



Oklahoma State Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

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In Memorium

It is with deep regret that the Oklahoma State Board of Pharmacy reports the passing of past Executive Secretary Joe Schwemin on July 13, 2008. Joe was with the Board of Pharmacy from 1965 to 1989 and was a leader in the pharmacy profession. The Board extends sincere sympathies to the family. Donations in memory of Joe Schwemin may be made to either Southwestern Pharmacy Foundation, Schwemin Scholarship Fund, PO Box 702, Weatherford, OK 73609, or Oklahoma Pharmacy Heritage Foundation, PO Box 18731, Oklahoma City, OK 73154.

Board Meeting – June 18, 2008

Disciplinary Action

Leslie Lynn Love, Tech #11351 – Case No. 865: *Charges:* Theft of merchandise; unlawfully distributing, dispensing, transporting with intent to distribute or dispense, or possessing with intent to manufacture, distribute, or dispense, a controlled dangerous substance (CDS); and possession of a CDS without a valid prescription. **Permit revoked.**

Tamara Winford, Tech #8109 – Case No. 866: *Charges:* Theft of merchandise; unlawfully distributing, dispensing, transporting with intent to distribute or dispense, or possessing with intent to manufacture, distribute, or dispense, a CDS; and possession of a CDS without a valid prescription. **Permit revoked.**

Amanda Appel, Tech #9959 – Case No. 867: *Charges:* Theft of merchandise; abusing alcohol or drugs, using an illegal CDS substance, and/or testing positive for such substance or its metabolite; and possession of a CDS without a valid prescription. **Permit revoked.**

The Board took action in three (3) impaired cases: *Case 821 – DPh #12939*, respondent must enter a new ten (10)-year contract with Oklahoma Pharmacists Helping Pharmacists (OPHP). Upon notification by OPHP of respondent's compliance for ninety (90) days, the Board may return respondent's license to Active status with probation; *Case 830 – DPh #13085*, respondent was placed on temporary probation until December 18, 2008. He may work in only one specific pharmacy during the six (6)-month probation for no more than thirty (30) hours per week. Respondent's employer must file a report with the Board at the end of the six (6)-month period and respondent must be evaluated and appear before the Board to continue with probation; and *Case 535 – DPh #9659*, respondent must enter into a new five (5)-year contract with OPHP and complete 1,500 hours of internship at forty (40) hours per week as a graduate intern. He must obtain a "Fit for Duty" evaluation upon completing internship and appear before the Board to request probation.

Board Meeting – July 16, 2008

Disciplinary Action

Amy Kay, Tech #7906 – Case No. 868: *Charges:* Possession of a CDS without a valid prescription; filling or refilling a prescription for a dangerous drug without authorization; and attempting diagnosis or treatment that is the legally constituted right or obligation of any practitioner of the healing arts. **Permit revoked.**

Lewis Durbin, Tech #11877 – Case No. 869: *Charges:* Furnishing false or fraudulent material in an application made to the Board; and having felony charges, convictions, receipt of deferred sentence or deferred prosecution, or pleading of no contest . . . under federal, state or local laws. **Permit revoked.**

Robin Wheeler, Tech #8029 – Case No. 870: *Charges:* Furnishing false or fraudulent material in an application made to the Board. **Permit revoked.**

Ruth Tomlinson, Tech #9029 – Case No. 871: *Charges:* Theft of merchandise; and possession of a CDS without a valid prescription. **Permit revoked.**

Gregory L. Myers, DPh #9977 – Case No. 852: *Charges:* Failing, as pharmacy manager, to be responsible for all aspects of the operation related to the practice of pharmacy, including the inadequate supervision of an employee involved in the theft of CDS drugs. **Respondent may not be a pharmacy manager until June 1, 2009. He also received a total fine of \$1,000 and must attend a one-day pharmacy law seminar in 2008 in addition to the annual continuing education (CE) requirement.**

Amy Hammonds, DPh #13660 – Case No. 874: *Charge:* Received two (2) or more warning notices within a twelve (12)-month period. **Respondent must view an error correction video and attend a one-day pharmacy law seminar in 2008 in addition to the annual CE requirement.**

The Board took action in three (3) impaired cases: *Case 872 – DPh #9741*, respondent was suspended for ten (10) years until July 15, 2018. He must enter into a contract with OPHP and may be placed on probation October 15, 2008, providing he complies with OPHP, obtains a "Fit for Duty" evaluation and obtains a position in one pharmacy only with no "relief" work. He was also fined a total of \$2,000 and must obtain "LIVE" CE in the years 2009 and 2010; *Case 829 – DPh #10460*, respondent must obtain a "Fit for Duty" evaluation before completing 1,500 hours of internship at forty (40) hours per week as a graduate intern. He must also complete fifteen (15) hours of "LIVE" CE by December 31, 2008, attend a one-day pharmacy law seminar in 2008 and 2009 and pay all fines

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Study Fuels Concerns over Foreign Drugs Bought Online

According to study results published in the May 2008 issue of *Annals of Pharmacotherapy*, many prescription medications purchased from foreign pharmacies through Internet drug outlets differ significantly from the versions approved by the Food and Drug Administration (FDA). "These findings have implications for safety and effectiveness that should be considered by clinicians to potentially safeguard patients who choose to purchase foreign-manufactured drugs via the Internet," the study authors say.

The study evaluated 20 simvastatin tablets and capsules, including the US innovator product and 19 generic samples obtained from international Internet drug outlets. Tablet samples were tested according to United States Pharmacopeia (USP) guidelines where applicable, using high-performance liquid chromatography, disintegration, dissolution, weight variation, hardness, and assessment of physical characteristics.

Several international samples analyzed were not comparable to the US product in one or more aspects of quality assurance testing, and significant variability was found among foreign-made tablets themselves. Five samples failed to meet USP standards for dissolution, and two for content uniformity. Among all samples, variability was observed in hardness, weight, and physical characterization.

Testing Medication Names Prior to Marketing



*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 Medi-*

cation Errors Reporting Program. ISMP address: 200 Lakeside Dr, Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

Medication names that look-alike and sound-alike, confusing or absent drug labeling, and non-distinct or ambiguous drug packaging significantly contributes to medication errors. This is not a new problem. These conditions have led to serious drug mix-ups and deaths. Research has identified that one of the most frequent causes of pharmacy drug dispensing errors (29%) is failure to accurately identify drugs, most prominently due to look-and sound-alike drug names (Leape et al. *JAMA*, July 5, 1995).

In addition, many medications are packaged in bottles with similar shapes and similar labels, making it easy to confuse one drug with another.

MedMARX data reports there are 1,470 different drugs implicated in medication errors due to brand and/or generic names that looked or sounded alike. From this data, USP has compiled a list of 3,170 pairs of names that look and/or sound alike.

FDA is also concerned about drug naming confusion and its subsequent potential error effects. On June 5-6, 2008, FDA hosted a public workshop to discuss a concept paper (www.fda.gov/cder/drug/MedErrors/meeting_names.pdf) about a pilot program to address look- and sound-alike brand names. The pilot, called for in the FDA Amendments Act of 2007, would allow drug companies (or outside contractors) to voluntarily evaluate proposed brand names and submit the data for review to FDA. Currently, FDA's Division of Medication Error Prevention screens drug names using its own safety testing methods, in consultation with other divisions responsible for product approval.

The concept paper outlines the types of studies that should be conducted, including simulations of real-world conditions with practicing clinicians who evaluate handwritten, electronic, and oral prescribing scenarios to detect name similarities and other potential confusion with laboratory and medical terms or abbreviations. Dosage form, strength, and frequency also should be considered, as well as the clinical environment where it will be used. Based on discussions during the June meeting and submitted comments, FDA will revise the concept paper and present testing methods to the pharmaceutical industry.

It is hoped that testing drug names prior to marketing will decrease the number of look-and sound-alike medication names. ISMP receives numerous reports of



errors and potential errors caused by look-and-sound-alike medications every year. ISMP, through its wholly owned-for-profit subsidiary Med-E.R.R.S., Inc[®], has been reviewing drug names and packaging for pharmaceutical manufacturers for more than 10 years.

If you are a pharmacist or other health care practitioner who is interested in medication safety and error prevention, you can make a difference! Med-E.R.R.S. is looking for pharmacists from all practice settings to help test labeling, packaging, and nomenclature in the pre-marketing phase for pharmaceutical companies. The process is fun, simple, and easy and a small honorarium is paid for your participation.

For more information or to sign up, go to www.med-errs.com and click on "Become a Reviewer."

Coalition Looks to Pharmacies, Regulators to Reduce Diversion

A recent report by the Coalition Against Insurance Fraud looks to pharmacies and pharmacy regulators, among others, to cut down on the prevalence of prescription drug diversion, particularly of controlled substance analgesics.

The report, "Prescription for Peril: How Insurance Fraud Finances Theft and Abuse of Addictive Prescription Drugs," calls on the pharmacy profession to provide additional training on prescription drug abuse and diversion in pharmacy education curricula and continuing professional education, and to exert closer point-of-sale scrutiny of certain prescriptions and patients. For instance, the report suggests diversion could be reduced significantly if pharmacies asked for photo identification in connection with controlled substance prescriptions, similar to regulations in place for pseudoephedrine-containing products.

The coalition also recommends wider adoption of prescription monitoring programs to maintain statewide records of narcotic prescriptions, allowing closer monitoring by prescribers and dispensers. In addition, the coalition calls on lawmakers and licensing boards to "swiftly and decisively penalize the small fraction of prescribers and dispensers who facilitate drug diversion and abuse."

FDA Encourages Pharmacists to Use Patient Safety News

FDA Patient Safety News is a monthly video news program produced by FDA targeted to pharmacists and other health care professionals. The program provides the

latest information on recalled and counterfeit products, important safety alerts, preventing medical errors and mitigating risks from the use of medical products, including drugs, devices, vaccines, and diagnostic products.

The videos can be watched online or downloaded free of charge. Pharmacists can view the entire program or individual segments, and FDA encourages further use and distribution of the video or text of the program, as there are no copyright restrictions. The video and demonstrations can also be used in staff-development programs or in other teaching environments.

Pharmacists can search for video segments on topics of interest, get additional information about topics, e-mail segments to others, report problems with medical products to FDA, and sign up to be notified about each month's program. The show is also broadcast on several medical satellite networks: VHA, GE TiP-TV, HSTN, LTCN, and HNN. These networks presently reach over 4,000 hospitals and long-term care facilities across the US.

More information about the program and how to join the program mailing list is available on the FDA Web site at www.fda.gov/psn or by sending an e-mail to PSNews@cdrh.fda.gov.

Switch to HFA-Propelled Albuterol Inhalers Advised in Anticipation of CFC Ban

FDA recently issued a public health advisory alerting patients, caregivers, and health care professionals to switch to hydrofluoroalkane (HFA)-propelled albuterol inhalers because chlorofluorocarbon (CFC)-propelled inhalers will not be available in the United States after 2008. CFC-propelled albuterol inhalers are being phased out to comply with the Clean Air Act and an international environmental treaty, the Montreal Protocol on Substances that Deplete the Ozone Layer. Under this treaty, the US has agreed to phase out production and importation of ozone-depleting substances including CFCs. No CFC-propelled albuterol inhalers may be produced, marketed, or sold in the US after December 31. Three HFA-propelled albuterol inhalers have been approved by FDA: Proair[®] HFA Inhalation Aerosol, Proventil[®] HFA Inhalation Aerosol, and Ventolin[®] HFA Inhalation Aerosol. In addition, an HFA-propelled inhaler containing levalbuterol is available as Xopenex[®] HFA Inhalation Aerosol. More information is available on the FDA Web site at www.fda.gov/cder/mdi/albuterol.htm.

and fees. Respondent may appear before the Board for probation upon completion of all of the above; **Case 860 – DPh #12835**, respondent was suspended until April 1, 2018. She must enter into a contract with OPHP, attend a one-day pharmacy law seminar in 2008, and obtain “LIVE” CE in the years 2009 and 2010. She was also fined a total of \$1,600. Respondent may appear at the January 2009 Board meeting to request probation providing she obtains a “Fit for Duty” evaluation prior to January 1, 2009.

Board Meeting – August 19, 2008

The Board interviewed candidates and discussed the employment of a new executive director. A motion was made to hire John Foust, DPh, as the new executive director beginning January 1, 2009. He will start employment as deputy director on October 31, 2008.

Board Meeting – August 20, 2008

Disciplinary Action

Guy Costley, Tech #10263 – Case No. 876: Charges: Performing duties that may not be performed by supportive personnel; failing to stop certain nonjudgmental dispensing functions whenever the pharmacist is not in the prescription department; and failing to have the pharmacist certify by reviewing the completed prescription for accuracy and completeness before the prescription is released from the prescription department. **Permit revoked.**

Jeffrey A. Graham, Tech #12072 – Case No. 877: Charges: Theft of merchandise; and possession of a CDS without a valid prescription. **Permit revoked.**

LaToia or LaToya Stake, Tech #9391 – Case No. 878: Charges: Theft of merchandise; and unlawfully distributing, dispensing, transporting with intent to distribute or dispense, or possessing with intent to manufacture, distribute, or dispense, a CDS. **Permit revoked.**

Jennifer Lynn Wallace, Tech #8845 – Case No. 879: Charges: Theft of merchandise; possession of a dangerous drug without a valid prescription; and possession of a CDS without a valid prescription. **Permit revoked.**

Frank L. Elias, DPh #7715 – Case No. 875: Charges: Failing to properly maintain the required inventories and records of CDS; failing to establish and maintain effective controls against the diversion of prescription drugs; failing to maintain and have readily retrievable for five (5) years an original prescription; filling or refilling a prescription for a dangerous drug without authorization; filling a prescription, the face of which has been altered; filling additional quantities of CDS without authorization; failing to resolve a possible prescription error or situation of potential harm to the patient; making or filing a report or record that he knew to be false; failing to have a pharmacy manager designated on the pharmacy application who is responsible for all aspects of the operation related to the practice of pharmacy; and failing to promptly record in writing prescriptions received by other than written communication. **Respondent will place his pharmacist license on Inactive status on November 30, 2008. Respondent received a total fine of \$7,000. Respondent’s pharmacy will close on November 1, 2008, and all drugs will be sold to another pharmacy or returned to a wholesaler for credit by November 30, 2008.**

Pet Med Express, Nonresident Pharmacy #99-193 – Case No. 193: Respondent received an “Agreed Order for Deferred Prosecution.” The prosecution of the Complaint against Respondent is deferred until February 20, 2009, and if no formal Complaint is filed by the Board within that period, this matter shall be dismissed. Respondent agreed to reimburse the investigative/administrative costs of the Board in the amount of \$4,489.50.

The Board took action in one (1) impaired case: **Case 828 – DPh #11522**, respondent was placed on probation until October 3, 2017.

Board Meeting – September 10, 2008

Disciplinary Action

Sherry Lynn Ross, DPh #9815 – Case No. 862: Charges: Attempting diagnosis or treatment that is the legally constituted right or obligation of any practitioner of the healing arts; filling or refilling a prescription for a dangerous drug without authorization; issuing a prescription for a Schedule II, III, IV, or V CDS; possessing dangerous drugs without a valid prescription; dispensing a prescription drug and knowing or should have known that the prescription was issued without a valid preexisting patient-practitioner relationship; failing to ensure that the prescription drug or medication order has been issued for a legitimate medical purpose by an authorized practitioner; and submitting fraudulent billing or reports to a third party payor of prescription drugs. **Respondent is suspended until August 10, 2013. Effective December 15, 2008, her license will be placed on probation. During the time that respondent’s license is suspended, she may not practice pharmacy, including consulting with patients and may not be present in Sherry’s Discount Drug. Respondent received a total fine of \$5,500.**

Michael Lynn Hogan, DPh #8643 – Case No. 882: Charge: Being convicted of a felony or pleading guilty or no contest to a felony. **Respondent is suspended for ten (10) years until September 10, 2018. He may appear before the Board to request probation after July 1, 2011, upon showing that his resumed practice would not put the public at risk. Respondent received a total fine of \$1,000.**

Appeal Dismissed

Gary Nichols, DPh #12862, et. al – Case No. 774: Charges: Respondents were charged with nineteen (19) counts including, among others, forging and/or increasing the quantity of drugs in prescriptions; knowingly billing or charging for quantities greater than delivered, or for a brand when a generic or a compounded product is dispensed; submitting fraudulent billing or reports to a third party payor of prescription drugs; failing to have a registered pharmacy manager; failing to ensure that the face of a prescription was not materially altered; failing to maintain and be able to readily retrieve for five (5) years the original prescription; failing to indicate on computer information and the hard copy of a prescription that the prescription is to be compounded; failing to require the purchaser to record on Copy 3 of the Drug Enforcement Administration Form 222 the number of commercial or bulk containers furnished on each item and the dates on which such containers were received by the purchaser; failing to maintain a complete and accurate record of drugs received. **This case was originally heard on May 24, 2006. The final appeal was dismissed on May 9, 2008. Respondent Gary Nichol’s license was revoked and he was required to divest himself of ownership of all of the pharmacy licenses that he holds or to close those pharmacies. A total fine of \$35,000 was assessed.**

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)]