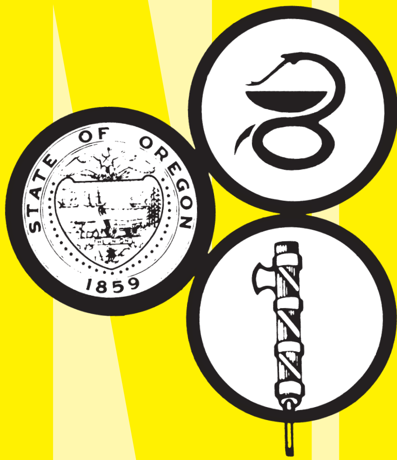
November 2009



Oregon State Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

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No. 458: Pharmacy Technician License Renewal Process

A review and analysis of the license renewal process is performed by the Oregon State Board of Pharmacy's licensing staff each year at the conclusion of the various renewal cycles. Following a review of the 2010 certified Oregon pharmacy technician renewal cycle, it was noted that more than 20% of these applications contained errors or omissions involving the national certification number.

The Board's renewal application for pharmacy technicians asks the applicant to check whether he or she is nationally certified by the Pharmacy Technician Certification Board (PTCB) or the Institute for the Certification of Pharmacy Technicians (ICPT). It then asks for the PTCB or ICPT certification number and expiration or renewal date for the national certification. The licensing staff found that some applicants left this section blank, some wrote in their Oregon State Board of Pharmacy certified pharmacy technician number, and some wrote in their old Oregon State Board of Pharmacy pharmacy technician number.

Each error or omission on an application form results in a delay in processing. The Board has worked hard to streamline and improve its licensing system and reduce the time necessary for processing forms. As an applicant for a license or registration, you can help to speed the process and avoid delays by carefully following the instructions provided with each application, completing all necessary application forms, and double-checking the accuracy and completeness of all information provided. The Board appreciates your effort and will do everything it can to expedite all properly completed and timely submitted applications.

No. 459: Fifty-Year Pharmacists

It is a recent revelation to me that I suddenly recognize many of the names on the list of pharmacists that have been licensed in Oregon for 50 years. Before I started my employment with the Board of Pharmacy 15 years ago, I could read the list of 50-year pharmacists and most years I barely recognized a name here and there. This year I notice I not only recognize more names, but I actually know some of these pharmacy veterans. These distinguished individuals should be proud of their accomplishments and they deserve the recognition and acknowledgment of their profession. The Board and I are grateful to them for their many years of service and their contributions to the profession and to the health and well-being of the citizens of Oregon. Following is a list of Oregon's 50-year pharmacists for 2007, 2008, and 2009. This information is reported from the Board's electronic database system. If you see any errors or know of any person missing from this list, please contact the Board.

Sidney Frank ....Licensed in OR on March 12, 1957
Thomas Aguer ....Licensed in OR on January 30, 1958
George Gerding ....Licensed in OR on January 30, 1958
Kenneth Cecil ....Licensed in OR on March 20, 1958
George Wilson ....Licensed in OR on April 18, 1958
Gordon Smith ....Licensed in OR on June 5, 1958
Jack Fraser ....Licensed in OR on November 24, 1958
Robert Adams ....Licensed in OR on September 15, 1959 (License retired June 30, 2007)
Bill Hamilton ....Licensed in OR on June 24, 1959
James Guinn ....Licensed in OR on April 14, 1959
William Lockyear ....Licensed in OR on January 21, 1959
Leonard Nelson ....Licensed in OR on May 21, 1959 (License retired June 30, 2005)

No. 460: 75th Oregon Legislature Adjourns

"That's the good news." Each summer of each odd numbered year finds Oregon State officials joking about that year's biennial legislative session and trying to understand the results of the legislature's efforts. 2009 is no different, and the Board of Pharmacy finds itself in the position of reviewing a number of bills that require implementation of new processes, adoption of new and revised administrative rules, changes to existing agency functions, and elimination of existing programs. Some of these bills became effective upon passage, some take effect on January 1, 2010, and some take effect July 1, 2010 or later. Board staff have been very busy reviewing, decoding, evaluating, and interpreting these bills, meeting and conferring with other agency directors and staff, and seeking advice from the Attorney General's office. Following is a brief summary of the bills that require action by the Board and that will impact Oregon pharmacists in some way.

HB 2058: Standardizes procedures and criteria for appointing Board members, allows for increased compensation of Board members based on performance of duties (for Board of Pharmacy members, from $30 per day to up to $109 per day), requires that Board members must be residents of the state, identifies reasons for a Board member's immediate removal, and eliminates the existing two-term limit for Board members. Effective July 1, 2009.

HB 2059: Creates a requirement for licensees to report prohibited conduct of another licensee to the Board. Includes reporting conduct of other health professionals to their respective board and identifies that failure to report observed, prohibited conduct may subject a licensee to discipline by the appropriate board. Effective January 1, 2010.

HB 2009: Establishes the Oregon Health Policy Board and the Oregon Health Authority. Requires health boards to collect and report

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Pharmacy Security and Safety Prove Necessary Component in Pharmacists' Training

Pharmacy robbery – no one ever thinks it will happen to them, but those who have experienced it know it **can** happen to anyone. To address the importance of recognizing actions to follow if faced with a robbery, several boards of pharmacy have included pharmacy safety resources in their state newsletters and on their Web sites. In addition, to keep current licensees aware and up to speed on safety measures, procedures can be directly taught and reiterated in the pharmacy. Likewise, at least one college of pharmacy has begun incorporating pharmacy safety training in its curriculum and recently saw the extreme benefits of doing so.

On Wednesday, July 8, 2009, Dustin Bryan, a P2 doctor of pharmacy candidate at Campbell University College of Pharmacy and Health Sciences, quickly learned how imperative pharmacy safety training really was when he experienced a pharmacy robbery first hand. Just as Bryan and his fellow employees were preparing to close the store, two gunmen entered the North Carolina pharmacy and approached the counter demanding OxyContin®. They left with bags filled with OxyContin and Percocet®, having a retail value of nearly $10,000.

Luckily, all employees involved remained unharmed and despite the situation, Bryan was able to remain calm, focusing on lessons he recently learned during his pharmacy management course at Campbell.

Bryan shared his experience in the university's college of pharmacy alumni e-Newsletter. In the article Bryan states, "I crouched down hoping they hadn't seen me so I could get to a safe place in an office behind the pharmacy to call the police. They saw me as I was crawling and made me come to the front of the pharmacy. My mind was running through a class Dr Cisneros taught dealing with a robbery," he explains. "I knew what type of questions the police would be asking from our lecture, and I was asking myself those very questions while the robbery was happening. It was a very intense and scary moment . . . but I am thankful for the class I had and that nobody was hurt during the whole ordeal."

In December 2008, a safety DVD, *Pharmacy Security – Robbery*, accompanied the shipments of the National Association of Boards of Pharmacy® *2009 Survey of Pharmacy Law* that were sent to the schools and colleges of pharmacy. The DVD was an educational offering from Purdue Pharma L.P. provided to the schools as part of an initiative to promote pharmacy safety education. Endorsed by National Association of Drug Diversion Investigators, Federal Bureau of Investigation Law Enforcement Executive Development Association, and National Community Pharmacists Association, the 15-minute video contains information that may be critical to preparing pharmacists in the event that they are faced with a robbery.

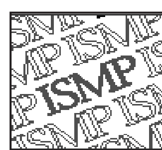
It was this DVD that Robert Cisneros, PhD, assistant professor at the university, implemented in his pharmacy management course – the very same course that helped Bryan stay calm during the robbery. Cisneros went a step further by arranging for the head of campus security to speak during the course.

"One of the biggest values of the DVD was pointing out things to focus on during a robbery such as the robber's appearance – clothes, height, weight – and not just focusing on the gun," states Cisneros. He was glad to have received the DVD, explaining that, "it was just the right length, added a lot to the class, and led to great discussions." Cisneros went on to share that he was surprised to learn only 50% of the students in his class this past spring had some form of training on what to do if robbed, though this was a significant increase from the less than 5% who indicated so a few years prior.

Pharmacy robberies may not be avoidable; however, with the proper knowledge, individuals faced with these frightening situations may be better prepared to avoid harm and to assist law enforcement officials in catching criminals before additional robberies occur.

The safety DVD mentioned above may be viewed on the RxPatrol® Web site at *www.rxpatrol.org*. RxPatrol is a collaborative effort between industry and law enforcement designed to collect, collate, analyze, and disseminate pharmacy theft information. The safety DVD, along with a variety of other non-branded educational materials, is also available through the Purdue Pharma Medical Education Resource Catalog, accessible at *www.partnersagainstpain.com* under Pain Education Center.

Concerns with Patients' Use of More than One Pharmacy



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 Care Edition by visiting 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 FDA MedWatch partner. Call 1-800-FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program or report online at* www.ismp.org. *ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.*

Perhaps it is not readily apparent, but medication safety could be compromised if patients practice polypharmacy to take advantage of widely publicized programs offering discounted or free medications. With tough economic times, patients may choose to fill or refill their prescriptions at multiple pharmacy

locations to save money, since taking advantage of such offers may cost less than filling their prescription at their usual pharmacy and paying the insurance co-pay.

Normally, when a customer presents a prescription, the pharmacy sends information about the drug and the patient to third-party payers and/or the patient's pharmacy benefit managers (PBM) for reimbursement.

If patients are paying out of pocket for the prescription, the pharmacy can notify the PBM so the medication can be tracked, but notification is not required. In these circumstances, the PBM and insurer may not be made aware that the prescription has been dispensed and no adjudication or drug utilization clinical screening of the prescription will be performed. Normally, medications are screened by the PBM's computer system, which includes all prescription medications regardless of where they were dispensed, and dispensing pharmacists are alerted to drug duplications, drug interactions, and some other unsafe conditions. This checking process will not occur if the prescription is not sent to the PBM. This also has an impact on hospitals that use outside vendors that obtain PBM data through Surescripts in order to populate patient medication profiles upon admissions to the emergency department or hospital. This could decrease the accuracy of drug lists collected for medication reconciliation since these vendors access their information from PBMs and insurers.

For these reasons, patients need to be educated about the importance of sharing insurance information wherever they have their prescriptions filled, even when the insurance is not being billed. Community pharmacists can help by submitting claims to insurance carriers, as cash, to keep an accurate medication profile for the patient. This is especially necessary if the patient is only filling a prescription for a drug on the $4 list from your pharmacy, but you suspect they may be taking other medications and obtaining them elsewhere. It is also important to expand our efforts to encourage patients to keep a complete list of medications, herbals, nutritional supplements, vitamins, and prescription drugs and to show this list to every provider of care they visit. Community pharmacies can also update patient medication profiles in their computer systems to include prescription and over-the-counter medications obtained at other pharmacies, including mail-order, and promoting and providing a written copy of this list to the patient upon request.

CDC Launches Get Smart Web Site to Help Decrease Antibiotic Resistance

Centers for Disease Control and Prevention (CDC) launched the Get Smart Web site to teach about the potential danger of antibiotic resistance and what can be done to prevent it. Because antibiotic resistance is one of the world's most pressing public health problems, CDC also held Get Smart Week on October 5-11 to emphasize its public health effort to decrease antibiotic resistance, including how pharmacists can become involved.

The Web site contains patient education materials, updated guidelines for health care providers, campaign materials, and additional resources, including information in Spanish, to help increase the public health awareness of antibiotic resistance and the importance of obtaining influenza vaccines in time for the upcoming flu season. As most states now allow pharmacists to immunize, they can help contribute to public health awareness on who should get flu shots and appropriate antibiotic use in the community. The Get Smart Web site can be accessed at *www.cdc.gov/getsmart/*.

FDA Approves Vaccine for 2009-2010 Seasonal Influenza and H1N1

Food and Drug Administration (FDA) has approved a vaccine for 2009-2010 seasonal influenza in the United States. FDA has also approved four vaccines against the 2009 H1N1 influenza virus. The seasonal influenza vaccine will not protect against the 2009 H1N1 influenza virus. More information is available at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements*.

ISMP: Do Not Store Insulin Vials in Open Cartons – Risk of Mix-up High

ISMP warns that storing insulin vials inside their cardboard cartons after the packages have been opened can lead to mix-ups, and potential medical emergencies, if vials are accidentally returned to the wrong carton after being used. The next patient care worker looking for a particular insulin product could read the label on the carton, assume that it accurately reflects what is inside, and end up administering the wrong product. To avoid such a mishap, ISMP recommends that the cartons be discarded, either in the pharmacy before the insulin is dispensed, or when it is received at the nursing station.

FDA Takes Actions on Pain Medications Containing Propoxyphene

FDA announced in July that it will require manufacturers of propoxyphene-containing products to strengthen the label, including the boxed warning, emphasizing the potential for overdose when using these products. FDA will also require manufacturers to provide a medication guide for patients stressing the importance of using the drugs as directed. In addition, FDA is requiring a new safety study assessing unanswered questions about the effects of propoxyphene on the heart at higher than recommended doses. Findings from this study, as well as other data, could lead to additional regulatory action. In its July 7 denial of a citizen petition requesting a phased withdrawal of propoxyphene, FDA said that, despite "serious concerns . . . , the benefits of using the medication for pain relief at recommended doses outweighs the safety risks at this time." Additional information can be found at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm170769.htm*.

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workforce related data annually. The Board may not approve license renewal until the licensee provides information on education, employment setting, practice location, anticipated change in practice, and languages spoken. Effective January 1, 2010.

HB 2118: Requires the executive director of a health professional regulatory board (HPRB) to provide periodic reports to the Board and the governor and to participate in peer review audits conducted by directors and public board members of other HPRBs. Also removes the existing statutory requirement for the Board of Pharmacy executive director to be a pharmacist and an ex officio member of the Board, increases size of the Board to eight members, adds a pharmacy technician to the Board, and changes several Board of Pharmacy definitions. Effective January 1, 2010.

HB 2345: Repeals the Pharmacy Recovery Network statute and eliminates the program director position and the supervisory council, effective July 1, 2010. Creates within the Department of Human Services (DHS) a new "impaired health professionals program." Also requires DHS to contract with an independent third-party monitoring entity and to arrange for third-party audits. Prohibits an HPRB from establishing an impaired professional program of its own. Requires the Board to determine whether it will participate in the new DHS program, to write rules for referring licensees to the program if it chooses to participate, and to pay a fee to DHS per person it refers into the program. Effective July 1, 2009.

HB 2535: Establishes a voluntary "charitable pharmacy" program for the return and redispensing of unused previously dispensed drugs. Requires the Board to adopt rules and educate pharmacists. Effective January 1, 2010.

HB 2686: Adds pharmacists to the list of health professionals who must report child abuse. Effective January 1, 2010.

HB 2702: Creates a work group on prescriptive authority for certain psychologists and requires the Board of Pharmacy to appoint a qualified pharmacist. Effective July 1, 2009.

HB 3022: Permits "expedited partner therapy," a process for prescribing and dispensing antibiotics for unidentified partners of patients with certain sexually transmitted diseases. Requires the Board to adopt rules and educate pharmacists. January 1, 2010.

HB 3103: Provides housekeeping revisions for ORS Chapter 689, in the Oregon Pharmacy Practice Act. Changes the definitions of "practice of pharmacy" and "intern." Revises and updates other language. Effective July 1, 2009.

HB 3236: Allows the Board to adopt rules authorizing pharmacists to administer vaccines to individuals over 11 years of age and allows DHS to establish new reporting requirements. Effective January 1, 2011.

SB 274: Changes the burden of proof for an agency to modify the "finding of historical fact" made by an administrative law judge in a contested case hearing from "preponderance" to "clear and convincing." Effective July 1, 2009.

SB 327: Expands prescribing authority for naturopathic physicians. Effective July 1, 2009.

SB 355: Establishes an electronic Prescription Drug Monitoring Program within DHS and establishes a $25 annual fee for all practitioners and pharmacists authorized to prescribe controlled substances. Effective date depends on DHS.

SB 728: Requires the Board of Pharmacy to change the controlled substance schedule of marijuana from Schedule I to Schedule II, III, IV, or V. Also requires the Board to change the controlled substance schedule of methamphetamine from Schedule II to Schedule I, with an exception for Food and Drug Administration-approved methamphetamine products for purposes of currently accepted medical use. Effective January 1, 2010.

HB 5036 and 5054: The Board of Pharmacy final budget was approved in the amount of $4,903,896. The budget authorizes 19 full-time equivalent, including 20 employee positions. The proposed fee increase was not approved. The legislative requirements listed above were also not funded.

Any of these bills can be found in their entirety and read online or downloaded in pdf or HTML format via the Oregon Legislature's Web site at *www.leg.state.or.us/bills_laws/*.

The *Oregon State Board of Pharmacy News* is published by the Oregon State Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote voluntary compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of the Foundation or the Board unless expressly so stated.

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