College of Pharmacists of Manitoba

To protect the health and well being of the public by ensuring and promoting safe, patient-centred and progressive pharmacy practice in collaboration with other health-care providers

Friday Five

June 29, 2018

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Gabapentin, Pregabalin and Duloxetine Listing Changes and Considerations

Cymbalta® (duloxetine), Lyrica® (pregabalin), and Neurontin® (gabapentin) are now all Part 1 benefits on the Manitoba Drug Benefits and Interchangeability Formulary (Formulary) making them eligible for Pharmacare benefits under all prescribed circumstances. On January 25, 2018, Cymbalta® and generic formulations were moved from a restricted Part 3 listing to a Part 1 benefit on the Formulary; and Lyrica® and generic formulations were added to the Formulary as Part 1 benefits.

Amendments to the Formulary are documented in Bulletins, and may be accessed through the "Information for Health Professionals" page of the Manitoba Health website:.

This change comes amidst reports of gabapentin becoming a significant drug of abuse in recent years. Although therapeutically useful when prescribed appropriately, it is well known that gabapentin, due to its possible psychoactive effects, is commonly diverted

Professional Development Opportunities

Opioid Replacement Therapy 101 Introduction to Clinical Practice

September 13 & 14, 2018
November 22 & 23, 2018

Health Sciences Centre Winnipeg Presents:

The 22nd Annual Bug Day

October 16, 2018

Online Programs:

Oral-Systemic Health Education for Non-Dental Healthcare Providers

Ordering Lab Tests for Manitoba Pharmacists

Visit www.cphm.ca for more information on Expanded Scope of Practice training.

and overused along with other prescription drugs such as opioids and benzodiazepines.

It is important to note that there is data suggesting that pregabalin may also have abuse potential, although this has not been a major issue in Manitoba to date. This may be, at least in part, due to this drug's past restricted Part 3 EDS status. Health care practitioners should be alert to the potential abuse or misuse of gabapentin and pregabalin.

The Part 1 listing of duloxetine and pregabalin gives health care providers more options for treatment of pain and pain related conditions. The length of clinical trials associated with these drugs varies from 10 months to greater than 1 year depending on the drug and indication, therefore the use of these drugs for the management of chronic pain conditions must be monitored appropriately and be patient-specific.

Gabapentin is indicated for the management of epilepsy but is commonly used for treatment of neuropathic pain. Gabapentin, duloxetine and pregabalin are all generically available and vary little in price.

These medications have a defined place in therapy, and it is the responsibility of the healthcare professionals caring for these patients to ensure that they are using the best quality evidence currently available in formulating treatment plans. It is important that prescribers become familiar with the indications, dosing, adverse effects and drug interactions for these three drugs. Appropriate monitoring parameters should be considered when starting any of these medications. Practitioners should refer to current literature, drug monographs, guidelines and evidence based reviews such as those provided by the Canadian Agency for Drugs and Technologies in Health (CADTH): https://cadth.ca/evidence-bundles/pain-evidence-bundle/browse-evidence.

Collaborative care is a vital part of health care because it creates better health outcomes for patients. As medication experts, pharmacists are ideally positioned to optimize prescribing by providing suggestions and advice on drug therapy, including:

Self-Limiting Conditions Independent Study Program
Visit www.cphm.ca for more information on Expanded Scope of Practice training.

All PD opportunities are listed on the College website under

Upcoming Professional Development Opportunities

- dose adjustments for patients with or without renal or hepatic failure,
- suggestions to minimize poly-pharmacy,
- assessment of patient compliance or overuse, and
- monitoring for drug interactions or adverse effects.

Collaboration between all health care practitioners is key to improving patient outcomes and increasing patient safety.

This information was developed by a multidisciplinary ad hoc working group consisting of representatives from the College of Pharmacists of Manitoba (College), the College of Physicians and Surgeons of Manitoba (CPSM), the College of Registered Nurses of Manitoba (CRNM), and the Manitoba Dental Association (MDA). Manitoba Health tasked the ad hoc working group with creating a unified and coordinated approach to communications on the use, risks, benefits and monitoring of gabapentin, pregabalin, and duloxetine in prescribing and dispensing.

Registered Nurses join The Regulated Health Professions Act

Effective May 31, 2018, registered nurses in Manitoba were officially brought under The Regulated Health Professions Act (RHPA), joining the College of Audiologists and Speech Language Pathologists. It is intended that all regulated health professions in the province will eventually be included under the RHPA. The RHPA sets out consistent rules and processes for governance, registration, complaints and discipline, and regulation and by-law making authority.

The RHPA creates another designation of nurse, the Registered Nurse Authorized Prescriber RN(AP). The RN(AP) is allowed to independently order diagnostic tests and prescribe medications from a defined schedule for patient populations that require registered nursing care related to travel health, reproductive health, sexually transmitted infections, blood-borne pathogens or diabetes health. The CRNM Practice Direction for RN(AP)s and the drug schedule

can be found here. Additional information regarding RN(AP) can be found on the CRNM website here.

There are no RN(AP)s authorized by the CRNM to practice at this time however, once eligible RNs have been authorized the RN(AP) designation can be confirmed using Nurse Check on the CRNM website:

As well, the title of Registered Nurse (Extended Practice) or RN(EP) has been changed in the RHPA to Registered Nurse (Nurse Practitioner) or RN(NP). The prescriptive authority of this class of registered nurse has not changed.

The Prescribing Authority Table on the College of Pharmacists of Manitoba website has been updated to reflect these changes and can be viewed here.

Medications after Parathyroidectomy in Patients with Chronic Kidney Disease

By Dr. Christine Davis, BScPharm, ACPR, PharmD

The Manitoba Renal Program wants to ensure that pharmacists are aware that oral calcium products (e.g. Calcium Carbonate - Jamp-Calcium®, Euro-cal®, TUMS®) and activated vitamin D (calcitriol, alfacalcidol) are prescribed, often in large doses, after parathyroidectomy to prevent severe hypocalcemia related to "Hungry Bone Syndrome".

To maintain normal calcium levels it is extremely important for patients to continue taking oral calcium and activated vitamin D without delay after discharge from hospital. Symptoms of hypocalcemia include tingling around the mouth or hands, as well as muscle twitching or cramping. Patients should be directed to contact the dialysis unit or kidney health clinic if they have any of these symptoms. If the unit or clinic is closed, they should be directed to go to the nearest Emergency Department. Very low calcium levels may cause seizures and arrhythmias. Patients will have their calcium blood levels checked regularly by their nephrologist or renal pharmacist and medications will be adjusted as needed.

What is "Hungry Bone Syndrome"? It is a term used to describe severe (serum calcium less than 1.75

mmol/L) and prolonged (more than 4 days post-op and up to a year or more) hypocalcemia that develops after parathyroidectomy for hyperparathyroidism. It is thought to be due to the abrupt drop in parathyroid hormone (PTH) levels after the hyperfunctioning parathyroid gland is removed, which causes a massive shift of calcium from the circulation to bone tissue and increased bone remineralization. Patients with end-stage kidney disease may have low calcium levels for weeks to months after parathyroidectomy.

Please note that calcium carbonate products derived from oyster shell should not be used, as they may **contain lead**, which can accumulate in patients with kidney disease. This is why patients with chronic kidney disease are prescribed Calcium Carbonate as Jamp-Calcium®,Euro-cal® or TUMS®.

The following article provides information on lead content of various calcium products in the USA (most Canadian calcium products were not included):

"Ross EA et al. Lead Content of Calcium Supplements. JAMA 2000;284(11):1425-1429." Available at https://jamanetwork-com.uml.idm.oclc.org/journals/jama/fullarticle/193095

Dr. Christine Davis is a clinical pharmacist with the Manitoba Renal Program. For information with respect to this article, Dr. Davis can be contacted through the College office at info@cphm.ca or 204-233-1411.

Reminder: 2017 AGM Electronic Vote

The business of the 2017 Annual General Meeting (AGM) is being completed through an electronic ballot in which all Voting Members vote on each motion made at the AGM.

A link to a secure electronic ballot was sent to all voting members on June 21, 2018. If you did not receive your secure link, please contact the College office at info@cphm.ca or 204-233-1411. Voting will conclude at 4:00 p.m. on Friday, July 13, 2018.

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The ***Friday Five*** e-bulletin is published by the **College of Pharmacists of Manitoba** and is forwarded to every licenced pharmacist and pharmacy owner in the Province of Manitoba. Decisions of the College of Pharmacists of Manitoba regarding all matters such as regulations, drug-related incidents, etc., are published in the *Friday Five* . The College of Pharmacists of Manitoba therefore assumes that all pharmacists and pharmacy owners are aware of these matters.

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