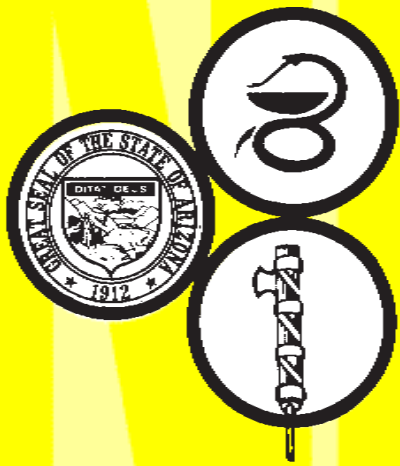


October 2008



# Arizona State Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

## **Fiscal Year 2009 (and Beyond) – Continuing Budget Saga**

The budget process is in a more fluid state this year than in past years because revenue and expense projections are more critical when the margin for error is paper thin. The Arizona State Board of Pharmacy office has received actual revenue and expense data from the state Government Accounting Office through the end of August 2008, and the Board staff has determined that *after* an additional almost \$550,000 fund sweep scheduled for December of this year, our ending balance at the end of the fiscal year on June 30, 2009, will be about \$140,000. Since our budgeted quarterly expenses are slightly over \$480,000, we are projected to be about \$340,000 short for the first quarter of fiscal year 2010. As mentioned in the last *Newsletter*, about 70% of our revenue is collected in October and November each year, during the renewal period. Obviously, this will not be collected in time for operating expenses for the first quarter of fiscal year 2010 (July 1, 2009 through June 30, 2010), so cuts should be made now to provide the additional operating funds for the first quarter of next year. Unfortunately, the only area of the budget where significant cuts can be made is in the personnel area and because such cuts would adversely impact public health and safety, officials at the Office of Strategic Planning and Budgeting, a part of the governor's office, have advised the Board not to make the cuts at this time but to wait to see if a budget "fix" can be hammered out and put in place between now and June 30, 2009.

## **Update – Controlled Substance Prescription Monitoring Program**

According to Dean Wright, RPh, director of the Prescription Monitoring Program (PMP), our vendor – Health Information Designs (HID) of Auburn, AL – is continuing to test the system with uploads from selected independent and chain pharmacies. The Board's administrative rules for the monitoring program will take effect on October 4, 2008, and are available on the Web site, [www.azpharmacy.gov](http://www.azpharmacy.gov), under the proposed rules and statute changes link under News & Events (on the left side in the yellow bar section). We will start collecting the data from resident and nonresident pharmacies near the end of October 2008. Data collection will continue weekly thereafter. HID sent Dispenser Manuals to pharmacies in late July. If you have not yet received a manual from HID, it is available on the Board Web site, [www.azpharmacy.gov](http://www.azpharmacy.gov), by selecting the CS-Rx Monitoring Program link in the left side yellow bar section, then selecting "Arizona CSPMP

Dispensers Manual." Pharmacists and practitioners are expected to be able to access the PMP database sometime in December 2008. Please be aware that it will take time for us to update our Web site to include links to the various manuals, forms, and other documents necessary for pharmacists and practitioners to request access to the database. If you have questions, contact Dean Wright at 602/771-2744 or e-mail him at [dwright@azpharmacy.gov](mailto:dwright@azpharmacy.gov).

## **Change in Vendor for Permit and License Renewal Effective September 15, 2008**

The state ended its contract with IBM recently and NIC-Arizona has been working the last few months with Board staff to convert the Arizona State Board of Pharmacy online new application and renewal service from a Lotus Domino environment back to a Microsoft Access program developed in house by Rob Dobrowski, the Board's information technology staff person. If you were or are unable to apply for a new license or permit online, please submit a paper application. The paper versions of most applications as well as instruction for use can be found at [www.azpharmacy.gov/forms.html](http://www.azpharmacy.gov/forms.html). In addition, if you do not know your credential (license or permit) number you can obtain it by searching for it on the Board's Web site on the top portion of the right side under News, "Verify a License or Permit Online" or at <https://az.gov/webapp/pharmacy/statuscodelookup/>. If you have any difficulty, need further information, or if you have any questions, please feel free to contact a Board representative at 602/771-2727.

## **Technician Trainees and Relicensure**

Technician trainees need to be aware that they may only remain licensed as technician trainees for a maximum of four years. The Board may allow a pharmacy technician trainee whose license expires before the technician trainee completes the prescribed training program and passes the Pharmacy Technician Certification Board (PTCB) examination or another Board-approved pharmacy technician examination to reapply for licensure not more than one time. A technician trainee whose license has expired may make a special request to the Board under Arizona Administrative Code R4-23-401 for approval to reapply for licensure and the Board shall base its decision to grant or deny a special request to reapply for licensure on an assessment of:

1. the reasons the pharmacy technician trainee did not complete a pharmacy technician training program and the likelihood that the pharmacy technician trainee will complete a pharmacy technician training program within the next 24 months;

*Continued on page 4*



## Study Fuels Concerns over Foreign Drugs Bought Online

According to study results published in the May 2008 issue of *Annals of Pharmacotherapy*, many prescription medications purchased from foreign pharmacies through Internet drug outlets differ significantly from the versions approved by the Food and Drug Administration (FDA). "These findings have implications for safety and effectiveness that should be considered by clinicians to potentially safeguard patients who choose to purchase foreign-manufactured drugs via the Internet," the study authors say.

The study evaluated 20 simvastatin tablets and capsules, including the US innovator product and 19 generic samples obtained from international Internet drug outlets. Tablet samples were tested according to United States Pharmacopeia (USP) guidelines where applicable, using high-performance liquid chromatography, disintegration, dissolution, weight variation, hardness, and assessment of physical characteristics.

Several international samples analyzed were not comparable to the US product in one or more aspects of quality assurance testing, and significant variability was found among foreign-made tablets themselves. Five samples failed to meet USP standards for dissolution, and two for content uniformity. Among all samples, variability was observed in hardness, weight, and physical characterization.

## Testing Medication Names Prior to Marketing



*This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that works closely with USP and FDA in analyzing medication errors, near misses,*

*and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the recommendations for prevention of reported errors that you can put into practice today, subscribe to **ISMP Medication Safety Alert!**<sup>®</sup> **Community/Ambulatory Edition** by visiting [www.ismp.org](http://www.ismp.org). If you would like to report a problem confidentially to these organizations, go to the ISMP Web site ([www.ismp.org](http://www.ismp.org)) for links with USP, ISMP, and FDA. Or call 1-800/23-ERROR to report directly to the USP-ISMP Medi-*

*cation Errors Reporting Program. ISMP address: 200 Lakeside Dr, Horsham, PA 19044. Phone: 215/947-7797. E-mail: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).*

Medication names that look-alike and sound-alike, confusing or absent drug labeling, and non-distinct or ambiguous drug packaging significantly contributes to medication errors. This is not a new problem. These conditions have led to serious drug mix-ups and deaths. Research has identified that one of the most frequent causes of pharmacy drug dispensing errors (29%) is failure to accurately identify drugs, most prominently due to look-and sound-alike drug names (Leape et al. JAMA, July 5, 1995).

In addition, many medications are packaged in bottles with similar shapes and similar labels, making it easy to confuse one drug with another.

MedMARX data reports there are 1,470 different drugs implicated in medication errors due to brand and/or generic names that looked or sounded alike. From this data, USP has compiled a list of 3,170 pairs of names that look and/or sound alike.

FDA is also concerned about drug naming confusion and its subsequent potential error effects. On June 5-6, 2008, FDA hosted a public workshop to discuss a concept paper ([www.fda.gov/cder/drug/MedErrors/meeting\\_names.pdf](http://www.fda.gov/cder/drug/MedErrors/meeting_names.pdf)) about a pilot program to address look- and sound-alike brand names. The pilot, called for in the FDA Amendments Act of 2007, would allow drug companies (or outside contractors) to voluntarily evaluate proposed brand names and submit the data for review to FDA. Currently, FDA's Division of Medication Error Prevention screens drug names using its own safety testing methods, in consultation with other divisions responsible for product approval.

The concept paper outlines the types of studies that should be conducted, including simulations of real-world conditions with practicing clinicians who evaluate handwritten, electronic, and oral prescribing scenarios to detect name similarities and other potential confusion with laboratory and medical terms or abbreviations. Dosage form, strength, and frequency also should be considered, as well as the clinical environment where it will be used. Based on discussions during the June meeting and submitted comments, FDA will revise the concept paper and present testing methods to the pharmaceutical industry.

It is hoped that testing drug names prior to marketing will decrease the number of look-and sound-alike medication names. ISMP receives numerous reports of



errors and potential errors caused by look-and-sound-alike medications every year. ISMP, through its wholly owned-for-profit subsidiary Med-E.R.R.S., Inc<sup>®</sup>, has been reviewing drug names and packaging for pharmaceutical manufacturers for more than 10 years.

If you are a pharmacist or other health care practitioner who is interested in medication safety and error prevention, you can make a difference! Med-E.R.R.S. is looking for pharmacists from all practice settings to help test labeling, packaging, and nomenclature in the pre-marketing phase for pharmaceutical companies. The process is fun, simple, and easy and a small honorarium is paid for your participation.

For more information or to sign up, go to [www.med-errs.com](http://www.med-errs.com) and click on "Become a Reviewer."

## **Coalition Looks to Pharmacies, Regulators to Reduce Diversion**

A recent report by the Coalition Against Insurance Fraud looks to pharmacies and pharmacy regulators, among others, to cut down on the prevalence of prescription drug diversion, particularly of controlled substance analgesics.

The report, "Prescription for Peril: How Insurance Fraud Finances Theft and Abuse of Addictive Prescription Drugs," calls on the pharmacy profession to provide additional training on prescription drug abuse and diversion in pharmacy education curricula and continuing professional education, and to exert closer point-of-sale scrutiny of certain prescriptions and patients. For instance, the report suggests diversion could be reduced significantly if pharmacies asked for photo identification in connection with controlled substance prescriptions, similar to regulations in place for pseudoephedrine-containing products.

The coalition also recommends wider adoption of prescription monitoring programs to maintain state-wide records of narcotic prescriptions, allowing closer monitoring by prescribers and dispensers. In addition, the coalition calls on lawmakers and licensing boards to "swiftly and decisively penalize the small fraction of prescribers and dispensers who facilitate drug diversion and abuse."

## **FDA Encourages Pharmacists to Use Patient Safety News**

*FDA Patient Safety News* is a monthly video news program produced by FDA targeted to pharmacists and other health care professionals. The program provides the

latest information on recalled and counterfeit products, important safety alerts, preventing medical errors and mitigating risks from the use of medical products, including drugs, devices, vaccines, and diagnostic products.

The videos can be watched online or downloaded free of charge. Pharmacists can view the entire program or individual segments, and FDA encourages further use and distribution of the video or text of the program, as there are no copyright restrictions. The video and demonstrations can also be used in staff-development programs or in other teaching environments.

Pharmacists can search for video segments on topics of interest, get additional information about topics, e-mail segments to others, report problems with medical products to FDA, and sign up to be notified about each month's program. The show is also broadcast on several medical satellite networks: VHA, GE TiP-TV, HSTN, LTCN, and HNN. These networks presently reach over 4,000 hospitals and long-term care facilities across the US.

More information about the program and how to join the program mailing list is available on the FDA Web site at [www.fda.gov/psn](http://www.fda.gov/psn) or by sending an e-mail to [PSNews@cdrh.fda.gov](mailto:PSNews@cdrh.fda.gov).

## **Switch to HFA-Propelled Albuterol Inhalers Advised in Anticipation of CFC Ban**

FDA recently issued a public health advisory alerting patients, caregivers, and health care professionals to switch to hydrofluoroalkane (HFA)-propelled albuterol inhalers because chlorofluorocarbon (CFC)-propelled inhalers will not be available in the United States after 2008. CFC-propelled albuterol inhalers are being phased out to comply with the Clean Air Act and an international environmental treaty, the Montreal Protocol on Substances that Deplete the Ozone Layer. Under this treaty, the US has agreed to phase out production and importation of ozone-depleting substances including CFCs. No CFC-propelled albuterol inhalers may be produced, marketed, or sold in the US after December 31. Three HFA-propelled albuterol inhalers have been approved by FDA: Proair<sup>®</sup> HFA Inhalation Aerosol, Proventil<sup>®</sup> HFA Inhalation Aerosol, and Ventolin<sup>®</sup> HFA Inhalation Aerosol. In addition, an HFA-propelled inhaler containing levalbuterol is available as Xopenex<sup>®</sup> HFA Inhalation Aerosol. More information is available on the FDA Web site at [www.fda.gov/cder/mdi/albuterol.htm](http://www.fda.gov/cder/mdi/albuterol.htm).

2. the reasons the pharmacy technician trainee failed the pharmacy technician examination and the likelihood that the pharmacy technician trainee will pass the pharmacy technician examination within the next 24 months; and
3. other extenuating circumstances.

The first technician trainees were licensed in May 2004 so none of them may be relicensed beyond May 2008. If any person is licensed as a technician more than twice by the Board because of an error by Board personnel, it may be revoked or suspended when the error is discovered.

### **Disciplinary Actions**

Notice: Before making a prescription-dispensing or other decision pursuant to information in this issue, you are encouraged to verify the current condition of a license with the appropriate licensing agency (Board).

### **Disciplinary Actions – Board of Pharmacy (Actions Since the July 2008 Newsletter)**

#### **Technicians**

**Cortes, Angelica (T008246)** – Probation terminated. Effective July 9, 2008.

#### **Pharmacists**

**Castaneda, Thomas (S006020)** – Six-month to one-year suspension, followed by four to four-and-a-half year probation. Pharmacists Assisting Pharmacists of Arizona (PAPA) contract. Effective July 9, 2008.

**Chinyere, Anselm (S010598)** – \$1,000 fine and eight hours of continuing education (CE). Effective September 11, 2008.

**Daily, Marjorie (S013599)** – Voluntarily Surrendered license. Effective September 11, 2008.

**Martinez, David (S015190)** – Suspension terminated, four to four-and-a-half year probation begins. Effective July 9, 2008.

**Mullins, Richard (S011395)** – Five-year probation. PAPA contract. Effective September 11, 2008.

**Nukala, Djiraj (S016489)** – \$1,000 fine and eight hours CE. Effective July 9, 2008.

**Peterson, James (S009155)** – Suspended for a minimum of six months; followed by four to four-and-a-half years probation. PAPA contract. Effective September 11, 2008.

**Sowers, Rod (S010804)** – \$500 fine and eight hours of CE. Effective July 9, 2008.

**Wamboldt, David (S013400)** – Six-month suspension, four-and-a-half year probation. PAPA contract. Effective July 9, 2008.

### **Disciplinary Actions – Other Boards**

#### **Arizona Board of Medicine (MD – Allopathic Physicians and Physician Assistants)**

**Alper, Jeffrey (PA 3001)** – Non-disciplinary – Physician assistant's (PA) practice is limited in that he shall not perform health care tasks in the state of Arizona and is prohibited from prescribing any form of treatment including prescription medications until PA applies to the Board and receives permission to do so. Effective August 21, 2008.

**Armstrong, James H. (MD 24923)** – License surrendered to the Board. August 8, 2008.

**Austein, Mark R. (MD 14196)** – Respondent's license is reactivated upon payment of the renewal fee. Respondent is placed on probation for five years with set terms and conditions. Effective August 8, 2008.

**Bast, Richie (MD 14854)** – *Interim Consent Agreement for Practice Restriction* – Respondent shall not practice clinical medicine or any medicine involving direct patient care, and is prohibited from

prescribing any form of treatment including prescription medications, until respondent applies to the Board and receives permission to do so. Effective June 11, 2008.

**Brandt, Susan (MD 30749)** – Non-disciplinary – Physician's practice is limited in that she shall not practice medicine in the state of Arizona and is prohibited from prescribing any form of treatment including prescription medications until physician applies to the Board and receives permission to do so. Effective June 23, 2008.

**Charlap, Robert S. (MD 31256)** – License surrendered to the Board. Effective August 11, 2008.

**Clark, Teralynn (MD 22516)** – Non-disciplinary – Physician's practice is limited in that she shall not practice clinical medicine or any medicine involving direct patient care in the state of Arizona and is prohibited from prescribing any form of treatment including prescription medications until physician applies to the Board and receives permission to do so. Effective March 18, 2008.

**Domisse, John V. (MD 22164)** – License revoked. Effective 35 days after August 8, 2008, unless respondent petitions for rehearing or review.

**Foxley, William N. (MD 17023)** – License surrendered to the Board. Effective August 8, 2008.

**Glacy, Stephen D. (MD 17082)** – License surrendered to the Board. Effective June 5, 2008.

**Goel, Sudhir (MD 27103)** – License surrendered to the Board. Effective August 8, 2008.

**Greene, David L. (MD 32747)** – License revoked. Effective 35 days after August 8, 2008, unless respondent petitions for rehearing or review.

**Hemphill, Mark (MD 24566)** – *Interim Consent Agreement for Practice Restriction* – Respondent shall not practice clinical medicine or any medicine involving direct patient care, and is prohibited from prescribing any form of treatment including prescription medications, until respondent applies to the Board and receives permission to do so. Effective June 27, 2008.

**Jessop, Darrell James (MD 23441)** – *Interim Consent Agreement for Practice Restriction* – Respondent shall limit all patient care to an established urgent care facility. Respondent cannot provide pain management or family medicine services to any patient in an ongoing fashion. Prescribing of controlled and non-controlled substances to urgent care patients must be in accordance with specific, listed restrictions. Respondent shall be evaluated by the Physician Assessment and Clinical Evaluation (PACE) within 30 days and shall complete PACE within 60 days. Effective June 16, 2008.

**Keating, Lynn M. (MD 19688)** – Respondent issued a Letter of Reprimand. Respondent's practice is restricted for 10 years in that she shall not practice clinical medicine involving direct patient care, and is prohibited from prescribing any form of treatment. After two years, respondent may apply to the Board to request the practice restriction be lifted. Effective June 5, 2008.

**Koppula, Sampurnarao (MD 13707)** – Non-disciplinary – License surrendered to the Board. Effective August 10, 2007.

**Lee, Rodney J. (MD 40201)** – *Interim Consent Agreement for Practice Restriction* – Respondent shall not practice clinical medicine or any medicine involving direct patient care, and is prohibited from prescribing any form of treatment including prescription medications, until respondent applies to the Board and receives permission to do so. Effective July 25, 2008.

**Levinson, Daniel O. (MD 5997)** – Non-disciplinary – Physician's practice is limited in that he shall not practice clinical medicine or any medicine involving direct patient care, and is prohibited from prescribing any form of treatment including prescription medica-

tions until applying for and receiving Board approval. Effective May 12, 2008.

**Mahl, Michael (MD 12868)** – License inactivated with cause. Effective July 29, 2008.

**Munoz, Cayetano S. (MD 9506)** – License surrendered to the Board. June 5, 2008.

**Perlmutter, Brian H. (MD 27305)** – *Interim Consent Agreement for Practice Restriction* – Respondent shall not practice clinical medicine or any medicine involving direct patient care, and is prohibited from prescribing any form of treatment including prescription medications, until respondent applies to the Board and receives permission to do so. Effective May 30, 2008.

**Petrone, Thomas (MD 23585)** – *Interim Consent Agreement for Practice Limitation* – Non-disciplinary – Physician's practice is limited in that he shall not practice clinical medicine or any medicine involving direct patient care and is prohibited from prescribing any form of treatment including prescription medications until applying for and receiving Board approval. February 19, 2008.

**Plumb, David I. (MD 37523)** – Summary suspension imposed on October 11, 2007, lifted and license reinstated subject to non-disciplinary practice limitation. Physician's practice is limited for at least 12 months with set terms and conditions. Physician shall not enter an independent medical practice until he meets with the Board and receives its approval to do so. Effective February 11, 2008.

**Ramirez, Alfredo C. (MD 12694)** – Non-disciplinary – Physician's practice is limited in that he shall not practice medicine in the state of Arizona and is prohibited from prescribing any form of treatment including prescription medications until physician applies to the Board and receives permission to do so. Effective July 2, 2008.

**Rosado, Humberto (MD 19978)** – Board ordered that license shall be revoked. Revocation is stayed and respondent's practice is restricted and respondent is placed on probation for a period of 10 years subject to set terms and conditions. Effective August 20, 2008.

**Shapiro, Daniel I. (MD 20700)** – *Interim Consent Agreement for Practice Restriction* – Respondent shall not practice clinical medicine or any medicine involving direct patient care, and is prohibited from prescribing any form of treatment including prescription medications, until respondent applies to the Board and receives permission to do so. Effective May 23, 2008.

\* *Interim Consent Agreement for Practice Restriction and to Participate in the Monitored Aftercare Program* – Interim Consent Agreement for Practice Restriction dated May 23, 2008, is vacated and superseded by this order. Respondent shall promptly enroll in and participate in Monitored Aftercare Program (MAP). Respondent's participation in MAP may be unilaterally terminated with or without cause at the Board's discretion at any time after the issuance of this order. Respondent's participation in MAP pursuant to this Interim Consent Agreement is subject to set terms and conditions. Effective August 25, 2008.

**Sloan, Karen (MD 23196)** – Non-disciplinary – Physician's practice is limited in that she shall not practice clinical medicine or any medicine involving direct patient care, and is prohibited from prescribing any form of treatment including prescription medications until physician applies to the Board and receives permission to do so. Effective February 11, 2008.

**Stump, Edwin D. (MD 33601)** – *Interim Findings of Fact* – Edwin D. Stump's license to practice allopathic medicine in the state of Arizona is summarily suspended pending a formal hearing. Effective July 30, 2008.

**Surwit, Earl (MD 11111)** – License inactivated with cause. Effective May 6, 2008.

**Vora, Illa J. (MD 36244)** – *Interim Consent Agreement for Practice Limitation* – Non-disciplinary – Physician's practice is limited in that she shall not practice clinical medicine or any medicine involving direct patient care and is prohibited from prescribing any form of treatment including prescription medications until applying for and receiving Board approval. Effective July 18, 2008.

**Waterman, Jane L. (MD 21800)** – Non-disciplinary – Physician's practice is limited in that she shall not practice clinical medicine or any medicine involving direct patient care and is prohibited from prescribing any form of treatment including prescription medications until physician applies to the Board and receives permission to do so. Effective February 26, 2008.

**Yorke, Victoria L. (MD 18532)** – Non-disciplinary – Physician's practice is limited in that she shall not practice clinical medicine or any medicine involving direct patient care and is prohibited from prescribing any form of treatment including prescription medications in Arizona until applying for and receiving Board approval. Effective April 25, 2008.

### **Arizona Osteopathic Medical Board (DO – Osteopathic Physicians)**

**Dubets, Michael (DO 2589)** – License surrendered to the Board. Effective July 31, 2008.

**Easley III, S. Foster (DO 3212)** – Board ordered that license shall be revoked. It further ordered staying the revocation and placing respondent on probation for a period of five years commencing March 31, 2008, with set terms and conditions. It further ordered suspending respondent from March 31, 2008 through August 8, 2008. Effective August 7, 2008.

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