



Montana Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

Revisions Proposed to Pharmacist Intern Rules

The Montana Board of Pharmacy is proposing to revise the Administrative Rules of Montana as they relate to pharmacist interns. Under the proposed rules, a student enrolled in an accredited school of pharmacy will be eligible to apply for registration as a pharmacist intern after completing 30 days of study. Previously the student had to complete the first professional year before being eligible for intern registration.

The relevant portion of the proposed rules revision is reprinted below. Proposed additions are in bold and underlined; proposed deletions are struck through.

A public hearing on the proposed revisions will be scheduled in the near future. The Board can accept oral and written comments.

Pharmacy 24.174.602

Subchapter 6 Internship Regulations

24.174.601 SUMMARY OF OBJECTIVES

(1) ~~Internship training, using academic training as a foundation, provides a learning experience in real life situations that will result in a professional who is competent to practice pharmacy and render professional services on their own, without supervision at the time of licensure. The objectives shall be:~~

- ~~(a) a practically, accurately and safely trained intern;~~
- ~~(b) an ethically trained intern; and~~
- ~~(c) a legally trained intern.~~

The practical experiences required prior to professional licensure shall be referred to as internship. The purpose of pharmacy internship is to provide an intern with the knowledge and practical experience necessary for professional licensure.

(History: 37-7-201, MCA; IMP, 37-7-201, MCA; NEW, Eff. 5/20/72; AMD, 1977 MAR p. 106, Eff. 9/23/77; AMD, 1980 MAR p. 126, Eff. 1/18/80; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1997 MAR p. 2060, Eff. 11/18/97; AMD, 2002 MAR p. 178, Eff. 2/1/02; TRANS, from Commerce, 2002 MAR p. 904.)

24.174.602 INTERNSHIP REQUIREMENTS

(1) The experience required to obtain licensure as a pharmacist shall be that instruction period composed of computed time obtained under the supervision of the preceptor in an approved site.

~~An intern may not work alone and assume the responsibility of a registered pharmacist.~~ **practice only under the immediate personal supervision of a Registered Pharmacist.**

- (2) Application shall be made on the intern application form prescribed by the board. Registration must be obtained prior to commencing work as an intern.
 - (3) The intern shall receive instruction in only one approved area and under only one preceptor concurrently, except in unusual and extenuating circumstances approved by the board upon written request.
 - (4) The intern shall make such reports and certifications as required under the approved program **and or as required by the board.**
 - (5) The intern is responsible for the knowledge and observation of the extent of the intern's legal liability and legal restrictions applicable under the federal, state, and municipal laws and rules.
 - (6) The intern shall be responsible for ensuring that the preceptor has proper certification.
 - (7) The intern is responsible for properly submitting all forms and hour reports under the approved program.
 - (8) Employment and the intern training periods are not to be interpreted as being the same. An intern may work in excess of the computed time.
 - ~~(9) Only those students who have completed the first professional year (third year) of the pharmacy curriculum may begin their internship.~~
 - (9) **An intern shall be:**
 - a) a student currently enrolled in an accredited pharmacy program;**
 - b) a graduate of an accredited pharmacy program serving his or her internship;**
 - c) or a graduate of a pharmacy program located outside the United States of America which is not accredited and who has successfully passed equivalency examinations approved by the board.**
- Intern registration based on enrollment in or graduation from an accredited pharmacy program shall expire not later than twelve (12) months after the date of graduation or at the time of professional licensure, whichever comes first. Intern registration based on graduation from a pharmacy program located outside of the United States of America which is not accredited shall**

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FDA Web Site Upgrades Support MedWatch's Patient Safety Goal

Two recently launched additions to the Food and Drug Administration's (FDA) Web site are intended to support the "Patient Safety" goal that MedWatch shares in public health efforts to protect patients from serious harm and improve outcomes. The entry pages assist health care professionals and patients to locate timely safety information for FDA-regulated human medical products and assist them in making diagnostic and therapeutic decisions.

The content and links on the new FDA entry page specifically for health care professionals allows busy doctors, pharmacists, nurses, and other health care professionals to find information to make point-of-care decisions. There is information that is specifically safety-related, such as easy access to reporting adverse events or finding new safety alerts, warnings, and recalls. Users can also find content regarding new approvals information, or access to the current version of the label, or prescribing information in "DailyMed." This page can be accessed through www.fda.gov/healthprofessionals.

FDA's other new page is specifically for patients and provides two patient-friendly articles about reporting adverse events and product quality problems to FDA and to the patient's caregivers. These articles are also available to pharmacists in printer-friendly PDF versions that can be downloaded and distributed to patients. FDA relies on properly and timely reporting of serious and unexpected drug and device-related adverse events, use errors, and quality problems. Pharmacists can ascertain and teach their patients to understand the "what, why, and how" to report to FDA and also learn about what happens to each received report and whether it leads to FDA action that may make product use safer for both patients and providers. FDA's patient specific page can be found at www.fda.gov/consumer/default.htm.

Retail Pharmacies Now Providing Medical Clinics to Improve Public Safety



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!**® Community/Ambulatory Edition by visiting www.ismp.org. If you would like to report a problem confidentially to these organizations, go to the ISMP Web site (www.ismp.org) for links with USP, ISMP, and FDA. Or call 1-800/23-ERROR to report directly to the USP-ISMP Medication Errors Reporting Program. ISMP address: 200 Lakeside Dr;

Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

Retail pharmacy corporations have set up medical clinics within pharmacies. These nurse-practitioner or physician-assistant run clinics aim to rapidly diagnose and treat a limited number of health problems. Many also offer vaccination programs. The first pharmacy-based medical clinics were opened in Minnesota as QuickMedx in 2000, later becoming MinuteClinic in 2002. Currently there are approximately 1,000 sites in 37 states representing almost three million cumulative visits.

The emergence of pharmacy-based medical clinics offers a unique set of opportunities to improve the safety in prescribing and dispensing medications. Do you have a clinic opening in your store? If so, consider these safety recommendations:

- ◆ Meet the nurse practitioners and physician assistants and introduce them to your staff. Show them how your operation works and invite them in for a tour.
- ◆ If you have prescription scanning capabilities, show them how a scanned prescription displays on your monitor. Show them how different prescription blanks scan (eg, colored prescription blanks, blanks with water marks or seals for diversion) and what to avoid using so as not to distort the actual order.
- ◆ If they are using a device that allows them to send prescriptions electronically, have them send test prescriptions to you, invite them in to see how their prescriptions display on your computer and send them back test refill requests.
- ◆ Work together on any issues that arise, such as conflicting directions and special instructions, where the automatic sig indicates one set of patient directions and then the free text special instructions contradict the sig (see image below).

	LORAZEPAM 0.5MG TABLET
Sig:	1 Tablet(s) PO Q6-8H PRN anxiety, insomnia x 30 days
Dispense:	90 Tablet(s)
Special Instructions:	Take one tab as needed for anxiety or insomnia, may repeat x1.
Refills:	5
Signature:	_____

- ◆ Ask prescribers to include the indication for use whenever they write or call in a prescription.
- ◆ Educate them that it is your policy to read back the entire prescription order to them after transcribing it in the pharmacy including spelling the medication name. Let them know you will be using "cock-pit" language, for example, "one six" for "16."
- ◆ Ask them to include both the generic and brand names on all written orders for medications with look-alike and/or sound-alike names.
- ◆ Share with them ISMP safety tools (eg, List of Error Prone Abbreviations, List of Confused Drug Names) found at www.ismp.org/Tools.



- ◆ Let them know you will dispense measuring devices every time they order a liquid medication.
- ◆ Let them know that safety is your priority when filling prescriptions, and invite them to be part of your safety team.

FDA Launches Web Sites on Promotion of Medical Products

On September 3, 2008, FDA launched two new Web sites to provide information for consumers and industry about how FDA regulates the promotion of medical products. Pharmacists can obtain useful information regarding prescription drug advertising regulations as well as refer their patients who may have questions to the site.

The “Advertising Prescription Drugs and Medical Devices” Web site provides a “one-stop shop” portal to information on FDA regulation of medical product promotion. Pharmacists access relevant laws, regulations, and guidances. This site can be found at www.fda.gov/oc/promotion/.

The direct-to-consumer Web site, “Be Smart about Prescription Drug Advertising: A Guide for Consumers” is designed to educate consumers about how to view such advertising to help inform their discussions with health care providers, and consequently to help improve patient’s understanding and medical care. This site was created in collaboration with EthicAd, an independent, nonprofit organization dedicated to helping consumers, health care professionals, and the pharmaceutical and advertising industries with direct-to-consumer advertising for prescription drugs. More information can be found at www.ethicad.org.

The direct-to-consumer site provides interactive example ads for fictitious drugs to illustrate the different requirements for the various types of ads. It also includes a list of questions patients should ask themselves when they see a prescription drug ad. This list can be printed for patients to use while discussing questions with their health care providers. This site can be found at www.fda.gov/cder/ethicad/index.htm.

FPGEE Returns to Computer-based Format

As advancements in secure testing technology forge ahead, the push for more electronically based systems and less use of the traditional paper-and-pencil mechanisms continues. With this in mind, NABP will soon be returning the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) to a computer-based format, eliminating the paper-and-pencil examination.

The FPGEE is the third computerized examination to be developed by NABP, after the North American Pharmacist Licensure Examination® (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®). The new computerized FPGEE will debut at the April 14, 2009 administration.

The computerized FPGEE examination will continue to be administered one day in the spring and one day in the fall; however, instead of limiting the available testing locations to three sites, applicants will be able to choose from more than

200 Pearson VUE testing sites located within the continental United States. In addition, it is anticipated that applicants will be able to schedule their test sites electronically 48 to 72 hours after having been accepted to take the FPGEE.

The NABP test vendor, Pearson VUE, will administer the computerized FPGEE as it does with the NAPLEX and the MPJE. Demonstrating a record of solid customer service combined with a secure and consistent test center network, Pearson VUE is committed to providing a reliable and professional testing environment for applicants on behalf of NABP.

The FPGEE is one component of the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) certification process. In addition to passing the examination, FPGEC applicants are required to have certain documents submitted from educational and licensure institutions that present their educational backgrounds and licensure and/or registration to practice pharmacy. Applicants must also pass the Test of English as a Foreign Language™ (TOEFL®) and the Test of Spoken English™ (TSE®), or the TOEFL Internet-based Test (iBT). The FPGEC certificate allows foreign graduates to partially fulfill eligibility requirements for licensure in the 50 United States and the District of Columbia where the certification is recognized.

To prepare for the FPGEE, NABP recommends that applicants take the Pre-FPGEE®, the official FPGEE practice examination written and developed by NABP. This practice examination is designed to help familiarize applicants with the FPGEE by exhibiting the types of questions provided on the actual examination as well as providing a score estimate.

Additional information on the FPGEE as well as the Pre-FPGEE is available in the Examination Programs section on the NABP Web site at www.nabp.net.

Updated 2009 Survey of Pharmacy Law Now Available

The NABP 2009 *Survey of Pharmacy Law*, providing a concise research source for key regulatory questions in pharmacy practice for all 50 states, the District of Columbia, and Puerto Rico, is now available.

The *Survey* updates, graciously provided by the state boards of pharmacy, consist of four sections including a state-by-state overview of organizational law, licensing law, drug law, and census data. Also, a new question in Section VII, “Issuance of Initial Pharmacist Licensure,” asks whether or not states require criminal history record checks for initial licensure as a pharmacist.

To order the *Survey*, visit the NABP Web site at www.nabp.net and download an order form; the *Survey* costs \$20.

All final-year pharmacy students receive the CD-ROM free of charge through the generous sponsorship of Purdue Pharma LP.

More information on the *Survey* is available by contacting customer service via phone at 847/391-4406 or via e-mail at custserv@nabp.net.

expire not later than twelve (12) months after the date of issuance of the registration or at the time of professional licensure, whichever comes first.

An intern registration may be issued to a student currently enrolled in an accredited pharmacy program at any time

a) after they have completed thirty (30) days of study;

b) submitted a completed application to the board; and

c) paid the required fee.

(10) The intern shall notify the board of any change of address, employment, or preceptor within ten days.

(11) Intern certificate of registration shall be displayed in the approved training area.

(12) An intern will be allowed six months after taking the NAPLEX examination to complete requirements for licensure. The time may be extended, subject to the approval of the board, if extenuating circumstances prohibit completion in the prescribed time.

An intern registration may be extended, subject to approval by the board, upon application by the intern, if extenuating circumstances are present.

(History: 37-7-201, MCA; IMP, 37-7-201, MCA; NEW, Eff. 5/20/72; AMD, 1977 MAR p. 106, Eff. 9/23/77; AMD, 1980 MAR p. 126, Eff. 1/18/80; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1997 MAR p. 2060, Eff. 11/18/97; AMD, 1998 MAR p. 3103, Eff. 11/20/98; AMD, 2002 MAR p. 178, Eff. 2/1/02; TRANS, from Commerce, 2002 MAR p. 904; AMD, 2007 MAR p. 1936, Eff. 11/22/07.)

Disciplinary Actions

The following disciplinary actions were taken by the Montana Board of Pharmacy on October 17, 2008.

Michele Lofgren, Technician in Training, Billings. Fraud, misrepresentation, deception, or concealment of a material fact in applying for or securing a license. Summary suspension of license to practice as a technician in training for an indefinite time period.

General Distributing Company, Great Falls. Unlicensed practice as a wholesale drug distributor. \$500 fine.

Marissa Losoya, CPhT, Billings. Unlicensed practice as a certified pharmacy technician. Unprofessional conduct. \$300 fine.

Holly Binstock, CPhT, Billings. Unlicensed practice as a pharmacy technician in training. Unprofessional conduct. \$1,000 fine. Fine stayed for a period of one (1) year.

Costco Pharmacy, Everett, Washington. Unlicensed practice of pharmacy. Unprofessional Conduct. \$800 fine.

Sharon R. Brannan, CPhT, Kalispell. Misappropriating property or funds from a client or workplace, conduct that does not meet the generally accepted standards of practice, activity which violates state or federal statutes and rules governing the practice of pharmacy, and dispensing medication without proper authorization. Unprofessional conduct. Summary suspension of license for an indefinite period of time. Said suspension shall be lifted and licensee placed on probation for a period of three (3) years at such time as licensee has complied with all terms and conditions of reinstatement imposed by the Board in their final order. Licensee shall then comply with all terms and conditions of probation as imposed by the Board in their final order. Probation shall be tolled.

Montana PharmAssist Program

By Chris Elizagaray, PharmD Candidate

Direct involvement in medication management is the future of pharmacy. As a profession, we cannot expect third-party

payers to recognize the cognitive services we provide unless we participate in programs that can demonstrate benefit to the patient. Providing medication counseling and advice is a daily function of our job, but it is hard to quantify this benefit when these services are still tied to the sale of a product. A program that allows for a face-to-face interaction with the patient and provides a written report of those recommendations (without the sale of a product) to both the patient and their physician is now available.

The Montana PharmAssist Program is an opportunity for pharmacists to provide medication management services while being reimbursed for their time. The Montana Department of Public Health and Human Services (DPHHS) developed this program to give its citizens a tool to help control their medication costs and to maximize their drug therapy. Since this is a new program, pharmacist and patient participation is needed to ensure it receives continued funding. In addition, the successful implementation of this program could cause other third-party payers to follow suit and recognize the cognitive services that a pharmacist can provide.

The procedure to get started involves some training, which counts as continuing education and is provided free of charge. Once the training is complete and a contract is signed with DPHHS, the pharmacist will be placed in a pool of other contracted pharmacists based on geographic location. Patients are allowed to request a particular pharmacist by name if they choose.

Any pharmacist (not just a PharmAssist pharmacist) may recommend the PharmAssist Program to a patient if they feel that they may benefit from a medication management intervention (polypharmacy, compliance, etc). Once an intervention is recommended to the patient, the patient or caregiver can call 866/913-2323 to request a patient application from the program. The Mountain-Pacific Quality Health Foundation will review the returned patient application to ensure that there is an opportunity for the patient to benefit from the intervention. Once validated, the approving authority will send the patients information to a certified pharmacist in the geographic region of the patient.

The certified pharmacist will then review the packet and look for drug interactions, therapeutic duplications, and cost-saving alternatives. A face-to-face consultation will then take place to discuss problems with the patient's current drug regimen and to suggest improvements. The individual pharmacist will be paid \$50 for the initial 15-minute consultation and \$25 for each additional 15 minutes (maximum of \$125 for the initial meeting). Patients may be approved for a follow-up consultation that may be compensated for up to a maximum of \$75.

Remember, any Montana resident is eligible for PharmAssist regardless of income or insurance coverage.

Any questions regarding the PharmAssist program may be directed to Roger Citron at 406/444-5951 or rcitron@mt.gov.

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