . . . . . Williamsburg Pharmacy
Lucinda Kwan . . . . . St. Mary's General Hospital
Sanjita Laing . . . . . Medical Pharmacy
Lori Morishita . . . . . Pharma Plus
Janice Nuque . . . . . Zellers Pharmacy
Maged Saad . . . . . Shoppers Drug Mart
Klarida Serjani . . . . . Shoppers Drug Mart
Nabil Shaker . . . . . Frederick Mall Pharmacy
Mario Sim . . . . . Loblaw Pharmacy

LAKESHORE

Trisha Germanese . . . . . Sobeys Pharmacy

LASALLE

Heather Gaudet . . . . . Shoppers Simply Pharmacy
Roberto Modestino . . . . . Rexall

LEAMINGTON

Rosa Medica Ruelland . . . . . Shoppers Drug Mart

LONDON

Steven Balestrini . . . . . London Medical Pharmacy
Graham Barham . . . . . Shoppers Drug Mart
Anne Bombassaro . . . . . London Health Sciences Centre
Milad Bosta . . . . . Zellers Pharmacy
Colleen Bycraft . . . . . London Health Sciences Centre
Ronald Chilelli . . . . . Shoppers Drug Mart
Tracy Coome . . . . . Shoppers Drug Mart
Felvant De Padua . . . . . Shoppers Drug Mart
Patricia Dool . . . . . London Health Sciences Centre
Maria Dzialoszynski . . . . . Shoppers Drug Mart
Kerry Fenlon . . . . . Rexall Specialty
Dominic Gniewek . . . . . Shoppers Drug Mart
Nina Hanif . . . . . Zellers Pharmacy
Asteir Hanna . . . . . Ernest Pharmacy
Shamez Kassam . . . . . Chapmans Pharmacy
Claire Knauer . . . . . Shoppers Drug Mart
Tom Kontio . . . . . Huron Heights Pharmasave
Nisha Lattanzio . . . . . Wal Mart Pharmacy
David Ledger . . . . . Wortley Village Pharmasave
Steve Lee . . . . . Medisystem Pharmacy
Siamak Nassori . . . . . Costco Pharmacy
Munir Suleiman . . . . . Shoppers Drug Mart
Ayman Wasef . . . . . Aim Drug Mart
Norma Welch . . . . . Shoppers Drug Mart
Paul Yip . . . . . Pharma Plus

MAPLE

Jack Dalimonte . . . . . Shoppers Drug Mart
Ahsan Khan . . . . . I.D.A Medi Pharm Pharmacy

MARATHON

James Marzolf . . . . . Marathon Drug Associates
Ann Simard . . . . . Marathon Drug Associates

MARKHAM

George Abd El Messih . . . . . Costco Pharmacy
Hamat Bhana . . . . . Shoppers Drug Mart
Patricia Brown . . . . . Markham Stouffville Hospital
Michael Chowdhury . . . . . Wal Mart Pharmacy
Amanda D'Souza . . . . . Shoppers Drug Mart
Kamal Gerges . . . . . Woodgreen Pharmacy
Christine Howe . . . . . Markham Stouffville Hospital
Kinh Huynh . . . . . Shoppers Drug Mart

Dilip Jain.....Shadlock Steeles Pharmacy
Hui Jin.....Costco Pharmacy
Saleem Khamis.....Hillcroft Pharmacy
Samuel Lai.....SKL Guardian Drugs
Kamna Leekha.....Shoppers Drug Mart
Wai Low.....Costco Pharmacy
Shelina Mawani.....Rexall
Shital Mistry.....Heritage Pharmacy
Faisal Motiwala.....Fenton Discount Pharmacy
Faranak Pashang.....Costco Pharmacy
Fanny Poon.....Applecreek Pharmacy
Albert Tang.....Sobeys Pharmacy
Manizheh Toutounchian.....Costco Pharmacy
Salwa Zaki.....Main Drug Mart

MERRICKVILLE

Nadeen Halim.....Merrickville Drug Mart

MIDLAND

Michael Tolmie.....Shoppers Drug Mart

MILTON

Abdel Messeih Fahmy.....Zaks Pharmacy
Manpreet Kular.....Medicine Shoppe Pharmacy
Aiman Nada.....Glen Eden Pharmacy
Gehan Nazmy.....Total Health Pharmacy #123
Vivian Salib.....Total Health Pharmacy

MISSISSAUGA

Navid Ahmad.....Battleford Pharmacy Inc
Jauher Ahmad.....Shoppers Drug Mart
Adnan Ahmed.....Shoppers Drug Mart
Dung Linda Arone.....Shoppers Drug Mart
John Attia.....Janepharm Drug Mart
Mina Awad.....City Care Pharmacy
Marian Awad.....City Care Pharmacy
Ehab Aziz.....Marcos Pharmacy
Ramy Banoub.....Shoppers Drug Mart
Manuela Berbecel.....Costco Pharmacy
Lucy Cheng.....Shoppers Drug Mart
Arthur Cheung.....Shoppers Drug Mart
Huong Duong.....Costco Pharmacy
Wael El Zahabi.....Midnite Pharmacy
Mohamed Elsabakhawi.....Shoppers Drug Mart
Bina Gajjar.....Sobeys Pharmacy
Tarek Gamaleldin.....Shoppers Drug Mart
Adel Gergis.....Glenderry Pharmacy
John Girgis.....Apple Hills Medical Pharmacy
Mera Guindy.....The Trillium Health Centre
Kevin Huang.....Shoppers Drug Mart
Aarthi Iyer.....The Trillium Health Centre
Pervez Jafri.....Lisgar Pharmacy
Ksenija Jankovic.....Shoppers Drug Mart
Sabina Kapoor.....Shoppers Drug Mart
Anwar Khan.....Zellers Pharmacy
Firas Kiyork.....Medical Building Pharmacy
Marie Lai.....Costco Pharmacy
Ameesh Lekhi.....Shoppers Drug Mart
Mova Leung.....The Credit Valley Hospital
Jagjit Maghera.....Shoppers Drug Mart
Tamer Mahrous.....Eglinton Churchill Medical Pharmacy
Rick Mak.....Zellers Pharmacy
Nancy Makar.....Britannia Medical Pharmacy
Merry Mehawed.....Total Health Pharmacy
Sameh Mikhaeil.....Van Mills IDA Pharmacy
Sharmil Mithia.....Grand Park Pharmacy
Mona Naguib.....St. Mary Dixie Pharmacy
Ka Yee Ng.....The Credit Valley Hospital
Emad Nossier.....Erindale Medical Pharmacy
Ricardo Obusan Jr.....Zellers Pharmacy
Narinder Pharwaha.....Shoppers Drug Mart
Amal Philemon.....Eglinton Churchill Medical Pharmacy
Poonam Prajapati.....Shoppers Drug Mart
Tajammal Qureshi.....Battleford Pharmacy Inc
Jasbir Rajput.....Zellers Pharmacy
Oksana Rozanec.....Carl's Pharmacy
Adel Saad.....Woodchester IDA Pharmacy
Ghassan Salameh.....Shoppers Drug Mart
Anjana Sengar.....The Trillium Health Centre
Qaisar Shafqat.....Battleford Pharmacy Inc
Manju Sharma.....The Trillium Health Centre
Sandra Shin.....Marketplace Pharmacy
Sameh Sidrak.....King Medical Arts Pharmacy
Maged Soliman.....Janepharm Drug Mart
Anmol Soor.....Shoppers Drug Mart
Joanne Stockford.....The Credit Valley Hospital
Yousuf Syed.....Costco Pharmacy
Asim bin Waheed.....Costco Pharmacy
Ahmad Waseem.....Shoppers Drug Mart

NAPANEE

Niloofar Saiy.....Shoppers Drug Mart

NEPEAN

Leila Ghadianlou.....Rexall
Kathleen Jordan.....Shoppers Drug Mart
Salah Osman.....Stafford I.D.A Pharmacy
Martin Rowland.....Queensway Carleton Hospital

NEW LISKEARD

Nancy Gilbert.....Wal Mart Pharmacy

NEWMARKET

Julianne Labelle.....Southlake Regional Health Cntr
Sofia Massad.....Zellers Pharmacy
Bryan Pick.....Southlake Regional Health Cntr
Anisa Shivji.....Rexall

NIAGARA FALLS

Ashraf Boulus.....Zellers Pharmacy
Muhammad Khan.....The Greater Niagara Gen Hosptl
Baher Khoury.....Golden Care Pharmacy
Ragui Mesiha.....Niagara Falls Centre Pharmacy
Ihab Rezkalla.....Valley Way Pharmacy

NORTH BAY

Lyla Burnett.....Pharma Plus
Curtis Latimer.....Shoppers Drug Mart
Yasser Mohamed.....North Bay Regional Health Centre
Lisa Randall.....North Bay Regional Health Centre
Marilyn Stanford Zinck.....Loblaw Pharmacy
Alexander Vuong.....Wal Mart Pharmacy

NORTH YORK

Svetlana Aharon.....Shoppers Drug Mart
Naveed Ahmad.....Remedy's Rx Medi Pharm Pharmacy
Dakshesh Amin.....York Gate IDA Drug Mart
Rafik Armanyous.....Main Drug Mart
Bonnie Birken.....North York General Hospital
Shimon Cabrera.....Pharma Cita
Sanaz Darki.....Shoppers Drug Mart
Michael Demian.....Main Drug Mart
Ashraf Faltaous.....Shoppers Drug Mart
Michel Iskander.....Main Drug Mart
Mridula Massey.....St. John's Rehabilitation Hospital
Bahaa Mehany.....Main Drug Mart
Zahra Pouya.....Shoppers Drug Mart
Nabil Said.....Finch Weston Medical Pharmacy
Yevgeniya Soroka.....Shoppers Drug Mart

Sylvia Tadros . . . . . Shoppers Drug Mart
Sau Wong . . . . . Shoppers Drug Mart

OAKVILLE

Arthur Cheung . . . . . Shoppers Drug Mart
Catherine Conroy . . . . . Specialty Care Pharmacy
Fabio De Rango . . . . . Shoppers Drug Mart
Nellie Elhawary . . . . . Specialty Care Pharmacy
Mena Fanous . . . . . Pharma Sense
Sherif Gendy . . . . . White Oaks Pharmacy
Michael Gouda . . . . . Shoppers Drug Mart
Amgad Hakim . . . . . River Oaks Medical Pharmacy
Christine Kamel . . . . . Total Health Pharmacy
Dominic Kwok . . . . . Shoppers Drug Mart
Maher Rizkalla . . . . . PS Pharmasave Fairways Drug Store
Emad Sourial . . . . . Oak Park Community Pharmacy

ORANGEVILLE

Ravinder Banait . . . . . Headwaters Health Care Centre
Maria Catherine Manalili . . . . . Zellers Pharmacy

ORILLIA

Angela Crichton . . . . . Rexall Pharma Plus
Jocelyn Dales . . . . . Orillia Soldiers' Memorial Hospital
Rizza Pardillo . . . . . Zellers Pharmacy

ORLEANS

Lou Frangian . . . . . Pharmacie Orleans Pharmacy
Raafat Khalil . . . . . St. Mary Health Center Pharmacy
Marc Nashed . . . . . Asclepios Pharmacy
Wafik Nashed . . . . . Crown Pointe Pharmacy
Essame Thabet . . . . . Shoppers Drug Mart

OSHAWA

Patricia Grayhurst . . . . . Lakeridge Health
Yahya Salem . . . . . Clinic Pharmacy
Wynand Van Rooyen . . . . . Medical Pharmacy

OTTAWA

Sameh Abdalla . . . . . First Care I.D.A. Pharmacy
Amira Abdalla . . . . . Shoppers Drug Mart
Mohamed Abdalla . . . . . Shoppers Drug Mart
Majed Abed . . . . . Loblaw Pharmacy
Samira Ali abdullah . . . . . The Drugstore Pharmacy
Tatiana Alvarez . . . . . Shoppers Drug Mart
Bashir Amir . . . . . Rexall
Pedro Barreiro . . . . . Shoppers Drug Mart
Amanda Blazevic . . . . . Children's Hospital of Eastern Ontario
Antranik Boghossian . . . . . Bell Pharmacy
Jean Brisson . . . . . Pharmacie Brisson Pharmacy Ltd
Lillian Chisholm . . . . . Shoppers Drug Mart
Celine Corman . . . . . The Ottawa Hospital
Ra'ed Darras . . . . . Shoppers Drug Mart
Paul Davies . . . . . Glebe Apothecary
Paul Desjardins . . . . . Pharmacie Desjardins Limited
Nahed El Hawary . . . . . Ottawa Medical Pharmacy
Samuel Fleming . . . . . Bayshore Pharmacy Limited
Rim Hachem . . . . . Zellers Pharmacy
Nabil Hanna . . . . . Shoppers Drug Mart
Zaineb Hassan . . . . . Shoppers Simply Pharmacy
Narmin Jalaldin . . . . . Shoppers Drug Mart
Eun Young Ju . . . . . Shoppers Drug Mart
Suchdev Kalsi . . . . . Wal Mart Pharmacy
Marie Pierre Lamarche . . . . . Canadian Forces Health Services Centre Ottawa
George MacPherson . . . . . Rexall Pharma Plus
Adel Rizk . . . . . Shoppers Drug Mart
Nilgun Saatcioglu . . . . . Pharmacie Desjardins Limited
Gurpreet Sidhu . . . . . Rexall Pharma Plus
Brian Stowe . . . . . The Prescription Shop
Jimrod Suello . . . . . Zellers Pharmacy
Jennifer Swetnam . . . . . Shoppers Drug Mart
Joseph Thibault . . . . . Shoppers Drug Mart
Sallyanne Tierney . . . . . Bruyere Continuing Care
Narcisa Tripsa . . . . . Shoppers Drug Mart
My Hanh Truong . . . . . Montfort Hospital
Cibele Walsh . . . . . Shoppers Drug Mart
Patrick Wong . . . . . Shoppers Drug Mart

OWEN SOUND

Trent Fookes . . . . . Grey Bruce Health Services
Jacqueline Lee . . . . . Zellers Pharmacy
Peter Struthers . . . . . Shoppers Drug Mart
Kathleen Uy . . . . . Zellers Pharmacy
Akemi Yoshizawa . . . . . Medical Pharmacy

PARRY SOUND

Delia Brereton . . . . . Shoppers Drug Mart

PEMBROKE

Tina Davidson . . . . . Rexall Pharma Plus
Joan Weise . . . . . Mulvihill Drug Mart

PETAWAWA

Stavros Tsimiklis . . . . . Rexall Pharma Plus

PETERBOROUGH

Carolee Awde Sadler . . . . . Peterborough Regional Health Centre
Heba Elmedany . . . . . Zellers Pharmacy
Brenden McReelis . . . . . Rexall
Patricia Myall . . . . . Shoppers Drug Mart

PICKERING

Zeinab Abdulaziz . . . . . Dunbarton Medical Pharmacy
Emad Michael . . . . . Pickering Medical Pharmacy
Ajish Prasad . . . . . Shoppers Drug Mart
Rahim Suleman . . . . . Shoppers Drug Mart
Angela Wu Tenn . . . . . Rexall 1446

PORT ELGIN

Candace Pink . . . . . Shoppers Drug Mart

PORT ROWAN

Glenn Coon . . . . . Pharmasave

REXDALE

Grace Awang . . . . . Shoppers Drug Mart
Ihab Labib . . . . . Humber Green Pharmacy
Suhas Nirale . . . . . Rexdale Pharmacy
Yu Sine Wong . . . . . William Osler Health Centre

RICHMOND HILL

Maher Abdel Malak . . . . . Bayview 16th Medical Pharmacy
Anis Abu El Khire . . . . . Health Link Pharmacy
Kai Wing Au . . . . . A & W Pharmacy
Vera Avetissov . . . . . Shoppers Drug Mart
Gunjan Avinashi . . . . . Shoppers Drug Mart
Naznin Champsi . . . . . Health + Pharmacy
Gina Chiang . . . . . Pharma Plus
Giuseppe Colella . . . . . Shoppers Drug Mart
Magdy Yashoue Rizkalla Han . . . . . Total Health Pharmacy
Mohamedamin Jagani . . . . . Hayyan Healthcare
Ana Marie Kabigting . . . . . Rexall
Francine Liu . . . . . Costco Pharmacy

Fai Lo . . . . . Shoppers Drug Mart
Richardo Loduca . . . . . Shoppers Drug Mart
Vivian Maxwell . . . . . Shoppers Drug Mart
Ehab Mekhail . . . . . The Medicine Shoppe
Kit Ching Miu . . . . . FreshCo Pharmacy
Massoud Motahari . . . . . Costco Pharmacy
Maged Naguib . . . . . Procare Pharmacy
Minoo Navabi . . . . . Pharmasante Remedy's Rx
Nada Nisevic . . . . . Pharmasave Yorkdale Pharmacy
Nashaat Ramzy . . . . . Procare Pharmacy
Samy Saad . . . . . Richpoint Pharmacy
Richard Sigesmund . . . . . Oak Ridges Pharmacy
Walter Yeh . . . . . Shoppers Drug Mart

ROCKLAND

Joanna Baker . . . . . Shoppers Drug Mart

SARNIA

John Baxter . . . . . Hogan Pharmacy
Cory Belay . . . . . Shoppers Drug Mart
Marcel Laporte . . . . . BMC Pharmacy
Tammy Maure . . . . . Hogan Pharmacy
Susan McQuaid . . . . . Shoppers Drug Mart
Darryl Moore . . . . . Bluewater Pharmacy
Devotham Thangella . . . . . Loblaw Pharmacy
June Weiss . . . . . Bluewater Health Norman Site
Andrea Wist . . . . . Bluewater Health Norman Site

SAULT STE MARIE

Rita De Summa . . . . . Wellington Square Drug Mart
Dawn Jennings . . . . . Sault Area Hospital
Jordan Law . . . . . Group Health Centre Pharmacy
Aurelio Longo . . . . . Ideal IDA Drugmart

SCARBOROUGH

Reham Abd El Massih . . . . . Gateway Pharmacy
Ahmad Abdullah . . . . . Shoppers Drug Mart
Alireza Ahmadian Hossini . . . . . Wal Mart Pharmacy
Moe Amro . . . . . Shoppers Drug Mart
Amir Attalla . . . . . Zellers Pharmacy
Mariam Attia . . . . . Pharmasave
Kai Wing Au . . . . . A & W Pharmacy
Paul Baui . . . . . National Pharmacy
Chieng Cau . . . . . Shoppers Drug Mart 880
Ian Chan . . . . . Centenary Health Centre
Patrick Chan . . . . . Providence Healthcare
Elizabeth Chau . . . . . Drugstore Pharmacy
Fatima Dewji . . . . . Rexall
Akil Dhirani . . . . . Village Square Pharmacy
Mamdouh Farag . . . . . Danforth Pharmacy
Ramez Fares . . . . . Ash Medical Pharmacy
Mina Gobrail . . . . . M.D.A. Discount Drugs
Christina Habib . . . . . Costco Pharmacy
Tony Huynh . . . . . Shoppers Drug Mart
Jerry Ip . . . . . Shoppers Drug Mart
Ana Marie Kabigting . . . . . Rexall
Donya Khalilzadeh . . . . . Shoppers Drug Mart
Mohammed Khan . . . . . Pharmasave
Celine Kuo . . . . . Scarborough Hospital Drug Store Birchmount Campus
Joanna Man . . . . . Zellers Pharmacy
Botros Meikhail . . . . . Danforth Pharmacy
Chimanlal Mistry . . . . . Mornelle Drug Mart
Nahed Morcos . . . . . Glendower Pharmacy
Leaggy Mwanza . . . . . Shoppers Drug Mart
Jenny Ng . . . . . National Pharmacy
Marissa Panganiban . . . . . Bay Pharmacy
Dang Pham . . . . . Shoppers Drug Mart
Pushpa Ramachandran . . . . . Supercare Pharmacy
Nashaat Ramzy . . . . . Sheppard Warden Pharmacy
Dimpalbahen Ruparelia . . . . . Freshco Pharmacy
Shamshudeen Samad . . . . . Deen Pharmacy
Gaurang Shah . . . . . Total Care Drug Mart
Shiela Sombilon . . . . . National Pharmacy
Sansanee Srihirun . . . . . Greystone Pharmacy
Hanna Vo . . . . . The Scarborough General Hospital
Janet Weber . . . . . FreshCo Pharmacy
Victor Wong . . . . . Shoppers Drug Mart
Xiao Ning Xu . . . . . Village Square Pharmacy
Christina Yeung . . . . . Centenary Health Centre
Paul Yu . . . . . Sunrise Pharmacy

SHELBURNE

Pamela Lippold . . . . . Caravaggio IDA Drugs

SIMCOE

John Chang . . . . . Shoppers Drug Mart
Stephen Flexman . . . . . Clark's Pharmasave Whitehorse Plaza
Gopi Menon . . . . . Roulston's Discount Drugs Ltd
Mark Stephens . . . . . Roulston's Discount Drugs Ltd

SMITHS FALLS

Carrie Joyner . . . . . Shoppers Drug Mart
Trevor Kidney . . . . . Pharma Plus

SMITHVILLE

Leianne Grant . . . . . Dell Pharmacy

ST CATHARINES

Belinda Gamotin . . . . . Costco Pharmacy

ST. CATHARINES

Sameh Awad . . . . . Court Street Pharmacy
James Friesen . . . . . Niagara Health System
Asadali Keshavji . . . . . Grantham Pharmacy
Micheil Morcous . . . . . Shoppers Drug Mart
Tajammal Qureshi . . . . . Shoppers Drug Mart
Enrico Simone . . . . . Carlton Heights Pharmacy Ltd.
Eileen Tkachyk . . . . . Niagara Health System
Sharon Vancise . . . . . Shoppers Drug Mart

ST. MARYS

Cathy Forster . . . . . Jacksons Guardian Drugs

ST. THOMAS

Stephen Bond . . . . . Yurek Pharmacy Limited

STONEY CREEK

Srivardhan Arumugasamy . . . . . Supercare Pharmacy Stoney Creek Pharmasave
Younan Mikhail . . . . . Queen Lake Pharmacy
Susan Nuttall . . . . . Shoppers Drug Mart

STRATFORD

Theresa Ryan . . . . . Sinclair Pharmacy

STRATHROY

Bruce Merritt . . . . . Wal Mart Pharmacy

SUDBURY

Frances Brisebois . . . . . Health Sciences North Horizon Sante Nord
Kathryn Jarvis . . . . . Rexall
Robert Kettle . . . . . Medical Pharmacy

Micheal Kilby . . . . . Costco Pharmacy
Stephanie Lynn Mumford . . . . . Health Sciences North Horizon Sante Nord
Deirdre O'Reilly . . . . . Health Sciences North Horizon Sante Nord
Luisa Ranger . . . . . Shoppers Drug Mart
Angela Rocchio . . . . . Rexall
Patricia Thompson . . . . . Wal Mart Pharmacy
Julie Thompson . . . . . Drugstore Pharmacy
Pablo Tiscornia . . . . . Rexall

SUTTON WEST

Nader Abd El Sayed . . . . . Bens Pharmacy

TAVISTOCK

Marc Michaud . . . . . Tavistock IDA Pharmacy

TECUMSEH

Giuseppe Pinelli . . . . . IDA TLC Pharmacy

THESSALON

James Orlando . . . . . Main Street Pharmacy

THORNHILL

Dimiana Botros . . . . . Pharma Plus
Poulette Ibrahim . . . . . Main Drug Mart
Phu Phong Lam . . . . . Shoppers Drug Mart
Maged Mallouk . . . . . North Med Pharmacy
Bichoy Maurice . . . . . Main Drug Mart
Tal Prodensky . . . . . FreshCo Pharmacy
Khristina Shterenberg . . . . . North Med Pharmacy
Jae Ihn Song . . . . . Galleria Pharmacy
Sarah Swanson . . . . . Dale's Pharmacy

THOROLD

Baher Khoury . . . . . Pharma Viva Pharmacy
Baher Khoury . . . . . Pharma Viva Pharmacy
Mohsen Shivafard . . . . . Rexall

THUNDER BAY

Brenda Adams . . . . . Janzen's Pharmacy
Lawrence Bertoldo . . . . . Thunder Bay Regional Health Sciences Centre
Vinay Kapoor . . . . . Shoppers Drug Mart
Chi Luu . . . . . Shoppers Drug Mart
Michelle Mack . . . . . Janzen's Pharmacy
Janet Proctor . . . . . Shoppers Drug Mart
Edoardo Veneruz . . . . . Shoppers Simply Pharmacy

TILLSONBURG

Megan Kelly . . . . . Shoppers Drug Mart

TIMMINS

Valerie Macivor . . . . . Wal Mart Pharmacy
Derek Vogl . . . . . Timmins Pharmacy

TORONTO

Joseph Abd El Maseh . . . . . Kingsway Drugs
Aiman Abdel Sayed . . . . . Parkdale Pharmacy
Intekhab Alam . . . . . Shoppers Drug Mart
Hanan Allahham . . . . . Pharmasave
Shalini Anand . . . . . Shoppers Drug Mart
Sabrina Anand . . . . . The Princess Margaret Hospital
Antonetta Bailie . . . . . Mount Sinai Hospital
Edwin Barrera Liza . . . . . Drugstore Pharmacy
Shaun Barry . . . . . Rexall
Conchita Belo . . . . . Pharma Cita
Frederick Bristow . . . . . Loblaw Pharmacy
Cherry Brittain . . . . . Shoppers Drug Mart
Shimon Cabrera . . . . . Pharmacia
Ping Ching Chan . . . . . Zellers Pharmacy
Jason Chauhan . . . . . Shoppers Drug Mart
Yi Chen . . . . . St. Michael's Hospital
Yan Chen . . . . . Shoppers Drug Mart
Rita Cheung . . . . . St. Joseph's Health Centre
Michael Cheung . . . . . Shoppers Drug Mart
Vivian Choy . . . . . Princess Margaret Hospital Outpatient Pharmacy
Anthony Cortes . . . . . St. Michael's Hospital
Fabrizio Damiani . . . . . Shoppers Drug Mart
Enaiatreza Daneshvari . . . . . St. Joseph Pharmacy
Jatinderjit Dhaliwall . . . . . Shoppers Drug Mart
Tamer Elokda . . . . . Canes Community Pharmacy
Jackline Elsobky . . . . . Bathurst Bloor IDA Drug Mart
Adam Ferguson . . . . . Sobeys Pharmacy Rosebury
Neda Foroozannasab . . . . . Shoppers Drug Mart
Gabriella Fozo Nagy . . . . . The Toronto Western Hospital
Veeral Gandhi . . . . . Rexall Pharma
John Georgi . . . . . Old Park Pharmacy
Gina Ghobrial . . . . . Supercare Pharmacy
Amir Girgis Boktor . . . . . College Medical Pharmacy
Manjit Hansra . . . . . Shoppers Drug Mart
Amit Harilall . . . . . Toronto East Pharmasave
Jennifer Harrison . . . . . The Toronto General Hospital
Mohamed Hetata . . . . . Guardian Family Health Pharmacy
Roxanne Hook . . . . . The Hospital For Sick Children
Raouf Ibrahim . . . . . Stonegate Community Pharmacy (IDA)
Robert Siu Lin Ip . . . . . Shoppers Drug Mart
Rumina Ishani . . . . . Remedy's Rx Eglinton Bayview Pharmacy
Nataliya Ivasiv . . . . . West End Medical Pharmacy
Imatiaz Jaffer . . . . . Shoppers Drug Mart
Akeel Jaffer . . . . . Shoppers Drug Mart
Jiten Jani . . . . . St. Joseph's Health Centre
Suhail Javaid . . . . . Shoppers Drug Mart
Padma Kakani . . . . . Shoppers Drug Mart
Olesya Kaliy . . . . . Shoppers Drug Mart
Ami Kamdar . . . . . Mount Sinai Hospital
Helen Kang . . . . . The Toronto General Hospital
Chrystyna Kolos . . . . . Sunnybrook H.S.C.
Josephine Kong . . . . . Costco Pharmacy
Sara Kynicos . . . . . The Toronto Western Hospital
Nai Yuen Lee . . . . . Leslie Grove Pharmacy
Kyoung hee Lee . . . . . Rosedale Pharmacy
Zhimei Li . . . . . Sone's Pharmacy
Lisa Liberatore . . . . . St. Michael's Hospital
Kai Lui . . . . . Medisystem Pharmacy
Elizabeth Lytwyn Nobili . . . . . Shoppers Drug Mart
Abdoulnaser Mansoubi . . . . . Shoppers Drug Mart
Maen Mashnuk . . . . . Remedy's Rx Harbourfront Pharmacy
Kaye Mekawi . . . . . Zellers Pharmacy
Nermine Michael . . . . . Best Care Village Pharmacy
Sami Mikhaeil . . . . . Sam's I.D.A. Pharmacy
Maher Mikhail . . . . . Dufferin Drug Mart
Brian Mok . . . . . Shoppers Drug Mart
Robert Morkos . . . . . Main Drug Mart
Hanan Nakhla . . . . . Christie Pharmacy
Andrew Ng . . . . . Welcome Guardian Drugs
Cathy Nguyen . . . . . Rumball Drug Mart
Mohamed Osman . . . . . Zellers Pharmacy
Mary Pahk . . . . . Sunnybrook Health Sciences Centre
Parisa Pakbaz . . . . . Shoppers Drug Mart
Hitesh Pandya . . . . . Shoppers Drug Mart
John Papastergiou . . . . . Shoppers Drug Mart
Phoebe Quek . . . . . Ambulatory Patient Pharmacy
Soheila Rajablarijani . . . . . Sina Pharmacy (No. 2) Inc.
Ramy Ramzy . . . . . Procare Pharmacy
Abraam Rofael . . . . . Zellers Pharmacy
Abraham Rothman . . . . . The Medicine Shoppe
Doreen Rushbrook . . . . . The Salvation Army Grace Hosp
Grazyna Rzyczniak . . . . . Sunnybrook H.S.C.
Peter Sadek . . . . . Sone's Pharmacy

Irina Sagaidak ..... Shoppers Drug Mart
Samia Sahyone..... Pharmasave
Dalia Salib..... Shoppers Drug Mart
Sameh Salib..... Woodgreen Discount Drugs
Maqsoodahmed Shaikh..... Wal Mart Pharmacy
James Snowdon..... Snowdon Pharmacy
Shiela Sombilon..... Zellers Pharmacy
Safwat Sourial..... Shoppers Drug Mart
Nadia Sourour ..... Keele & Rogers Pharmacy
Angelo Stamadianos..... Metro Drugs
Mira Sussman ..... Rexall Pharma
Engy Tadros..... Total Health Pharmacy
Kenny Tan ..... Shoppers Drug Mart
Chan Tran..... Shoppers Drug Mart
Garwin Tse ..... The Princess Margaret Hospital
Md Ullah..... Shoppers Drug Mart
Anna Wdowczyk ..... The Pharmacentre
Laura Weyland..... Shoppers Drug Mart
Ossama William..... Main Drug Mart
Michael Wong ..... Medical Pharmacy
Cindy Wong ..... Mount Sinai Hospital
Kam Wong..... The Toronto Western Hospital
Kamal Yeganegi ..... Willowdale Pharmacy
Peter Youhanna..... Islington Medical Pharmacy
Aziz Yousef..... Bloor Park Pharmacy
Kamal Yousf..... Greendale Drugs
Daniel Yurchuk..... High Park Pharmacy
Roudolph Zaky..... Augusta Central Pharmacy

TOTTENHAM

George Stathakis..... Foodland Pharmacy

TRENTON

Fiona Arbiter..... Pharma Plus
Monette Mcfaul..... Zellers Pharmacy

VANIER

Farideh Atabakhsh..... Pharmacie Jean Coutu Pharmacy
Mireille Awad..... Parkway Pharmacy
Nagui Shawi..... Pharmacie La Paix Pharmacy

VAUGHAN

Mahaba Karas..... Sobeys Pharmacy

VIRGIL

Sean Simpson..... Simpsons Pharmacy

WALKERTON

Rosanne Currie ..... Pellow Pharmasave

WATERDOWN

Saly Thomas ..... Zellers Pharmacy

WATERLOO

Veneta Anand..... Shoppers Drug Mart
Mahboob Fatima ..... Drugstore Pharmacy
Maria Horner ..... Shoppers Drug Mart
Philip Hudson ..... Beechwood Wellness Pharmacy
Mukesh Kshatri..... Shoppers Drug Mart
Reka Vilcu ..... Shoppers Drug Mart

WELLAND

David Samson..... Lincoln Centre Pharmacy
Shawn Severin ..... Zellers Pharmacy

WEST HILL

Hanif Jina..... Shoppers Drug Mart

WESTON

Tasneem Akhtar..... Shoppers Drug Mart
Julie Lau..... Humber River Regional Hospital

WHITBY

Asad Baig ..... Shoppers Drug Mart
Heather Parker..... Whitby Mental Health Centre
Pruthwishkumar Patel ..... The Medicine Shoppe Pharmacy
Colin Rule..... Shoppers Drug Mart
Christopher Yee..... Shoppers Drug Mart

WIARTON

Barbara Avery..... Bayside Pharmacy

WILLOWDALE

Fakhry Abd El Sayed..... Rainbow Drug Mart
Jasvinder Buttoo ..... Shoppers Drug Mart
Albert Cheng ..... Pharma Plus
Essam El Arif..... Fairview Pharmacy
Faye Law..... Shoppers Drug Mart
Yong Lin ..... Shoppers Drug Mart
Merfat Mikhail..... Bathurst Drug Mart
Hyun Nam ..... Shoppers Drug Mart
Vinit Rajan ..... Shoppers Drug Mart
Ibrahim Saad ..... Health Drug Mart
Uday Pratap Singh ..... Shoppers Drug Mart
Shohreh Torabi..... Metro Pharmacy
Clara Yang Kim ..... Shoppers Drug Mart

WINCHESTER

Gregory Burns..... Seaway Valley Pharmacy
Joanne Leclair ..... Winchester Dist Memorial Hsptl

WINDSOR

Salam Abdul..... Rexall
David Babineau ..... Shoppers Drug Mart
Michael Blacher..... Family Health Pharmacy
Frank Cappellino ..... National Pharmacy
Dina Daheen Pich..... Shoppers Drug Mart
Annunziata Favero..... First Medical Pharmacy
Amal Hijazi..... Windsor Clinical Pharmacy
Theodore Kummer..... Shoppers Drug Mart
Heather Landry ..... Roseville Pharmacy
Anisha Nayar..... Shoppers Drug Mart
Karen Riley ..... Hotel Dieu Grace Hospital
Lidia Yrigoyen..... Windsor Regional Hospital

WOODBRIDGE

Gautam Bhatia ..... Weston Pharmacare
Saman Daneshkhah ..... Costco Pharmacy
Ying Lau ..... Costco Pharmacy
Lisa Levine..... Panacea Pharmacy
Hitendra Naik ..... Pine Valley Pharmacy
Mona Raphael..... Henderson's Woodbridge Medical Pharmacy

WOODSTOCK

Stacey Andrecyk ..... Shoppers Drug Mart
Jayantkumar Patel..... Zellers Pharmacy
Francesca Rossi ..... Woodstock General Hospital

YORK

Ragaie Khalil ..... Ayda Pharmacy

EVIDENCE-BASED INFORMATION

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CANADIAN AGENCY FOR DRUGS AND TECHNOLOGIES IN HEALTH PRODUCES EVIDENCE-BASED INFORMATION FOR PRACTITIONERS

As roles in pharmacy transition and the scope of pharmacy practice grows, members may find themselves asking where they can go for the latest evidence-based information and resources to help them succeed in their practice.

It may come as a surprise to many that a gold mine of information exists right at their doorstep — at the Canadian Agency for Drugs and Technologies in Health (CADTH). As an independent, not-for-profit organization, CADTH produces credible, impartial advice and provides evidence-based information that health care professionals can rely on.

CADTH makes its findings, recommendations, and intervention tools available free of charge on its website. From CADTH's home page, visitors can access a list of products — those most relevant to pharmacists and pharmacy technicians are described below.

COMMON DRUG REVIEW

On the Common Drug Review section of the CADTH website, visitors will find a database of reviewed drugs with formulary listing recommendations and reasons for the recommendations, including plain language versions for newer entries. The information found here will help pharmacists explain to patients why certain drugs might not be reimbursed by third party programs.

HERE ARE SOME EXAMPLES OF REVIEWED DRUGS:

- *Zoledronic acid (Aclasta)* for osteoporosis (postmenopausal women)
- *Liraglutide (Victoza)* for type 2 diabetes
- *Buprenorphine transdermal patch (BuTrans)* for persistent pain (moderate intensity)
- *Boceprevir (Victrelis)* for chronic hepatitis C
- *Mixed amphetamine salts (Adderall XR)* for attention-deficit/hyperactivity disorder in adults.

OPTIMAL USE

This section of the website houses CADTH's largest, most comprehensive projects. Projects that might particularly interest members include those on diabetes, mental health, warfarin, smoking cessation, proton pump inhibitors, and hip protectors. The project pages contain systematic reviews of evidence, current practice studies, recommendations, and intervention tools that can be used by pharmacists in their interactions with their patients.

EXAMPLES OF TOOLS INCLUDE:

- *Guide to Starting and Adjusting Insulin for Type 2 Diabetes* — a pocket information card that provides health care professionals with guidance on how and when to start insulin and tips for adjusting the dose.
- *Optimal Therapy Newsletter: Self-Monitoring of Blood Glucose* — a summary of key findings and messages on the prescribing and use of blood glucose test strips, designed to support decision- making by health care professionals.
- *Guide for Type 2 Diabetes and Monitoring Your Blood Sugar* — a plain language pamphlet for patients.
- *Proton Pump Inhibitor Quick Reference Prescribing Aid* — a handout containing key messages and comparative cost information.

RAPID RESPONSE

As the name suggests, Rapid Response reports are produced quickly to respond to urgent needs and to support time-sensitive decisions. They range from reference lists to summaries of abstracts, summaries with critical appraisals, and more in-depth reports. All Rapid Response reports help to connect readers with the best evidence on health technologies and practices.

For example:
- *Combination Benzodiazepine-Opioid Use: A Review of the Evidence on Safety*
- *Nabilone for Chronic Pain Management: A Review of Clinical Effectiveness, Safety, and Guidelines*
- *The Use of OxyNEO® and OxyContin® in Adults: A Review of the Evidence on Safety.*

ENVIRONMENTAL SCANNING

For a glimpse at the health care environment or information on ground-breaking health technology, this is the section to visit. The three products found here are Environmental Scan reports, Issues in Emerging Health Technologies bulletins, and Health Technology Update newsletters. All three products cover new and emerging health technologies, practice issues, policies, research, and trends that are likely to have an impact on the future delivery of health care in Canada.

For example:
- *Drug Supply Disruptions*
- *Hospital-based Pharmacy and Therapeutics Committees: Evolving Responsibilities and Membership*
- *Levetiracetam for the Treatment of Epilepsy*
- *New Anticoagulants for Stroke Prevention in Patients with Atrial Fibrillation.*

Members are welcome to contact CADTH at requests@cadth.ca if they would like to discuss any of our products. For these products and more, visit www.cadth.ca.

Annual CE Coordinators Meeting

Each year, OCP hosts a meeting for its regional Continuing Education Coordinators. This year's meeting was held November 20 at OCP offices. The purpose of the meeting is to bring together the individuals who, on a volunteer basis, dedicate their time and effort all year round in the service of CE. Coordinators share ideas, best practices and strategies for delivering CE to members in different regions across Ontario. A highlight of this year's meeting was the presentation of letters of appreciation to those longstanding CE coordinators who have dedicated many years to the College and fellow members in their role (see picture below).

The meeting also featured a live CE event in which the coordinators can participate. This year, Paul Murphy facilitated "Chronic Pain: The New Epidemic." The seminar was videotaped and will be available later this spring. For more information, contact your local CE coordinator.

OCP is always looking to fill vacant coordinator positions. Turn the page for a list of regions that are currently looking for volunteers.

Left to Right, from Top Row;
1. Ravinder Banait, Danielle Caron, Perveen Gulati, Bozica Popovic
2. Karen Matwijec, Rosa Chow, Sheila Walker, Jennifer Palmer
3. Ron Kyniski, Heather Parker, Sherry Peister, Penny Tsang
4. Karen Riley, Carolyn Bornstein, Ramnik Sachania, Lilly Ing, Sharon Molnar, Cindy Piquette

CONTINUING EDUCATION

Visit the College's website: www.ocpinfo.com for a complete listing of upcoming events and/or available resources. A number of the programs may also be suitable for pharmacy technicians.

For local live CE events in your area, contact your regional CE coordinator by going to www.ocpinfo.com and searching on "Regional Coordinators".

GTA

February 12, March 18, April 22, April 29, June 14, September 9, September 23, 2012 (Multiple locations and dates)
Injection and Immunization
Certificate Program
Ontario Pharmacists Association
Contact: education@dirc.ca

February 16, 21 or 27, 2012
Methadone Treatment in Special Populations: First Nations
Ontario Pharmacists Association
Contact: education@dirc.ca

February 24 – 26, 2012
Diabetes Patient Care – Level 1
Certificate Program
Ontario Pharmacists Association, Toronto
Contact pyoung@dirc.ca

February 27- March 2, 2012
A Comprehensive Course on Smoking Cessation: Essential Skills and Strategies Teach Certificate Program
Centre for Addiction and Mental Health (CAMH), Toronto.
Contact teach@camh.net

February 27- March 2, 2012
Tobacco Interventions with Aboriginal Peoples
Centre for Addiction and Mental Health (CAMH), Toronto.
Contact teach@camh.net

March 1- 2, 2012
Helping Pregnant Women Quit Smoking: A Woman-Centred Approach
Centre for Addiction and Mental Health (CAMH), Toronto.
Contact teach@camh.net

March 3, 2012
Drugs by Inhalation – Certificate program
Ontario Pharmacists Association, Toronto
Contact pyoung@dirc.ca

March 1- 2, 2012
Integrated Chronic Disease Prevention: Addressing the Risks
Centre for Addiction and Mental Health (CAMH), Toronto.
Contact teach@camh.net

March 23-25, 2012
Diabetes Patient Care – Level 2
Certificate Program
Ontario Pharmacists Association, Toronto
Contact pyoung@dirc.ca

March 24, 2012
29th Annual Update Conference
Ottawa Valley Regional Drug Information Service (OVRDIS)
http://ovrdis.com
Contact (613) 737-8347

March 24, 2012
Methadone Education Program
Sudbury, ON
Ontario Pharmacists Association
Contact pyoung@dirc.ca

March 30, 2012
A Fine Balance – a workshop for women

INTERESTED IN EXPANDING YOUR NETWORK AND GIVING BACK TO THE PROFESSION?

OCP IS LOOKING FOR REGIONAL CE COORDINATORS

OCP is looking for regional CE coordinators in regions 4 (Pembroke and area), 9 (Lindsay area), 10 (North Bay area) 14 (Barrie area), 16 (Niagara area), 17 (Brantford area), 25 (Sault Ste Marie area), 27 (Timmins area) and associate CE Coordinator for Region 11 (Markham),
A complete list of regions by town/city is available on the College's website, www.ocpinfo.com, by searching 'CE Region Assignments'.

As a Regional CE Coordinator, you will identify the CE needs of local pharmacists in your region and organize CE events with fellow team members. Interested pharmacists should submit their resume to Rahila Ovais at rovais@ocpinfo.com

in the healthcare professions
Office of Continuing Education and Professional Development
Faculty of Medicine, University of Toronto
Telephone: 416.978.2719, Toll free (in North America only): 1.888.512.8173
Email: info-INT1214@cepdtoronto.ca

April 15, 2012
2012 CADTH Symposium – Evidence Matters: Outcomes, Efficiency, Impact
Westin Ottawa
http://www.cadth.ca/en/events/2012-cadth-symposium

April 17- 19, 2012
Primary Health Care - Providing Patient Care in a New Practice Environment
Leslie Dan Faculty of Pharmacy, University of Toronto
Contact Ryan Keay at 416-978-7562
http://cpd.phm.utoronto.ca

April 25 or September 26, 2012
Root Cause Analysis Workshop for Pharmacists
Institute for Safe Medication Practice (ISMP Canada),Toronto, ON
http://www.ismp-canada.org/education/
Contact Medina Kadija at mkadija@ismp-canada.org

May 2012 (date to be confirmed)
Cardiovascular Patient Care
Ontario Pharmacists Association
Contact pyoung@dirc.ca

June 13-15, 2012
OSCE-ology
Leslie Dan Faculty of Pharmacy, University of Toronto
Contact: Ryan Keay @ 416-978-7562
http://cpd.phm.utoronto.ca

NATIONAL

Jun 1- 4, 2012
Canadian Pharmacists Association Annual National Conference
Whistler, B.C.
www.pharmacists.ca

ON-LINE/ WEBINARS/ BLENDED CE

Canadian Pharmacists Association (CPhA):
ADAPT - Practice Resource Course by CPhA and CSHP
Jan 4 - May 15, 2012
www.pharmacists.ca
Register at: https://secure.ce.uwaterloo.ca/registration/adaptn/register.aspx

Institute for Safe Medications Practices (ISMP) Canada
February 15, 2012
Changing Healthcare from My Workspace: Tools to Launch Improvement from any Setting
February 29, 2012
Measuring Patient Safety Culture - Can we reveal the Intangible?
March 22, 2012
Patient Safety and Narcotic Administration- Lessons Learned from the Coroner's Office
http://www.ismp-canada.org/education/
Contact: webinars@ismp–canada.org

Center for Addiction and Mental Health (CAMH)
February 22, repeated February 23, 2012
Buprenorphine – overview and practice
Register at: http://www.camh.net/About_CAMH/Ontario_Regional_Services/Education.html

March 7, repeated March 8, 2012
Methadone – Practical Tips
Register at: http://www.camh.net/About_CAMH/Ontario_Regional_Services/Education.html

Continuous Professional Development - Leslie Dan Faculty of Pharmacy, University of Toronto
Infectious Diseases
Online Video Lectures and Slides
http://cpd.phm.utoronto.ca/cimi.html

Home Study Online education programs accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP), including Diabetes Strategy for Pharmacists, QUIT: Quit Using & Inhaling Tobacco and Respiratory care
http://cpha.learning.mediresource.com/Default.aspx

Canadian Society of Hospital Pharmacists (CSHP)
Online education program accredited by CCCEP
www.cshp.ca

Canadian Healthcare Network
On-line CE lessons
www.canadianhealthcarenetwork.ca

Centre for Addiction and Mental Health (CAMH)
On-line courses with live workshops in subjects including mental health, opioid dependence, motivational interviewing, interactions between psychiatric medications and substances of abuse.
www.camh.net

Ontario Pharmacists Association (OPA)
Online certificate programs in therapeutic areas including Pain and Palliative care and Diabetes level 1.
Online complimentary programs in therapeutic areas including Methadone, Smoking Cessation, Practical Management of Cough and Cold, Ulcerative colitis and Vitamin D in osteoporosis.
www.pharmacisteducation.ca.
Contact Penny Young: 416-441-0788 ext. 2209, pyoung@dirc.ca

Clinical Tobacco Interventions for Health Care Professionals
Online CE
www.opacti.org

RxBriefcase
On-line CE lessons (clinical and collaborative care series)
www.rxbriefcase.com

The Niagara Apothecary

The Apothecary is open from Mother's Day to Labour Day, daily from 11 a.m. to 6 p.m.; Labour Day to Thanksgiving, weekends only. Retired pharmacists are available to provide information and answer questions about this heritage building.

Admission is free; donations welcome.

Make plans to visit this summer!

For more information visit the Apothecary's website at:

www.niagaraapothecary.ca

REMINDER:

MEMBER ANNUAL RENEWAL IS DUE MARCH 10, 2012

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