



NEWS

Idaho Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

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*Merry Christmas
and
Happy New Year*



Idaho Board Welcomes Berk Fraser, RPh

Governor James E. Risch has appointed Berk Fraser, RPh, to a five-year term on the Idaho Board of Pharmacy effective July 1, 2006. Berk graduated from the University of Montana School of Pharmacy in 1991. He worked at various pharmacies in Idaho before beginning his career with Fred Meyer as a staff pharmacist in 1998. He was appointed regional pharmacy supervisor in 2002, a position he holds today. Berk and his wife Cathy have two daughters and two grandchildren.

Validity of Prescription Drug Orders

54-1733. VALIDITY OF PRESCRIPTION DRUG ORDERS.
(1) A Prescription or drug order for a legend drug is not valid unless it is issued for a legitimate medical purpose arising from a prescriber-patient relationship which includes a documented patient evaluation adequate to establish diagnosis and identify underlying conditions and/or contraindications to the treatment. Treatment including issuing a prescription or drug order, based solely on an online questionnaire or consultation outside of an ongoing clinical relationship does not constitute a legitimate medical purpose. A prescription or drug order may be issued either...

The underlined language is an addition to the existing code section and became effective July 1, 2006.

These changes were prompted because of the continuing problem with prescriptions being filled for Idaho patients via the Internet based solely on an online questionnaire or consultation. We have had a number of Idaho pharmacies approached to enter into agreements or contracts to fill prescriptions for patients that are unknown to the pharmacy written by practitioners that are unknown to the pharmacy and could be located in any number of states. The offer to enter into these contracts may very well come from someone outside of the continental United States. The promise, of course, is the large amount of income you will generate for your pharmacy. If you enter into such an agreement you could

very well be placing yourself in jeopardy both with the state, and if it involves controlled substances (CS) with Drug Enforcement Administration. Remember the responsibility for the proper prescribing and dispensing of CS is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. If you are approached about entering into any of these contracts please contact the Board office.

Idaho Bioterrorism Awareness and Preparedness Program

The Idaho Bioterrorism Awareness and Preparedness Program (IBAPP) is offering continuing education (CE) opportunities for pharmacists and all of the health care workforce of Idaho, as part of a groundbreaking, federally funded initiative to provide courses addressing response to man-made or natural disasters. The educational opportunities, designed especially for pharmacists, are tailored to the needs and concerns of busy professionals.

Despite the term "bioterrorism" in the title, the first thing you should know is that it is not **just** about bioterrorism. The second is that all courses are free. And third, it is relevant to your practice. It is about being aware, being prepared, and the opportunity to participate in cutting-edge educational delivery modalities and experiences.

Idaho State University's Institute of Rural Health has been awarded a multiyear grant from the Health Resources and Services Administration (HRSA) to prepare Idaho's health care workforce for emergency situations through CE opportunities. Because Idaho is predominantly rural, with professionals spread across large geographic areas serving often underserved and vulnerable populations, the delivery modalities focus on distance learning.

- ◆ Virtual tabletop exercise and drill simulations
- ◆ Live event Webcasting (interactive and non-interactive)
- ◆ Virtual Grand Rounds
- ◆ Webcasts (on demand)
- ◆ Archived Webcasts
- ◆ Online, interactive courses
- ◆ Archived online seminars

All courses, Webcasts, and seminars provided online come with permission from some of the top research institutions in the country, including Yale University, Columbia University, University of Michigan, and The Johns Hopkins University. We also have

Continued on page 4



FDA Launches Consumer Educational Program on the Safe Use of OTCs

The United States Food and Drug Administration's (FDA) Center for Drug Evaluation and Research, in cooperation with the National Council on Patient Information and Education and Maryland's Montgomery County Public Schools, has launched "Medicines in My Home," an interactive educational program aimed at informing middle school students about the safe and effective use of over-the-counter (OTC) medicines. Key concepts students will learn from the program are:

- ◆ the Drug Facts label tells you what a medicine treats, if it is right for you and your problem, and how to use the medicine;
- ◆ read the label and follow the directions carefully and correctly;
- ◆ two medicines with the same active ingredient should not be used at the same time; and
- ◆ measure medicines correctly with measuring tools made for medicines.

The program emphasizes that medicines should be used only with permission from an adult and that if there are questions about medicine use, ask a pharmacist or doctor. Materials are provided to encourage students to share what they learn with their families so that all family members can learn to use OTC medicines more safely. Program information can be found at www.fda.gov/medsinmyhome.

HHS Warns Public of Heroin and Fentanyl Deadly Combo

In efforts to warn the public and health care professional communities regarding a recent rash of drug-related deaths due to an illicit street drug combination consisting of the prescription medication fentanyl and either heroin or cocaine, the Department of Health and Human Services (HHS) released a fact sheet containing specific information with the goal of saving lives.

A letter from H. Westley Clark, director of HHS Center for Substance Abuse Treatment, to health care professionals warned that in "just one week, an estimated 33 individuals in the Detroit, MI area are reported to have died after using this fatal mix of drugs; the same drug combination may have been responsible for more than 100 deaths in the same region last September [2005]." Philadelphia, PA; Chicago, IL; St Louis, MO; and Camden, NJ have also recently experienced similar clusters of drug-related deaths.

Fentanyl, an injectable Schedule II prescription opioid analgesic, is roughly 50 to 80 times more potent than morphine but can also be produced in clandestine laboratories in powder form and then mixed with or substituted for heroin. Fentanyl-related overdoses can result in sudden death through respiratory arrest, cardiac arrest, severe respiratory depression, cardiovascular collapse, or severe anaphylactic reaction. In some cases, heroin or cocaine users are aware they are purchasing this dangerous combination of drugs and in other cases, they are not. Because the potency of street-sold heroin or cocaine is amplified markedly by fentanyl and because the inclusion of fentanyl

may not be disclosed, any use, even a reduced dose, can result in overdose or death. The fact sheet advises that suspected overdoses should be treated rapidly with a naloxone injection, 0.4 to 2 mg intravenously, subcutaneously, or intramuscularly every two to three minutes, which should rapidly reverse symptoms related to a narcotic overdose; if there is no response after 10 minutes, then a different diagnosis should be considered.

For additional information, contact Kenneth Hoffman at the Substance Abuse and Mental Health Services Administration at 240/276-2701 or via e-mail at Kenneth.Hoffman@samhsa.hhs.gov.

Pharmacy Technicians and Medication Error Prevention



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.

In an October 2005 article in the *American Journal of Health-System Pharmacists*, the results of a random nationwide survey of more than 800 pharmacy technicians' views about their medication errors was published (Desselle SP. Certified pharmacy technicians' views of their medication preparation errors and educational needs. *Am J Health-Syst Pharm*. October 1, 2005; 62:1992-97). Most of the technicians worked in community pharmacies, but more than a quarter (27%) were employed in hospitals.

As one might expect in both settings, interruptions and inadequate staffing were among the most frequent factors perceived to contribute to technician medication preparation errors. Inadequate staffing was perceived as especially problematic in chain pharmacies, while inadequate supervision by pharmacists was cited as a factor more frequently by hospital technicians. It also may come as no surprise that the pharmacists' most frequently cited response to an error that was caught during the checking process was to make the technician aware of the error and require him or her to correct it. However, only about 17% of the technicians reported that the pharmacist had used the error as an opportunity to provide instructions on how to avoid the same or similar errors in the future.

While many of these respondents attributed this responsibility to the organization as a whole, not necessarily the individual pharmacist who detects an error, it appears technicians may not be receiving guidance about system and process changes that can help avert errors. After an



error is corrected, the checking pharmacist should find time that same day (or the next day, if necessary) to review the error with the technician and suggest ways to avoid it, including safer behavioral choices if applicable. Later, during pharmacy staff meetings or other forms of intradepartmental communication, errors, their causes, and ways to prevent them should be shared with all staff in a way that does not embarrass those who were possibly involved in the errors.

One or Both Nostrils?

Submitted by ISMP

Although many nasal sprays are intended for administration in each nostril for a single dose, there are notable exceptions. For example, some medications are meant to be delivered via the nasal passage but **not** sprayed into each nostril. Calcitonin salmon (**Fortical**[®], **Micalcin**[®]) is a prime example. Patients should administer a single spray (200 international units) into one nostril daily, using alternate nostrils each day. Other examples in metered-dose or unit-dose nasal spray containers include butorphanol, desmopressin (**DDAVP**[®]), sumatriptan (**Imitrex**[®]), and zolmitriptan (**Zomig**[®]).

Some pharmacy and/or physician electronic prescribing systems have been preprogrammed to print directions that default to "spray in each nostril" when nasal sprays are selected. For the previously mentioned drugs, this would result in the administration of a double dose of medication. One health care facility recently reported that about 50 patients, who had been prescribed medications intended to be given into one nostril, had prescription container labels that instructed the patients to administer the spray into both nostrils. Some physicians might anticipate patients' confusion and write the prescription for "half" doses in each nostril. Even if instructed to use the spray in one nostril, patients who administer other nasal medications in both nostrils may spray these medications into both nostrils without thinking.

Explicit verbal directions and written instructions that emphasize administration via one nostril only are critical to avoid an overdose.

FDA/ISMP National Campaign to Help Eliminate Ambiguous Medical Abbreviations

FDA and the ISMP have launched a national education campaign that focuses on eliminating the use of potentially harmful abbreviations by health care professionals, medical students, medical writers, and the pharmaceutical industry. The campaign addresses the use of error-prone abbreviations in all forms of medical communication, including written medication orders, computer-generated labels, medication administration records, pharmacy or prescriber computer order entry screens, and commercial medication labeling, packaging, and advertising. For more information visit www.fda.gov/cder/drug/MedErrors.

DEA Provides Retail Training Materials

Drug Enforcement Administration (DEA) recently announced the availability of training materials regarding self-certification training for regulated retail sellers of non-prescription drug products containing

ephedrine, pseudoephedrine, and phenylpropanolamine as required by the Combat Methamphetamine Epidemic Act of 2005 (Title VII of Public Law 109-177).

Two sets of training materials have been developed: one for regulated persons who are mobile retail vendors, and one for regulated persons who are not mobile retail vendors. Both sets of training materials may be found on the Diversion Control Program Web site, www.deadiversion.usdoj.gov, under "Combat Methamphetamine Epidemic Act of 2005."

DEA notes that regulated sellers must use the content of these training materials in the training of their employees who sell scheduled listed chemical products. A regulated seller may utilize additional content in its training program, but DEA's posted material must be included.

DEA is continuing to work to promulgate regulations to implement the Combat Methamphetamine Epidemic Act of 2005.

FDA Announces Release of Guidance on Useful Written Consumer Medication Information

In the July 18, 2006 *Federal Register*, FDA announced the availability of a guidance entitled "Useful Written Consumer Medication Information (CMI)." This guidance is intended to assist individuals or organizations (eg, pharmacies, private vendors, health care associations) in developing useful written consumer medication information to comply with Public Law 104-180. CMI is written information about prescription drugs developed by organizations or individuals, other than a drug's manufacturer, that is intended for distribution to consumers at the time of dispensing. Since neither FDA nor the drug's manufacturer reviews or approves CMI, FDA recommends that the developers of written medication information use the factors discussed in this guidance to help ensure that their CMI is useful to consumers.

This guidance can be accessed at www.fda.gov/cder/guidance/7139fnl.htm.

2007 Survey of Pharmacy Law Available Soon

NABP's 2007 *Survey of Pharmacy Law* CD-ROM will be available in early December 2006. New topics include whether or not licensure for wholesale distributors of non-prescription drugs is required and the recognition of Verified-Accredited Wholesale Distributors[®] accreditation.

The *Survey* consists of four sections: organizational law, licensing law, drug law, and census data. The *Survey* can be obtained for \$20 from NABP by downloading the publication order form from www.nabp.net and mailing in the form and a money order to NABP. The CD-ROM is provided free of charge to all final-year pharmacy students through a grant from AstraZeneca Pharmaceuticals. If you do not have Web access or would like more information on the *Survey*, please contact NABP at 847/391-4406 or via e-mail at custserv@nabp.net.

Continued from page 1

collected valuable courses from the Centers for Disease Control and Prevention (CDC), Medscape.com, and others.

Course topics include:

- ◆ Emergency preparedness
- ◆ Epidemiology: emerging and potential pandemics
- ◆ Mental health needs in emergency events
- ◆ Bioterrorism
- ◆ Chemical emergencies and chemical terrorism
- ◆ Terrorism

For example, pharmacists play a key and very important planning and medication dispensing role in pandemics. Therefore, to be prepared it is pertinent that pharmacists continue to review current literature and participate in educational opportunities, such as those offered through IBAPP. These courses provide appropriate knowledge and skills to enable you to respond efficiently and effectively in the event of an emergency. Below are samplings of IBAPP courses that may be of interest:

- ◆ *Emerging Infectious Diseases* by The Johns Hopkins University
- ◆ *Treatment of Infectious Disease: Drugs and Drug Resistance* by The Johns Hopkins University
- ◆ *Pandemic Influenza: Could History Repeat Itself?* by the University of Michigan
- ◆ *Disaster Mental Health Intervention* by The Johns Hopkins University
- ◆ *WMD (Weapons of Mass Destruction) Sampling and Monitoring for Public Health Responders* by Columbia University

Regardless of where you practice, you may become a valuable part of your community's emergency response system especially when it comes to the Strategic National Stockpile (SNS) and points of dispensing (PODs). The training curriculum and courses focus on the clinical and organizational competencies that health care professionals should possess. All classes align with the national response plan, preparedness goals, and target capabilities and measures. In most cases, the courses offer continuing medical education/CE credits. For more information, contact Dr Annette Phillipp at 208/373-1772 or go to the IBAPP Web site at www.isu.edu/irh/IBAPP.

Controlled Substance Registrations

By now you should have received your CS registration renewal application. If you have not received your application please contact the Board office, or you can download an application on our Web site at www.state.id.us/bop. If you have not provided us with a recent address change please do so as soon as possible. Make sure you have completed the required sections of the application; incomplete forms will be returned unprocessed. To ensure timely processing return by November 30, 2006. Any registration forms postmarked after December 31, 2006, will be returned and a late fee of \$50 will be incurred. If you are an Idaho licensed pharmacist not practicing within the state, you are not required to maintain your CS registration.

Verification Web Site

The Board of Pharmacy has launched a license verification Web site to assist medical staff employees in the credentialing process. The Web site is located at www.state.id.us/bop.

Special Notice

The *Idaho Board of Pharmacy Newsletter* is considered an official method of notification to pharmacies, pharmacists, pharmacy intern/externs, and pharmacy technicians registered/licensed by the Board. Please read them carefully. We encourage you to keep them filed in your pharmacy, preferably in your Idaho Pharmacy Law book, for future reference.

Page 4 – December 2006

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