



# Oklahoma State Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

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## Seasons Greetings

The members and staff of the Oklahoma State Board of Pharmacy would like join in wishing everyone happiness and all the best for the coming year.

- Dorothy Gourley, DPh..... President
- James Spoon, DPh..... Vice President
- William Osborn, DPh.....Member
- John Lassiter, DPh .....Member
- Gordon Richards, DPh .....Member
- Diana Hampton, MD.....Member
- John A. Foust, DPh ..... Executive Director
- Mary Ann Terral..... Business Manager
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- Betty Beil, DPh..... Compliance Officer
- Gary LaRue, DPh..... Compliance Officer
- Terry Bratt ..... Inspector
- Roxanne Miller..... Administrative Technician
- Brinda White ..... Assistant Attorney General

### Bryan Potter Retires

The Board extends its warmest wishes to Bryan Potter, DPh, as he retires after 19 years of service as executive director. For the past 36 years Bryan has given outstanding service, unwavering devotion, and steadfast loyalty to the Board. Bryan has served as a member since 1971 and as executive director since 1989. The Board wishes Bryan and his wife Katy the very best.

### New Executive Director

The Board is pleased to announce that John A. Foust, DPh, has been hired as the new executive director for the Board effective January 1, 2009. John holds a bachelor of science degree in pharmacy from Southwestern Oklahoma State University and a doctor of pharmacy degree from the University of

Oklahoma. He served as a compliance officer with the Board in 1998, and served on several Board rules committees over the years. Most recently John served as the director of pharmacy at INTEGRIS Grove General Hospital in Grove, OK, and Willow Crest Hospital in Miami, OK. He has extensive experience in both independent and chain retail pharmacy, and has operated a consultant pharmacist business for hospitals for over 20 years. John and his wife Susan, also a pharmacist, have three children. John has been active in Boy Scouts for over three decades, and was awarded scouting's Silver Beaver Award in 1999. He is a member of Oklahoma Pharmacists Association and Oklahoma Society of Health-System Pharmacists.

### Board Meeting – October 22, 2008

#### Disciplinary Action

**Katie Burton, Tech #11771 – Case No. 883: Charges:** Theft of merchandise and possession of a controlled dangerous substance (CDS) without a valid prescription. **Permit revoked.**

**Jennifer George-Terry, Tech #6454 – Case No. 884: Charges:** Theft of merchandise; and attempting diagnosis or treatment that is the legally constituted right or obligation of any practitioner of the healing arts; and possession of a CDS without a valid prescription. **Permit revoked.**

**Lindsay R. Gillilandl, Tech #10136 – Case No. 885: Charges:** Theft of merchandise; unlawfully distributing and transporting with intent to distribute a CDS; and possession of a CDS without a valid prescription. **Permit revoked.**

**Jamie D. Head, Tech #11238 – Case No. 886: Charges:** Theft of merchandise and possession of a CDS without a valid prescription. **Permit revoked.**

**Eric Livingston, Tech #10372 – Case No. 887: Charges:** Theft of merchandise; possession of a CDS without a valid prescription; and intent to distribute a CDS. **Permit revoked.**

**Kaly McManus, Tech #10701 – Case No. 888: Charges:** Theft of CDS; theft of merchandise; and intent to distribute a CDS. **Permit revoked.**

**Steven P. Reitnauer, Tech #2701 – Case No. 889: Charges:** Theft of merchandise and possession of a CDS without a valid prescription. **Permit revoked.**

**Richard Harkins, DPh #9271 and Walgreens No. 3039, #2-3777 – Case 880: Charges:** Failure to take and send a controlled drug inventory to the Board within ten (10) days from changing the owner or pharmacy manager; **Respondent Walgreens was fined \$1,000. All Oklahoma Walgreens Dis-**

*Continued on page 4*



## 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](http://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](http://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](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 Medication Errors Reporting Program. ISMP address: 200 Lakeside Dr;

Horsham, PA 19044. Phone: 215/947-7797. E-mail: [ismpinfo@ismp.org](mailto: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](http://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/](http://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](http://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](http://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](http://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](http://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](mailto:custserv@nabp.net).

trict Supervisors must attend the Pharmacy Law Seminar on December 7, 2008. Respondent Harkins was fined \$250 and must attend the Pharmacy Law Seminar on December 7, 2008.

**Theresa Tippett, DPh #13780 – Case No. 881: Charges:** Theft of merchandise; possession of a CDS without a valid prescription; failing to establish and maintain effective controls against the diversion of prescription drugs; failure to participate “in a rehabilitation program for the impaired” as required by the Board; and attempting diagnosis or treatment that is the legally constituted right or obligation of any practitioner of the healing arts. **Permit revoked.**

The Board took action in three (3) impaired cases: **Case 754 – Technician #550**, the suspension and probation of respondent’s permit were removed; **Case 684 – DPh #12741**, the suspension and probation of respondent’s license were removed; and **Case 494A – DPh #10336**, the number of required intern hours were reduced from 1,500 to 1,000. After receiving his pharmacist license, respondent must then work 500 hours with a pharmacist (not by himself).

### **Board Meeting – November 20, 2008**

#### **Disciplinary Action**

**Russell Alexander, Tech #11453 – Case No. 891: Charges:** Failure to have the pharmacist certify by reviewing the completed prescription for accuracy and completeness. **Permit revoked.**

**Lamenia Charles, Tech #11630 – Case No. 892: Charges:** Theft of merchandise; possession of a CDS without a valid prescription; and intent to distribute a CDS. **Permit revoked.**

**Chantel Carroll, Tech #12418 – Case No. 893: Charges:** Theft of CDS; theft of merchandise; and intent to distribute a CDS. **Permit revoked.**

**Kevin Black, DPh #9717 and Black Drug, #30-4476 – Case No. 890: Charges:** Not attempting to resolve a possible prescription error or situation of potential harm to the patient; failure to review the patient record and each prescription drug order presented for dispensing; failure to properly counsel; and failure to report certain information upon filling a Schedule II prescription. **Respondent Kevin Black is placed on probation for two (2) years until November 20, 2010, fined \$4,500, and must attend the Pharmacy Law Seminar on December 7, 2008. Respondent Black Drug was fined \$1,000.**

**Desiree D. Hallock, Tech #9374 – Case No. 896: Charges:** Failing to accomplish pharmacy technician tasks under the immediate and direct supervision of a pharmacist; failing to have prescriptions received by other than written communication promptly recorded in writing by the pharmacist; and performing duties that may not be performed by supportive personnel. **Permit revoked.**

**Daniel Hallock, Tech #7997 – Case No. 895: Charges:** Failing to accomplish pharmacy technician tasks under the immediate and direct supervision of a pharmacist; failing to have prescriptions received by other than written communication promptly recorded in writing by the pharmacist; and performing duties that may not be performed by supportive personnel. **Permit revoked.**

**H & G Home Medical & Infusion, #9-4296 and Kenneth D. Sherrell, DPh #9560 – Case No. 897: Charges:** Receiving two or more warning notices within a 12-month period; failing to have a pharmacy manager who was responsible for all aspects of the operation related to the practice of pharmacy; failing to have a pharmacy manager who worked sufficient hours in the pharmacy to exercise control and meet the responsibilities of the pharmacy manager; allowing non-pharmacists to have access to prescription medications left outside the prescription area; and allowing a non-pharmacist to perform duties reserved

to a pharmacist. **Both respondents are placed on probation for one (1) year until November 20, 2009. Respondent Sherrell is fined \$500. Respondent H & G Home Medical & Infusion is fined \$3,000. Both respondent Sherrell and the owner(s) of H & G Home Medical & Infusion shall attend an approved one-day law seminar in either the year 2008 or 2009.**

The Board took action in three (3) impaired cases: **Case 699 – DPh #9961**, the suspension and probation of respondent’s license were removed; **Case 659 – DPh #10221**, respondent was approved to apply for a preceptor certificate; and **Case 771 – DPh #11243**, respondent must earn 1,000 intern hours by November 20, 2009 before she can request to appear before the Board for reinstatement.

#### **From the Inspectors:**

**Update on E-Signatures:** Electronic signatures for non-controlled prescriptions are considered valid. E-mailed Schedule III to V controlled prescriptions must contain a manual signature to be valid at this time. If they are not manually signed, then you must validate the prescription. **Oklahoma Bureau of Narcotics rules currently allow this but Drug Enforcement Administration (DEA) does not. DEA is in the process of writing rules to allow electronic signatures on controlled substance prescriptions.** Faxed and/or walk-in Schedule III to V controlled prescriptions must bear the actual signature of the prescriber. If the prescription does not bear the signature or states “e-signature on file,” then the pharmacy may call the prescriber and treat the prescription as a phoned-in prescription. **This is an update to the information that was printed in the January 2008 Newsletter.**

#### **Have You Mailed Your Renewal?**

The Board mails renewal applications 60 days in advance of expiration. If you do not receive a renewal by the first of the month of the expiration date, it is **your** responsibility to obtain one (see [www.pharmacy.ok.gov](http://www.pharmacy.ok.gov) under “Download Forms”).

Please allow a **minimum** of 10-14 days processing time from the date the Board should have received your application before being concerned. Renewals are processed in the order they are received and special consideration will not be given to anyone.

#### **Reminder**

Board rules require that all registrants (pharmacists, technicians, and interns) notify the Board in writing within ten (10) days of a change of address or employment.

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