

Oklahoma State Board of Pharmacy

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Dorothy Gourley Appointed to Board



Governor Brad Henry has appointed Dorothy Gourley of Ardmore, OK, to a term ending June 30, 2010. Dorothy is a 1967 graduate of the Southwestern Oklahoma State University College of Pharmacy. She is currently a consultant pharmacist to several rural Oklahoma hospitals. Dorothy is a past president of the Oklahoma Pharmacists Association (OPhA). She is a member of Oklahoma Society of Health-System Pharmacists (OSHP), American

Society of Health-System Pharmacists, OPhA, and American Pharmacists Association. She is presently serving on the OPhA Council, the OSHP Legislative Committee, the DUR Advisory Board to the Oklahoma Healthcare Authority, the Southwestern Pharmacy Alumni Foundation Board, the University of Oklahoma Continuing Education Committee, and the Formulary Board for Advanced Practice Nurses. Best wishes to Dorothy as she serves the public for the next five (5) years.

Jerry Allen Retires from Board

A dinner was held June 23, 2005, honoring Board Member Jerry Allen of Weatherford for his ten (10) years of dedicated service to the Board. He was presented a commendation from Governor Henry and a trophy clock inscribed with the Board's words of appreciation. We will miss his sincerity and good work as a Board member.

Board Meeting – March 16, 2005

Disciplinary Action

Kim Wesley, Tech #4070 – Case 731: Charges: Possession of a controlled dangerous substance (CDS) without a prescription. **Permit suspended for five (5) years. The suspension shall be stayed and placed on probation 30 days after reinstatement. Must attend a one-day law seminar in the year 2005.**

The Board also took action in one (1) impaired case: **Case 721 – DPh #7657**, was suspended for six (6) years until March 16, 2011. Respondent may petition the Board in June 2005 to stay the suspension and place her on probation upon showing compliance with her Oklahoma Pharmacists Helping Pharmacists (OPHP) contract and showing that respondent's resumed practice would not put the public at risk.

Board Meeting – April 20, 2005

Disciplinary Action

Kris Griffith, DPh #8715 – Case 686: Charges: Failing to identify drug-allergy interactions in a patient record and failing to make

a reasonable effort to obtain and record any known allergies of the patient. **Respondent's license and respondent's pharmacy, Clinic Pharmacy, were placed on probation for two (2) years until April 20, 2007. Respondent shall attend a one-day law seminar in the year 2005 and pay a total fine of \$1,000.**

The Board also took action in two (2) impaired cases: **Case 743 – DPh #11265**, had the probation of his license revoked and his license was suspended until September 18, 2005. Beginning September 19, 2005, his license will be placed on probation. Respondent will also attend a one-day law seminar in the year 2005. **Case 646B – DPh #8755**, had the probation of his license revoked and his license was suspended until November 19, 2012. He may request probation only upon an extended evaluation, compliance with his OPHP contract, and an OPHP recommendation.

From the Inspectors

- ◆ **Inspectors must be able to read posted licenses and permits.** Please make sure that licenses and permits are posted at a readable distance and that all license and permit numbers are clearly visible. We have found several technician permits that do not have a visible permit number because the photo is too large.
- ◆ **Change in Oklahoma Bureau of Narcotics (OBN) Rules:** The Bureau of Narcotics is in the process of changing its rules to correspond with Drug Enforcement Administration (DEA) rules. Check our Web site for the effective date.
 - Schedule II prescriptions will be valid for 30 days. This is an increase from five (5) days.
 - After contacting the prescriber, pharmacists may make the following additions to Schedule II prescriptions: the patient's age and address, the practitioner's DEA number, and the generic drug name, if used. Also, if the quantity or strength of drug is not indicated, the pharmacist may fill it in after contacting the prescriber.
 - In addition to nursing homes, a Schedule II facsimile prescription may serve as the original prescription for patients in a federally certified hospice program.
- ◆ **Reminder:** Pharmacist licenses and technician permits are now renewed during your birth month. If you do not receive a renewal prior to expiration, it is your responsibility to contact the Board. It is crucial that we have your current correct address on file at the Board.

Fifty-Year Gold Certificates Issued

The following individuals have been issued gold certificates in recognition for the distinction of having been a licensed pharmacist in Oklahoma for 50 years. The Oklahoma State Board of Pharmacy

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New Board Will Oversee Management of Drug Safety Monitoring

Food and Drug Administration (FDA) has unveiled a program that aims to improve oversight of drug safety monitoring and to bolster openness in agency product review and decision making. Included is the creation of an independent Drug Safety Oversight Board, made up of medical experts from FDA and other government agencies. Also planned are Web postings of emerging drug data and risk information as well as written materials that provide targeted drug safety information to the public. For more information, see www.fda.gov/oc/factsheets/drugsafety.html.

ACPE Changes Provider Criteria Regarding Drug and Device Manufacturers

In early 2005, the Accreditation Council for Pharmacy Education (ACPE) ceased accepting applications from pharmaceutical and biomedical device manufacturers seeking accreditation as providers of continuing education (CE). Effective July 1, 2005, the organization will no longer recognize pharmaceutical and biomedical device manufacturers as accredited providers. In addition, any CE issued by a pharmaceutical or device manufacturer after June 30, 2005, is not valid. These changes were approved by the ACPE Board of Directors at its January 2005 meeting after the organization determined that manufacturers could not meet both ACPE's requirements and the recommended restrictions as stated in a Compliance Program Guidance for Pharmaceutical Manufacturers published by the Office of the Inspector General of the United States (OIG).

In 2003, OIG stated that manufacturers could be subjected to liability under federal statutory provisions if they maintain any influence over CE subject matter or presenters, or provide funding for attendees or other incentives with respect to CE attendance. Strict compliance with OIG's guidelines would relegate manufacturers to solely providing educational grants to CE providers in order to be free of liability. Meanwhile, ACPE's Criteria for Quality require that the CE provider control the content speakers or authors of a CE program, putting ACPE's requirements in opposition to OIG's guidelines; hence, ACPE, out of responsibility to health regulatory boards, the profession, and the public, must now accredit only those providers who are in compliance with the ACPE criteria and the OIG guidelines.

In accordance with ACPE's new policies, organizations with a commercial interest and any proprietary entity producing health care goods or services, with the exception of nonprofit or government organizations and non-health care-related companies, will not be eligible for ACPE accreditation status.

For more information, contact ACPE Executive Director Peter Vlasses at 312/664-3575, or via e-mail at pvlasses@acpe-accredit.org.



Let's Get to the 'Point': Prescription Misinterpretations Due to Decimal Points

This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that works closely with United States Pharmacopeia (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, then publishes its recommendations. 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: 1800 Byberry Rd, Huntingdon Valley, PA 19006. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

Problem: Numbers containing decimal points are a major source of error and, when misplaced, can lead to misinterpretation of prescriptions. Decimal points can be easily overlooked, especially on prescriptions that have been faxed, prepared on lined order sheets, or written or typed on carbon and no-carbon-required (NCR) forms (often used in hospitals and long-term care facilities). If a decimal point is missed, an overdose may occur. The importance of proper decimal point placement and prominence cannot be overstated.

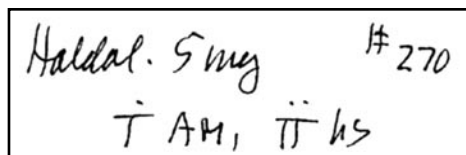
For one, a decimal point should always be preceded by a whole number and never be left "naked." Decimal expressions of numbers less than one should always be preceded by a zero (0) to enhance the visibility of the decimal. For example, without a leading zero, a prescription for "Haldol® .5 mg" (see image shown on next page) was misinterpreted and dispensed as "Haldol 5 mg." We have received similar reports with Risperdal® (risperidone) in which "Risperdal .5 mg" was prescribed (instead of Risperdal 0.5 mg), but the patient received several 5 mg doses because the decimal point was overlooked.

In addition, a whole number should never be followed with a decimal point and a zero. These "trailing zeros" (eg, "3.0") are a frequent cause of 10-fold overdoses and should never be used. For example, when prescriptions have been written for "Coumadin® 1.0 mg," patients have received 10 mg in error. Similarly, a prescription for "Synthroid® 25.0 mcg" could be misread as "Synthroid 250 mcg."

Dangerous use of decimals can also be problematic if they appear in electronic order entry systems or on computer-generated labels. A newly admitted hospital patient told her physician that she took Phenobarbital® 400 mg PO three times daily. Subsequently, the physician wrote an order for



the drug in the dose relayed by the patient. A nurse saw the prescription vial and verified that this was the correct dose. However, prior to dispensing, a hospital pharmacist investigated the unusually high dose. When he checked the prescription vial, he found that it was labeled as “phenobarbital 32.400MG tablet.” The label indicated that 30 tablets were dispensed with instructions to take one tablet three times daily.



The hospital pharmacist contacted the outpatient pharmacy and suggested that the computer expressions including trailing zeros be changed to avoid serious medication errors. The pharmacy management agreed that trailing zeros appearing on labels might pose a risk and made the change immediately.

Safe Practice Recommendations

In order to avoid misinterpretations due to decimal point placement, pharmacists should consider the following:

- ◆ Always include a leading zero for dosage strengths or concentrations less than one.
- ◆ Never follow a whole number with a decimal point and a zero (trailing zero).
- ◆ Educate staff about the dangers involved with expressing doses using trailing zeros and naked decimal points.
- ◆ Eliminate dangerous decimal dose expressions from pharmacy and prescriber electronic order entry screens, computer-generated labels, preprinted prescriptions, etc.
- ◆ Avoid using decimals whenever a satisfactory alternative exists. For example, use 500 mg in place of 0.5 gram, 125 mcg instead of 0.125 mg, or 2 ½ mg instead of 2.5 mg.
- ◆ Identify drugs with known 10-fold differences in dosage strength (eg, Cytomel® 5 mcg and 50 mcg, Coumadin 1 mg and 10 mg, levothyroxine 25 mcg and 250 mcg) and place reminders in electronic order entry systems and on pharmacy shelves to alert practitioners to double-check the dosage strength.
- ◆ When sending and receiving prescriptions via fax, health care practitioners should keep in mind that decimal points can be easily missed due to “fax noise.” Whenever possible, encourage prescribers to give original prescriptions (with an indication that it has been faxed) to their patients to take to the pharmacy for verification. Pharmacists should carefully review faxed prescriptions and clarify prescriptions that contain fax noise.
- ◆ Eliminate the lines on the back copy of NCR forms so that a person receiving can clearly see decimal points or other marks that were made on the top copy.
- ◆ Notify prescribers of the potential for error if misinterpretations due to decimal point usage are discovered.

DEA Issues Final Rules for Electronic Orders for Controlled Substances

On April 1, 2005, Drug Enforcement Administration (DEA) issued final rules regarding electronic orders for controlled substances. DEA revised its regulations to provide an electronic equivalent to the DEA official order form (Form 222), which is legally required for all distributions involving Schedule I and II controlled substances. The regulations will allow, but not require, registrants to order Schedule I and II substances electronically and maintain the records of these orders electronically. The regulations will reduce paperwork and transaction times for DEA registrants who handle, sell, or purchase Schedule I or II controlled substances. The effective date of the final rules was May 31, 2005.

The final rules were issued via the *Federal Register* on April 1, 2005, and may be downloaded from the following Web site address: www.access.gpo.gov/su_docs/fedreg/a050401c.html.

FDA Publishes Final Rule on Chlorofluorocarbons in Metered Dose Inhalers

FDA announced that albuterol metered-dose inhalers (MDI) using chlorofluorocarbon propellants must no longer be produced, marketed, or sold in the US after December 31, 2008.

The Health and Human Services (HHS) is encouraged that the manufacturers of three environmentally friendly albuterol inhalers are implementing programs to help assure access to these albuterol MDI for patients for whom price could be a significant barrier to access to this important medicine. These programs include MDI giveaways, coupons for reducing the price paid, and patient assistance programs based on financial need.

In a final rule, published March 31, 2005, in the *Federal Register*, HHS stated that sufficient supplies of two approved, environmentally friendly albuterol inhalers will exist by December 31, 2008, to allow the phasing out of similar, less environmentally friendly versions.

FDA Develops PSAs to Educate Consumers About Purchasing Medications Online

FDA recently released two public service announcement (PSA) brochures, which educate consumers about the advantages and disadvantages of purchasing medication online. The brochures also advise consumers to ensure a Web site is a US-licensed pharmacy by contacting their state board of pharmacy. Consumers may want to refer to the list of Verified Internet Pharmacy Practice Sites™ (VIPPS®) on www.nabp.net to find out if a Web site has been checked to make sure it has met state and federal rules. Consumers also will know if an online pharmacy is VIPPS-accredited when they notice the VIPPS Seal on that particular Web site.

For more information on these PSAs visit www.fda.gov/cder/consumerinfo/Buy_meds_online_all_resources.htm.

Continued from page 1

recognizes these pharmacists and gratefully acknowledges their years of contribution to the pharmacy profession. These individuals may take great pride in being part of such an honorable profession for so long. **1955-2005:**

Harry Dean Alexander
Leo E. Berkenbile
Mary Ann Berry
Charles V. Blair, MD
James A. Brandenburg
Ethel Mae Brown
Joenita Burns
Donald E. Deshazo
Lowell M. Irby

Norma K. Mathis
Dan A. McKinnon
Charles L. McKinzie
James G. Riddle
Robert F. Russell
George A. Smith
Nelson Taylor
Curtis R. Trent

Rule Review

New and revised pharmacy rules can be viewed from the Board's Web site at www.pharmacy.ok.gov under "Rules." The following rule revisions are effective July 1, 2005:

Title 535. Oklahoma State Board of Pharmacy

Chapter 1. Administrative Operations

535:1-7-5 – Subpoena issuance is modified to comply with the Oklahoma Administrative Procedures Act. **535:1-11-1** – Modified to reduce the Charitable Pharmacy license to \$75, establishes a \$40 Hospital drug room fee and adds a \$10 duplicate fee. **535:1-11-4** – Registrant printed lists are dropped and computer address disk or e-mailed files are added.

Chapter 10. Pharmacists; Interns, Preceptors and Training Areas

535:10-9-3 – Adds a reference to sections that restrict what an intern can do under pharmacy Board rules (eg, 535:15-5-7.2(g) and 535:10-5-1.2).

Chapter 12. Unused Prescription Drug Program for Oklahoma's Medically Indigent

Modifies and makes permanent the emergency rules for the Unused Prescription Drug program for Oklahoma's Medically Indigent Permanent.

Chapter 15. Pharmacies

535:15-3-6 – Library requirements are modified. Adds and deletes references, clears up the requirement on OBN Rules, and changes the edition accepted on some library menu items. It also clarifies that a reference available both in a paper and an electronic format are considered **one** reference. **535:15-5-9** and **535:15-6-6** – Clearly expresses the requirement for OBN rules for a hospital phar-

macy and a hospital drug room library. **535:15-3-7** – Clarifies how and when drugs taken in criminal action can be condemned and not returned to the owner as unfit. **535:15-3-13** – Adds requirements to assure that prescriptions are issued for a legitimate medical purpose, that there is a valid patient/practitioner relationship, and that the drug prescribed is a legal to sell in the United States. **535:15-3-15.1** – Describes prescription drug orders transmission (other than verbal). **535:15-3-16** – Details the new adequate staffing rules.

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.

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 ext 5. All others may call OPHP at 405/528-3338. 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, Suite 112, Oklahoma City, OK 73105; fax us at 405/521-3758; or e-mail us at: pharmacy@pharmacy.ok.gov.

Board Web site: www.pharmacy.ok.gov

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