



Idaho State Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

3380 Americana Terr, Suite 320, Boise, ID 83706

2009 Changes to the Rules of the Board of Pharmacy

The following is a summary of 2009's changes to IDAPA 27.01.01, which are now in effect. For a full version of the text changes, please visit our Web site. For the official copy of these changes, engrossed into an updated version of the Rules of the Idaho State Board of Pharmacy, please visit the Idaho Department of Administration, via a link on our Web site. For an unofficial, printer-friendly, engrossed version, please visit our Web site. These updated versions also contain hundreds of nonsubstantive changes to grammar, punctuation, and format, thus printing an updated rules section is suggested. Also, the Idaho Pharmacy Law Book containing these updates is available for purchase on our Web site.

- ◆ Rule #010 defines student pharmacist (a term inclusive of intern and extern when differentiation is not needed) and eliminates the ratio of one pharmacist preceptor to one intern or extern. Please see changes to Rule #251 for further clarification.
- ◆ Rule #100 requires that student pharmacist registration forms be carried when engaged in intern or extern training and changes the intern registration renewal date to June 30 annually.
- ◆ Rule #102, 103, and 105 (which becomes Rule #104) simply replace the term "intern or extern" with student pharmacist.
- ◆ Rule #106 becomes Rule #105 and updates North American Pharmacist Licensure Examination® (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®) language and procedure.
- ◆ Rule #104, entitled Approved Training Site Requirements, Rule #107, entitled Forms, Rule #108, entitled Applicant for Licensure by Examination, Rule #109 entitled Examination Application, and Rule #113, entitled Failure, are repealed in their entirety.
- ◆ Rule #110 becomes Rule #106 and clarifies that foreign pharmacy graduates must provide a Foreign Pharmacy Graduate Examination Committee™ certificate prior to applying for NAPLEX or MPJE.
- ◆ Rule #111 becomes Rule #107 and clarifies that Accreditation Council for Pharmacy Education (ACPE) accredits pharmacy schools.
- ◆ Rule #112 becomes Rule #108 and updates the procedure for pharmacist licensure via reciprocity.
- ◆ Rule #134 updates terms and requires that ACPE-accredited activities have a participant designation code of P (for pharmacist) as the suffix of the ACPE universal program number.
- ◆ Rule #152 establishes that requirements for a pharmacy's reference library, including the Idaho Pharmacy Law and Rules, are satisfied by online Web applications.
- ◆ Rule #156 adds technicians to the list of licenses and registrants whose employment changes must be reported to the Board, clarifies

that the pharmacist-in-charge (PIC) is tasked with this reporting, extends the time to report to 10 days, harmonizes the term PIC with statute, clarifies that a registered pharmacist who is the proprietor of a pharmacy must name a PIC (which may be the pharmacist proprietor), and requires that a PIC must work a substantial amount of his working time in the pharmacy in which he has been designated PIC.

- ◆ Rule #160 allows student pharmacists under the direct supervision of a pharmacist to orally transfer controlled substances as long as one of the parties involved in the communication is a pharmacist.
- ◆ Rule #165 is renamed Pharmaceutical Care, redefines a collaborative pharmacy practice, the collaborative pharmacy practice agreement, and drug therapy management, as well as creating a place in rule for the further defining of pharmaceutical care.
- ◆ Rule #187 allows for the quality assessments and assurance committee of skilled nursing facilities to establish and utilize a formulary or drug list for substitution.
- ◆ Rule #251 allows pharmacy technicians to be disciplined under the same guidelines as pharmacists, creates a pharmacy technician training registration that is renewable once, defines the secured area of the pharmacy, and requires that everyone working in the secured area of the pharmacy be licensed or registered (eliminates pharmacy clerks), except for authorized, temporary visitors for legitimate business purposes. It changes the ratio to a ceiling of one pharmacist per six pharmacy technicians, pharmacy technicians in training and student pharmacists in total, but does not allow a ratio, which under the circumstances of the particular practice setting, would result in or reasonably be expected to result in an unreasonable risk of harm to public health safety and welfare; pharmacies and/or PICs can be disciplined for allowing said safety issues to exist. It establishes minimum standards for technician registration, including but not limited to, national certification, 18 years of age, and a high school diploma; the latter two stated requirements can be overridden by the Board's executive director. It establishes that pharmacy technicians registered by June 30, 2009, are grandfathered from said minimum requirements, so long as their employment remains continuous with their employer on June 30, 2009. It also eliminates the training statements on the previous pharmacy technician registration application and renewal forms that require a PIC signature and restricts pharmacists with revoked or suspended licenses from applying as a pharmacy technician.
- ◆ Rule #252 modifies the definition of institutional facility to include long-term care facility, defines long-term care facility, chart order,

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NABP Seeking Pharmacists in All Practice Areas to Take Survey

The expertise of pharmacists in all areas of pharmacy practice is needed for an online survey NABP is conducting as part of a full pharmacy practice analysis. The survey, which is available at www.zoomerang.com/Survey/?p=WEB2297C9ZRC3F, will run from April 1 to June 30, 2009. Survey results will furnish data necessary to update and validate the current North American Pharmacist Licensure Examination® (NAPLEX®) competency statements, which are scheduled to be revised and implemented into the 2010 blueprint.

NABP conducts a pharmacy practice analysis at least every five years in accordance with standard testing industry examination development and revision guidelines. The analysis allows NABP to ensure that the NAPLEX competencies are in line with the existing pharmacy practice standards and that they accurately reflect the current knowledge, skills, and abilities of entry-level pharmacists seeking licensure. Questions may be directed to custserv@nabp.net or 847/391-4406.

Teen Abuse of Prescription Medications: Curtailing a Growing and Dangerous Trend

Teen-targeted, antidrug campaigns have shifted focus to tackle the current culprit in teen drug abuse: prescription medications. The nonprofit Partnership for a Drug-Free America (Partnership), and government agencies such as the Office of National Drug Control Policy (ONDCP) are using Web sites and televised public service announcements to educate parents and teens about the dangers of prescription drug abuse as well as prevention strategies. In support of such efforts, the National Association of Boards of Pharmacy® (NABP®) is taking steps to raise awareness among pharmacy stakeholders about the urgency of the issue, the benefits of prevention counseling for parents and teens, and support of local medication disposal programs.

A Trend with Deadly Consequences

The teen prescription drug abuse trend demands an assertive approach, as the Centers for Disease Control and Prevention (CDC) indicates that unintentional drug poisoning from misuse of prescription drugs is now the second leading cause of accidental death in the United States. Further, according to the Drug Abuse Warning Network, emergency room visits for prescription medication abuse and “street drugs” are almost equal. Substance Abuse and Mental Health Services Administration (SAMHSA) studies reveal that more teens are trying prescription medications in order to “get high” than marijuana.

To complicate matters, a study done by the Partnership suggests that prescription drugs are not just replacing illicit drugs but instead appear to be an intermediate step in drug use. As one survey participant stated, “[T]aking pills made me much more open to taking x [ecstasy]. At a certain point, it just became another pill.”

Prescription Drugs of Choice for Teens

Pain relievers such as Vicodin® and OxyContin®, stimulants such as Adderall® and Ritalin®, and tranquilizers such as Xanax® and Valium® are the prescription medications most frequently abused by teenagers, the Partnership finds.

Putting the problem in perspective, SAMHSA studies from 2007 show that 2.1 million adolescents age 12 or older tried prescription medications for nonmedical uses – the same number that tried mari-

juana. Tranquilizers (1.2 million teens), cocaine (0.9 million teens), ecstasy (0.8 million teens), inhalants (0.8 million teens), and stimulants (0.6 million teens) were the next drugs most frequently chosen by teens for first time use. SAMHSA reports that, every day, 2,500 youths (age 12 to 17) abuse a prescription pain reliever for the first time. Among teens who have abused painkillers, nearly one-fifth (18%) used them at least weekly in the past year.

Teens are also abusing over-the-counter products such as cough/cold medications. According to a SAMHSA study, 3.1 million people aged 12 to 25 had tried cough or cold medications to get high in their lifetime, and almost 1 million had done so in 2005.

Why Teens Choose Prescription Medications

In surveys conducted by the Partnership, teens reported that they used prescription drugs to help them deal with problems, manage their lives, lower stress, and enhance performance, as well as to get high.

According to ONDCP’s 2008 report, *Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation’s Teens*, teens think that using prescription medications to manage stress or get high is safer than using street drugs. Further, prescription medications are more easily available to teens than illicit drugs such as cocaine or ecstasy. Teens obtain medications from the medicine cabinet at home, through friends, or at friends’ homes.

While prescription drugs may be more readily accessible for teens, large numbers are combining these medications with alcohol and/or illicit drugs. For example, 49% of teens who abused painkillers reported using two or more other drugs, including alcohol (81%) and marijuana (58%), ONDCP reports. Further, the report notes, poisonings as a result of combining prescription and over-the-counter drugs have risen drastically.

Stemming the Growth of Prescription Drug Abuse

In response to this growing problem, organizations and government agencies recommend educating both parents and teens about the dangers of prescription drug abuse, and modifying and encouraging the use of prescription medication disposal programs.

At its 104th Annual Meeting in May 2008, NABP passed a resolution that stipulates use of its newsletter programs to keep pharmacists and other constituents informed about the urgent issue of teen prescription drug abuse, so that they in turn can help to provide parents and teens with current prevention information. Such educational efforts are vital, as the Partnership reports that most parents do not realize that teens are intentionally abusing medications to get high, and that they think their teens are not vulnerable to prescription drug abuse. Further, the Partnership finds that, like many teens, parents tend to think that teen abuse of prescription medications is safer than teen abuse of street drugs.

Organizations such as the Partnership aim to educate parents and teens directly, informing them about the abuse trend, and emphasizing the necessity of using prescription medications appropriately.

Knowledge of this information is important to pharmacists since they are in an excellent position to counsel parents on teen drug abuse when dispensing prescriptions with high abuse potential.

Phil Bauer of the Partnership stated in his presentation at the NABP 104th Annual Meeting: “We need to reach out and empower parents, give them the information they need. Parents talking to kids reduces drug use by 50%.” Similar to past drug prevention programs that



focused on illicit drugs, Bauer and the Partnership encourage parents to communicate with their kids about prescription drug abuse and its dangers. Likewise, ONDCP reports that when parents express strong disapproval of drug abuse, teens are much less likely to adopt this dangerous behavior.

Another immediate step parents can take, the Partnership advises, is safeguarding the medications kept in their homes. Safeguarding involves properly disposing of unused and expired medications, and taking an inventory of all current medications. Further, parents can keep medications stored in an area that is not readily accessible to teens or their friends.

To raise awareness among families and the public, the Partnership, along with ONDCP, launched a media campaign using their Web sites as well as televised public service announcements aired during the 2008 Super Bowl. The Partnership Web site provides a list of facts parents can stress to teens. The Web site states: "The Partnership is urging parents, both through this new campaign and through our online resources and information to learn about this serious problem, share the information with their teens, and take action to prevent teens from accessing these medications at home."

More information and resources are available on the Partnership Web site at www.drugfree.org.

Health Care Consumers: Essential Partners in Safe Medication Use



This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that analyzes 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 risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Edition by visiting www.ismp.org. ISMP is a Federally Certified Patient Safety Organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also a Food and Drug Administration (FDA) MedWatch partner. Call 1-800-FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program (MERP) or report online at www.ismp.org. ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

A study in the September 10, 2007 *Archives of Internal Medicine* found that a significant percentage of American consumers may not be using their medications safely.

Between 1998 and 2005 alone, there was a 360% increase in deaths attributed to consumers using medications incorrectly at home (not involving alcohol or street drugs).

Proactive communication between pharmacists and patients is a major way to reduce the risk of medication errors.

However, there are barriers to patients communicating with pharmacists about the drugs they are taking, including limited time for speaking with patients and lack of appropriate written materials.

Pharmacists should explore ways to make suitable written materials on medications readily available. Be sure to seek feedback from patients (eg, through focus groups and targeted satisfaction survey questions) to ensure that written materials effectively communicate the most important information.

Management support for widespread education is essential to ensure effective use of electronic resources as well as dedicated time to talk with patients.

Many pharmacists assume that their patients can read, understand, and act on instructions on medication labels and in medication information pamphlets. But although 90 million Americans read below the 5th grade level, 98% of the medication information sheets accompanying dispensed prescriptions are written at a 9th to 12th grade level or higher.

Poor health literacy can lead to consumers misusing and making mistakes with their medications. Adults with low health literacy:

- ◆ Are less likely to adhere to prescribed treatment and self-care regimens
- ◆ Make more medication or treatment errors

Children are particularly vulnerable to medication misuse. One study has demonstrated that parents give their children an incorrect dose of over-the-counter fever medicine 47% of the time. Other recent studies have shown that educating parents on how to measure and administer the correct dose of medication for their children can prevent serious errors.

When dispensing pediatric medication, involve the child's parents and demonstrate correct measurement and administration techniques when possible. Emphasize the importance of using an appropriate measuring device (the original product dropper or dosing cup, or proper type of syringe), not a household spoon.

The Internet has opened a whole new avenue for consumers to obtain information on how to use their medications. Americans spend a large portion of time online searching for advice about health and safety. According to the 2007 *Preventing Medication Errors*, the percentage of adults who have sought health information online grew from 27% (54 million) in 1998 to 53% (117 million) in 2005.

But the report found that while there is an abundance of Internet-based health information, the quality of that information is variable.

ISMP maintains links to leading patient safety entities and information on its Web site, www.ismp.org, and recently launched a consumer-focused Web site that provides even more specific medication safety information. Visit the new site at www.ConsumerMedSafety.org. ISMP allows and encourages all state board Web sites to link to this new consumer patient safety Web site.

FDA Expands Warning to Consumers about Tainted Weight Loss Pills

On January 8, 2009, FDA expanded its nationwide alert to consumers about tainted weight loss pills that contain undeclared, active pharmaceutical ingredients. On December 22, 2008, FDA warned consumers not to purchase or consume 28 different products marketed for weight loss. Since that time, FDA analysis has identified 41 more tainted weight loss products that may put consumers' health at risk. The complete list of drugs is available on the FDA Web site.

prepackaging (distinguishing it from repackaging), centralized prescription filling, and centralized prescription processing.

- ◆ Rule #253 no longer requires supplying pharmacists to obtain a physician's order to replace expired drugs in an emergency kit and requires that emergency kits be restocked within a reasonable time.
- ◆ Rule #255 adds chart order to the definition of physician's orders.
- ◆ Rule #257 allows an outside pharmacy that provides prescription services to an institutional facility without a pharmacy to outsource, pursuant to a written contract, prescription processing, or filling services to another pharmacy provided that the services are limited to meet the immediate need of patients and residents of institutional facilities when the outside pharmacy can not provide services, the outside pharmacy has received approval from the institutional facility, and the outside pharmacy has provided a valid chart order to the contracted pharmacy.
- ◆ Rule #265, 267, 268, and 269 make permanent the temporary rules addressing the remote dispensing pilot project.
- ◆ Rule #323 mimics 2008 changes to the Idaho Wholesale Drug Distribution Act, eliminating the surety bond requirement and the fund that holds it and clarifying what paperwork is to be submitted on prior legal cases involving designated representatives.
- ◆ Rule #356 and 357 clarify certain record keeping procedures for veterinary drug technicians and veterinary drug outlets.
- ◆ Rule #404 and 405 increase wholesale licensure fees to \$130, clarify that an extern registration is valid through July 15 following graduation, and clarify that preceptor site and intern registration renewals are due June 30 annually.
- ◆ Rule #458 makes permanent the temporary rule establishing a 90-day expiration date for Schedule II prescriptions.
- ◆ Rule #460 establishes that evidence of an amount of a controlled substance that is different than the amount reflected on any required record or inventory shall be a rebuttable presumption of a violation of record keeping and inventory requirements.
- ◆ Rule #469 requires that Schedule V controlled substance prescription data must be reported to the Board, as Schedule II, Schedule III, and Schedule IV have been.
- ◆ Rule #496 allows for the annual inventory of stocks of controlled substances to be taken within seven days of the prior year's inventory.

Discipline: April 8, 2009 Board Meeting

K.D., Pharmacy Technician, registration revoked due to diversion.

B.S., Pharmacy Technician, registration revoked due to diversion.

E.S., Pharmacy Technician, registration revoked due to diversion.

Future Board Meetings

The following meeting dates and locations are subject to change. Please check our Web site for updated information.

◆ June 19, 2009: Doubletree Hotel, 475 W Parkcenter Blvd, Boise, ID.

◆ August 14, 2009: Boise, ID

Notice to All Registrants and Applicants

The address, telephone, and other contact information you provide on applications for registration licensure and renewals are used to respond to Public Records Act requests. If you do not wish to have your home phone and address released to the public, you must use your current business contact information when completing these forms.

Special Notice

The *Idaho State Board of Pharmacy Newsletter* is considered an official method of notification to pharmacies, pharmacists, pharmacy intern/externs, and pharmacy technicians registered by the Board. Please read them carefully. We encourage you to keep them filed in your pharmacy, preferably in your Idaho Pharmacy Law Book, for future reference.



**Know a Pharmacist in trouble with
drugs/alcohol or mental health problems?**

Please contact the Pharmacist Recovery Network for help.
www.SouthworthAssociates.net 800.386.1695

24 CONFIDENTIAL Toll free Crisis Line
HOUR 866.460.9014

The *Idaho State Board of Pharmacy News* is published by the Idaho Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote voluntary compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of the Foundation or the Board unless expressly so stated.

Mark D. Johnston, RPh - State News Editor

Carmen A. Catizone, MS, RPh, DPh - National News Editor
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IDAHO STATE BOARD OF PHARMACY
 National Association of Boards of Pharmacy Foundation, Inc
 1600 Feehanville Drive
 Mount Prospect, IL 60056