



# Oklahoma State Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

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## Have You Mailed Your Renewal?

The Oklahoma State Board of Pharmacy mails renewal applications 60 days in advance of expiration. If you do not receive a renewal, 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 to 15 **business days** from the date of receipt for your application to be processed. Renewals are processed in the order they are received and special consideration will not be given to anyone. Please do not call the Board office before the 15-day period has passed.

## Change of Address or Employment?

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

## Remote Order Entry Committee

Pharmacists interested in serving on the **Remote Order Entry for Hospitals Committee** should contact the Board by mail, e-mail, or fax. Committee Chair is Gail Schmidt, DPh, of Norman.

## Information for Pharmacists-In-Charge

Retail pharmacies [535:15-3-2(b)1], hospital pharmacies [535:15-5-5(a)], and hospital drug rooms [535:15-6-4(b)] are required by Oklahoma law to have a pharmacist licensed in Oklahoma named as pharmacist-in-charge (PIC). Please be aware of these legal requirements and recommendations (see also [www.ok.gov/OSBP/documents/PIC.pdf](http://www.ok.gov/OSBP/documents/PIC.pdf)):

- ◆ Remember that a valid physician-patient relationship must exist before a pharmacist may fill any prescription. Beginning April 13, 2009, the federal Ryan Haight Online Pharmacy Consumer Protection Act goes into effect; it defines the requirements and states that at least one face-to-face physician-patient interaction must be completed before any Schedule II through V medication may be prescribed. An online consultation or medical history report will not satisfy the legal requirements. Ensure that your staff understands these legal issues.
- ◆ Ensure that your pharmacy software is reporting to the Prescription Monitoring Program (PMP) and that over-the-counter pseudoephedrine sales are reported.

- ◆ Review activities completed in your absence, including prescription records and invoices. Look for diversion trends, fraudulent billing, technicians doing tasks not allowed by law, etc.
- ◆ Violations of pharmacy law must be reported to the Board. Report terminations "with cause" of pharmacists, interns, and technicians to the Oklahoma State Board of Pharmacy. This is not optional and is required under [535:15-3-2(c)3].
- ◆ Diversion control is a responsibility of the PIC. Recommendations include:
  - Share controlled dangerous substance (CDS) responsibilities.
  - Inventory outdated CDS.
  - Review invoices **and** wholesaler purchasing print outs.
  - Note trash and sharps disposal policies.
  - Monitor your drive-through window. Losses have occurred when employees sold packages containing extra bottles of CDS to people working with them through an unmonitored drive-through window.
  - Most pharmacists and facilities report that the loss involved a person **they would never have suspected**. Take note of employees bringing back packs or large purses into the prescription drug areas. Monitor those employees who "return to get something" or offer to come in on days off to finish a job.
- ◆ Track technician permit expiration dates. Rely on the actual permit from the Board for your records, **not** the Oklahoma State Board of Pharmacy Web site. If there is a State Tax Commission hold on a pharmacist license or technician permit, the hold must be released by the State Tax Commission before the Board is able to process a renewal. This is a state law.
- ◆ All convictions and charges must be listed on all applications and renewal applications, including those that are "pending." Failure to do so may result in charges of submitting a false application.

## From the Inspector's Desk

- ◆ **Physician Assistants and Nurse Practitioners** – All prescriptions that are written by physician assistants and nurse

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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](http://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](mailto: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 104<sup>th</sup> 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 104<sup>th</sup> 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](http://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](http://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](http://www.ismp.org). ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: [ismpinfo@ismp.org](mailto: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 5<sup>th</sup> grade level, 98% of the medication information sheets accompanying dispensed prescriptions are written at a 9<sup>th</sup> to 12<sup>th</sup> 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](http://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](http://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.

practitioners should be labeled with their name and title as the prescriber. You should also be using their Drug Enforcement Administration number and National Provider Identifier number to submit third-party claims.

◆ **Technician supervision and pharmacist responsibility** – When working with a technician the pharmacist is responsible for the actions of that technician. We realize that most pharmacists are “trusting” and “busy” persons. Even so, the pharmacist is still responsible for what the technician does. We are seeing too many cases of technicians stealing CDS drugs in large quantities to sell, give to friends, or for personal use. The Board is setting a new policy that will require charges to be made against pharmacists that are derelict in the supervision of their technicians.

◆ **Annual CDS Inventory** – Board rules require that “an inventory of all controlled substances (CDS) must be taken between May 1 and July 1 of each year. A copy of this inventory will be included with the pharmacy renewal application.” **Pharmacies must maintain their Annual CDS Inventory in the pharmacy and submit a copy to the Board at the time of their renewal.** CDS inventories taken due to a PIC change must still be submitted to the Board at the time of the change. The Board will mail inventory forms to pharmacies during the last week of April. Forms are also available online at [www.pharmacy.ok.gov](http://www.pharmacy.ok.gov) under “Download Forms” and then “Pharmacies.”

◆ **PSE Inventory** – All over-the-counter pseudoephedrine products must be included in your annual CDS inventory.

### **Disciplinary Actions – January 21, 2009**

(For more information you may view hearing minutes at [www.pharmacy.ok.gov](http://www.pharmacy.ok.gov).)

**Lindsay Harper, Tech #9152 – Case No. 903:** Revoked.

**Timothy D. Lucas, Tech #9092 – Case No. 898:** Revoked.

**Carmen D. Mabrey, Tech #10967 – Case No. 900:** Revoked.

**Shelley Sunderland, Tech #12456 – Case 899:** Revoked.

**Robin House, Tech #9273 – Case 901:** Revoked.

**Anna Fowler, Tech #10653 – Case 902:** Revoked.

**Clyde E. Miller, Jr, DPH #8614 – Case 629:** Probation removed.  
License returned to good standing.

**Jack Justice, DPH #8244 – Case 904:** \$10,000 Fine, must attend 2009 Law Seminar and 2009 compounding class.

**Reavis Drug, #22-3755 – Case 904:** \$4,000 Fine.

**Impaired Pharmacist #12317 – Case 539:** Probation removed.  
License returned to good standing.

**Impaired Pharmacist #12004 – Case 680:** Probation removed.  
License returned to good standing.

**Impaired Pharmacist #12835 – Case 860:** Probation until April 1, 2018.

**Impaired Pharmacist #13085 – Case 830:** Probation until October 3, 2017. May return to work only at Simpson Pharmacy in Broken Arrow, OK.

### **Disciplinary Actions – March 4, 2009**

(For more information you may view hearing minutes at [www.pharmacy.ok.gov](http://www.pharmacy.ok.gov).)

**Randal Rose, Tech #12057 – Case 907:** Revoked.

**Sandy Eldridge, Tech #8490 – Case 909:** Probation until March 4, 2010, must attend 2009 Law Seminar.

**Robert H. Washington, Tech #12647 – Case 910:** Revoked.

**Heather Mitchell, Tech #11399 – Case 911:** Revoked.

**Janice Davie, Tech #8638 – Case 912:** Revoked.

**Special Design Health Care, #99-1224:** Probation until October 31, 2013.

**Gregg A. Masterson, DPH #10992 – Case 915:** \$500 Fine, must attend 2009 Law Seminar.

**Drug Warehouse No. 22, #2-5288 – Case 915:** \$1,000 Fine, must submit list of Oklahoma PICs to the Board within 10 days of hearing.

**Impaired Pharmacist #10696 – Case 906:** Probation until March 4, 2014, must enter into contract with Oklahoma Pharmacists Helping Pharmacists (OPHP).

**Impaired Pharmacist #10221 – Case 659:** Probation removed.  
License returned to good standing.

**Impaired Pharmacist #10776 – Case 565:** Probation removed.  
License returned to good standing.

### **Calendar Notes**

The Board will meet April 15, June 17, and July 15 at the Board office. The Board will be closed Monday, May 25 in observance of Memorial Day and Friday, July 3 in observance of Independence Day. Future Board dates will be noted in the July *Newsletter*.

### **Special Notice About the Newsletter**

The *Oklahoma State Board of Pharmacy Newsletter* is an official method of notification to pharmacies, pharmacists, pharmacy interns, and pharmacy technicians registered by the Board. Please read them carefully. We encourage you to keep them for future reference.

### **Oklahoma Pharmacists Helping Pharmacists**

If you or a pharmacist you care about is suffering from chemical dependency, there is a solution. OPHP is readily available for help. Pharmacists in Oklahoma, Texas, and Louisiana may call the OPHP Help-Line at 1-800/260-7574 extension 5773. All calls are confidential.

### **Let Us Hear From You**

The Board welcomes your comments and questions. You may mail them to the Oklahoma State Board of Pharmacy, 4545 Lincoln Blvd, Ste 112, Oklahoma City, OK 73105, fax us at 405/521-3758 or e-mail us at [pharmacy@pharmacy.ok.gov](mailto:pharmacy@pharmacy.ok.gov). Visit our Web site at [www.pharmacy.ok.gov](http://www.pharmacy.ok.gov).

This publication is issued by the Oklahoma State Board of Pharmacy as authorized by Title 59 O.S. 353.7. Copies have not been printed but are available through the agency Web site. Two printout copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. [74 O.S. 2001 § 3105(B)]