

HEALTH *Matters*

A RESOURCE TO HELP KEEP YOU INFORMED

News Flash! Medical Arts Pharmacy expands policies and procedures manuals for all personal-care residences. See Hazardous Drugs, Drug Shortages/Recalls (below) for details. Newly updated P&P manuals are available from your consultant pharmacist.

Hazardous Drugs:

The National Institute for Occupational Safety and Health provides an exhaustive list of drugs considered "hazardous" but please be aware that the most recent list (2004) may not be complete. Thus, CAUTION is the watchword for ALL MEDICATIONS handled by workers. For example, zidovudine is the only antiretroviral on the Institute's list, even though there are many agents in the class that must likewise be handled with caution - **particularly for women who are or may become pregnant.**

Of course, Medical Arts Pharmacy employs many safety measures to help alert workers to potentially hazardous drugs. These include: strip packaging (which reduces drug handling from stock bottles), auxiliary labels that carry the "HD" warning for hazardous drugs, the P&P manuals (for LTC, Assisted Living and Group/Domiciliary homes) that identify and list hazardous drugs, and, Medical Arts also provides in-service programs to help educate workers.

For instance, workers should be aware that medications coded "HD" **should never be crushed**, and, that certain formulations - regardless of whether they are labeled HD and that include SR, CD AND ER formulations - **must never be crushed.** However, in cases where crushing is the only way to administer a medication and the formulation allows for crushing, women who are or may become pregnant should not handle the medication, and GLOVES are necessary for all workers handling ANY crushed medication.

Drug Shortages/Drug Recalls:

The most recent drug recall was December 1st 2010. Health Canada in collaboration with the manufacturer (Paladin Lab Inc.) withdrew all lots of dextropropoxyphene also known as propoxyphene (or Darvon N) and discontinued the sale of these products across Canada. Why? Because a recent study demonstrated that even at therapeutic doses, the drug can increase the risk of serious and abnormal heart rhythms, and that the elderly - particularly those with renal insufficiency - are at greater than average risk. Thus, health professionals were asked to contact patients for whom they prescribed or dispensed dextropropoxyphene and instruct them to discontinue the medication and return unused medication to the pharmacy for immediate disposal.

When any drug recall occurs, the pharmacist engages in the identification of clients in the community and/or those living in



If you have requests, suggestions or comments for future issues, your feedback may be directed to suzie@medicalartspharmacy.ca

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a personal-care residence. The pharmacist also works closely with physicians and patients or healthcare provider to ensure continuity of treatment with an alternative product.

Actually, drug recalls and drug shortages are very similar in terms of “process” and comprise three main steps: (1) Determining how critical the medication is (to a person’s care), (2) Selecting an alternative therapy (if required), and (3) Initiating the alternate drug therapy. But drug shortages have an additional step which demands that the pharmacist explore “every avenue” to procure and supply a medication. For instance, a medication could be short from one pharmaceutical company but available from another. Ontario drug substitution regulations allow pharmacists to substitute from one to another brand as long as equivalency is approved by the provincial government. Once that avenue has been exhausted, the medication may be available in another strength, allowing the patient to continue the drug regimen with modified directions for use. One drug shortage currently affecting pharmacy is Avalide, a combination of irbesartan (Avapro) and hydrochlorothiazide which is dispensed as two separate medications (instead of one) in equivalent dosages.

Some additional drug recalls have included Vioxx (rofecoxib) in September 2004; Bextra (valdecoxib) in December 2005; Prexige (lumiracoxib) in October 2007, and these agents were all prescribed for osteoarthritis pain. Today, Celebrex (celecoxib) remains the only selective COX-2 inhibitor NSAID (non-steroidal anti-inflammatory drug) available. April 2005 marked some restriction on the prescribing of Celebrex based on Health Canada’s ongoing scientific review of the cardiovascular safety of selective COX -2 inhibitor NSAIDs. These restrictions are emphasized in the drug’s product monograph.



Acetaminophen

In view of the new dosing guidelines set forward by the United States Food and health and safety. FDA has limited amount of acetaminophen in prescription combination product to 325mg which is already done in Canada. Prescription medication such as Tylenol®#2, Tylenol®#3, Tylenol®4, Empracet®30, Oxycocet®, to name the most common one, only contains 300-325mg of acetaminophen in combination with an opioid such as codeine or oxycodone. It is not recommended to take more than 4000mg of acetaminophen daily and elderly patients should limit their intake to 3200mg daily. Acetaminophen can cause severe liver disease when used over the recommended maximum dose or used with

alcohol. Tramacet® also containing 325mg of acetaminophen is combined with tramadol. Although a weak member of the opioid family is not classified as a narcotic . When considering the dosage of acetaminophen it is important to take into account all sources of acetaminophen.

DINE AND LEARN!

Thursday March 3rd 2011, you are invited to an interactive session titled

Overcoming Challenges in Pain Assessment and Management in Long-Term Care

At the Ramada-Inn. Registration starts at 5.30pm, Dinner at 6.00pm and the presentation will start at 6.45pm. Our sessions leaders are Dr. Mary Jane Randlett MD and Maryse Bouvette, APN in PC (Advanced Practice Nurse in Palliative Care)

It is a rendez-vous

Hope to see you there

Thanks for the Memory!

I am including an article from Pharmacy Business Nov. 2010 written by pharmacist Farid Wassef. Hope you enjoy reading it as much as I did.

Bonne Lecture!