

February 2009



# Virginia Board of Pharmacy

Perimeter Center  
9960 Mayland Dr, Suite 300  
Richmond, VA 23233  
Phone: 804/367-4456  
[www.dhp.virginia.gov/pharmacy](http://www.dhp.virginia.gov/pharmacy)

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## Board Calendar

The 2009 dates for the Virginia Board of Pharmacy full Board meetings were recently scheduled and are as follows: March 11, June 10, September 2, and December 16. Throughout the year, the Board calendar will be updated with newly scheduled dates for various committee meetings and any necessary scheduling changes. Please periodically check the Board calendar at [www.dhp.virginia.gov/pharmacy/pharmacy\\_calendar.htm](http://www.dhp.virginia.gov/pharmacy/pharmacy_calendar.htm) for the most up-to-date information and for access to meeting minutes.

## Pharmacy Permits to Expire April 30, 2009

As stated in the November 2008 *e-Newsletter*, the expiration date for pharmacy permits was extended until April 30, 2009. Renewal notification letters will be mailed mid-March indicating that the pharmacy permit must be renewed no later than April 30, 2009, or the pharmacy will be in violation of operating without a proper license. Any chain pharmacies wishing to pick up the renewal notification letters for all of their stores in lieu of the Board mailing the notification letters to each individual store must make this request to the Board office no later than March 2, 2009. A representative from the chain pharmacy must retrieve these batched renewal notification letters in person from the Board office and provide a signature indicating receipt of the renewal information.

Individuals renewing a nonresident pharmacy registration must remember to provide the Board with a copy of the resident state's current unrestricted pharmacy license and the name and license number of the Virginia licensed pharmacist-in-charge (PIC). Additionally, documentation indicating Verified Internet Pharmacy Practice Sites™ (VIPPS®) accreditation from the National Association of Boards of Pharmacy® must be provided for any nonresident pharmacy dispensing more than 50% of its total prescription volume pursuant to an original prescription order received as a result of solicitation on the Internet, to include by e-mail, as required in subdivision A 4 of §54.1-3434.1 in the Drug Control Act. [www.dhp.virginia.gov/Pharmacy/leg/Pharmacy%20Law%207-2008.doc#\\_Toc171834235](http://www.dhp.virginia.gov/Pharmacy/leg/Pharmacy%20Law%207-2008.doc#_Toc171834235).

Once a pharmacy permit has been properly renewed, a new permit indicating an expiration date of April 30, 2010 will be sent to the pharmacy's address of record. Please be aware that it may take 7 to 10 days to receive this new permit. Once received, it must be posted in a conspicuous place within the place of business.

## Update on How to Obtain a Pharmacy Technician Registration

There are two methods for obtaining Board registration as a pharmacy technician. Either of the following methods is acceptable:

1. An individual may obtain certification from the Pharmacy Technician Certification Board (PTCB) and then submit the Application for Registration as a Pharmacy Technician to the Board of Pharmacy. Once the Board of Pharmacy registration has been issued that individual may begin performing duties restricted to a pharmacy technician. Information regarding obtaining certification from PTCB may be accessed at [www.ptcb.org](http://www.ptcb.org) and the Board Application for Registration as a Pharmacy Technician may be downloaded from [www.dhp.virginia.gov/Pharmacy/pharmacy\\_forms.htm#Technician](http://www.dhp.virginia.gov/Pharmacy/pharmacy_forms.htm#Technician); or
2. An individual may satisfactorily complete a Virginia Board of Pharmacy approved training program, pass a Board of Pharmacy approved examination, and then submit the Application for Registration as a Pharmacy Technician to the Board for review. There are many Board-approved pharmacy technician training programs from which to choose. A complete list may be found at [www.dhp.virginia.gov/Pharmacy/ptprograms.asp](http://www.dhp.virginia.gov/Pharmacy/ptprograms.asp). Additionally, as of December 2008, there are two Board-approved examinations from which to choose, the Virginia Pharmacy Technician Exam and the Exam for the Certification of Pharmacy Technicians (ExCPT). Passing either examination is acceptable. Information for the Virginia Pharmacy Technician Exam may be accessed at [www.smttest.com/vapt](http://www.smttest.com/vapt) and information for the ExCPT may be accessed at [www.nationaltechexam.org](http://www.nationaltechexam.org).

Recently, the Board received phone calls from individuals who were concerned that the Virginia Pharmacy Technician Exam was no longer being administered, but that is not the case. It is simply no longer being administered at Laser Grade testing sites. This examination is now being administered by a different testing administrator; therefore, the process for registering for the Virginia Pharmacy Technician Exam has changed. Anyone wishing to register for this exam, which includes choosing a testing site location and scheduling a date and time for taking the exam, should visit [www.smttest.com/vapt](http://www.smttest.com/vapt).

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## FDA Web Site Upgrades Support MedWatch's Patient Safety Goal

Two recently launched additions to the Food and Drug Administration's (FDA) Web site are intended to support the "Patient Safety" goal that MedWatch shares in public health efforts to protect patients from serious harm and improve outcomes. The entry pages assist health care professionals and patients to locate timely safety information for FDA-regulated human medical products and assist them in making diagnostic and therapeutic decisions.

The content and links on the new FDA entry page specifically for health care professionals allows busy doctors, pharmacists, nurses, and other health care professionals to find information to make point-of-care decisions. There is information that is specifically safety-related, such as easy access to reporting adverse events or finding new safety alerts, warnings, and recalls. Users can also find content regarding new approvals information, or access to the current version of the label, or prescribing information in "DailyMed." This page can be accessed through [www.fda.gov/healthprofessionals](http://www.fda.gov/healthprofessionals).

FDA's other new page is specifically for patients and provides two patient-friendly articles about reporting adverse events and product quality problems to FDA and to the patient's caregivers. These articles are also available to pharmacists in printer-friendly PDF versions that can be downloaded and distributed to patients. FDA relies on properly and timely reporting of serious and unexpected drug and device-related adverse events, use errors, and quality problems. Pharmacists can ascertain and teach their patients to understand the "what, why, and how" to report to FDA and also learn about what happens to each received report and whether it leads to FDA action that may make product use safer for both patients and providers. FDA's patient specific page can be found at [www.fda.gov/consumer/default.htm](http://www.fda.gov/consumer/default.htm).

## Retail Pharmacies Now Providing Medical Clinics to Improve Public Safety




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](http://www.ismp.org). If you would like to report a problem confidentially to these organizations, go to the ISMP Web site ([www.ismp.org](http://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: 200 Lakeside Dr;

Horsham, PA 19044. Phone: 215/947-7797. E-mail: [isminfo@ismp.org](mailto:isminfo@ismp.org).

Retail pharmacy corporations have set up medical clinics within pharmacies. These nurse-practitioner or physician-assistant run clinics aim to rapidly diagnose and treat a limited number of health problems. Many also offer vaccination programs. The first pharmacy-based medical clinics were opened in Minnesota as QuickMedx in 2000, later becoming MinuteClinic in 2002. Currently there are approximately 1,000 sites in 37 states representing almost three million cumulative visits.

The emergence of pharmacy-based medical clinics offers a unique set of opportunities to improve the safety in prescribing and dispensing medications. Do you have a clinic opening in your store? If so, consider these safety recommendations:

- ◆ Meet the nurse practitioners and physician assistants and introduce them to your staff. Show them how your operation works and invite them in for a tour.
- ◆ If you have prescription scanning capabilities, show them how a scanned prescription displays on your monitor. Show them how different prescription blanks scan (eg, colored prescription blanks, blanks with water marks or seals for diversion) and what to avoid using so as not to distort the actual order.
- ◆ If they are using a device that allows them to send prescriptions electronically, have them send test prescriptions to you, invite them in to see how their prescriptions display on your computer and send them back test refill requests.
- ◆ Work together on any issues that arise, such as conflicting directions and special instructions, where the automatic sig indicates one set of patient directions and then the free text special instructions contradict the sig (see image below).

	LORAZEPAM 0.5MG TABLET
Sig:	1 Tablet(s) PO Q6-8H PRN anxiety, insomnia x 30 days
Dispense:	90 Tablet(s)
Special Instructions:	Take one tab as needed for anxiety or insomnia, may repeat x1.
Refills:	5
Signature:	_____

- ◆ Ask prescribers to include the indication for use whenever they write or call in a prescription.
- ◆ Educate them that it is your policy to read back the entire prescription order to them after transcribing it in the pharmacy including spelling the medication name. Let them know you will be using "cock-pit" language, for example, "one six" for "16."
- ◆ Ask them to include both the generic and brand names on all written orders for medications with look-alike and/or sound-alike names.
- ◆ Share with them ISMP safety tools (eg, List of Error Prone Abbreviations, List of Confused Drug Names) found at [www.ismp.org/Tools](http://www.ismp.org/Tools).



- ◆ Let them know you will dispense measuring devices every time they order a liquid medication.
- ◆ Let them know that safety is your priority when filling prescriptions, and invite them to be part of your safety team.

## **FDA Launches Web Sites on Promotion of Medical Products**

On September 3, 2008, FDA launched two new Web sites to provide information for consumers and industry about how FDA regulates the promotion of medical products. Pharmacists can obtain useful information regarding prescription drug advertising regulations as well as refer their patients who may have questions to the site.

The “Advertising Prescription Drugs and Medical Devices” Web site provides a “one-stop shop” portal to information on FDA regulation of medical product promotion. Pharmacists access relevant laws, regulations, and guidances. This site can be found at [www.fda.gov/oc/promotion/](http://www.fda.gov/oc/promotion/).

The direct-to-consumer Web site, “Be Smart about Prescription Drug Advertising: A Guide for Consumers” is designed to educate consumers about how to view such advertising to help inform their discussions with health care providers, and consequently to help improve patient’s understanding and medical care. This site was created in collaboration with EthicAd, an independent, nonprofit organization dedicated to helping consumers, health care professionals, and the pharmaceutical and advertising industries with direct-to-consumer advertising for prescription drugs. More information can be found at [www.ethicad.org](http://www.ethicad.org).

The direct-to-consumer site provides interactive example ads for fictitious drugs to illustrate the different requirements for the various types of ads. It also includes a list of questions patients should ask themselves when they see a prescription drug ad. This list can be printed for patients to use while discussing questions with their health care providers. This site can be found at [www.fda.gov/cder/ethicad/index.htm](http://www.fda.gov/cder/ethicad/index.htm).

## **FPGEE Returns to Computer-based Format**

As advancements in secure testing technology forge ahead, the push for more electronically based systems and less use of the traditional paper-and-pencil mechanisms continues. With this in mind, NABP will soon be returning the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) to a computer-based format, eliminating the paper-and-pencil examination.

The FPGEE is the third computerized examination to be developed by NABP, after the North American Pharmacist Licensure Examination® (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®). The new computerized FPGEE will debut at the April 14, 2009 administration.

The computerized FPGEE examination will continue to be administered one day in the spring and one day in the fall; however, instead of limiting the available testing locations to three sites, applicants will be able to choose from more than

200 Pearson VUE testing sites located within the continental United States. In addition, it is anticipated that applicants will be able to schedule their test sites electronically 48 to 72 hours after having been accepted to take the FPGEE.

The NABP test vendor, Pearson VUE, will administer the computerized FPGEE as it does with the NAPLEX and the MPJE. Demonstrating a record of solid customer service combined with a secure and consistent test center network, Pearson VUE is committed to providing a reliable and professional testing environment for applicants on behalf of NABP.

The FPGEE is one component of the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) certification process. In addition to passing the examination, FPGEC applicants are required to have certain documents submitted from educational and licensure institutions that present their educational backgrounds and licensure and/or registration to practice pharmacy. Applicants must also pass the Test of English as a Foreign Language™ (TOEFL®) and the Test of Spoken English™ (TSE®), or the TOEFL Internet-based Test (iBT). The FPGEC certificate allows foreign graduates to partially fulfill eligibility requirements for licensure in the 50 United States and the District of Columbia where the certification is recognized.

To prepare for the FPGEE, NABP recommends that applicants take the Pre-FPGEE®, the official FPGEE practice examination written and developed by NABP. This practice examination is designed to help familiarize applicants with the FPGEE by exhibiting the types of questions provided on the actual examination as well as providing a score estimate.

Additional information on the FPGEE as well as the Pre-FPGEE is available in the Examination Programs section on the NABP Web site at [www.nabp.net](http://www.nabp.net).

## **Updated 2009 Survey of Pharmacy Law Now Available**

The NABP 2009 *Survey of Pharmacy Law*, providing a concise research source for key regulatory questions in pharmacy practice for all 50 states, the District of Columbia, and Puerto Rico, is now available.

The *Survey* updates, graciously provided by the state boards of pharmacy, consist of four sections including a state-by-state overview of organizational law, licensing law, drug law, and census data. Also, a new question in Section VII, “Issuance of Initial Pharmacist Licensure,” asks whether or not states require criminal history record checks for initial licensure as a pharmacist.

To order the *Survey*, visit the NABP Web site at [www.nabp.net](http://www.nabp.net) and download an order form; the *Survey* costs \$20.

All final-year pharmacy students receive the CD-ROM free of charge through the generous sponsorship of Purdue Pharma LP.

More information on the *Survey* is available by contacting customer service via phone at 847/391-4406 or via e-mail at [custserv@nabp.net](mailto:custserv@nabp.net).

Additionally, please be aware that an individual using this second method to obtain registration as a pharmacy technician may perform duties restricted to a pharmacy technician for a time period not to exceed nine months from the date of enrollment in a Board-approved training program. If the individual has not successfully registered with the Board as a pharmacy technician within the allowable nine months, then the individual must cease performing duties restricted to a pharmacy technician or the individual and the PIC will be in violation of Board regulation and both subject to disciplinary action by the Board. The Board issued guidance on suggested sanctions for the PIC and the unregistered technician who subsequently applies for registration as follows:

For matters involving an unregistered person performing tasks restricted to pharmacy technicians when that person is not properly in an approved training program, a pre-hearing consent order may be offered to the PIC for a reprimand and a monetary penalty of \$250. A pre-hearing may also be offered to the unregistered person, if he or she applies for registration, for a reprimand and a monetary penalty of \$50. Subsequent matters involving the same conduct may be referred for an informal conference.

### **Prescriptions Written for "Office Use Only"**

Frequently, the Board receives calls from pharmacists who have been contacted by a physician wishing to obtain prescription drugs for office use or by another pharmacy wishing to obtain a specific drug that it does not currently have in stock. This is permissible in accordance with §54.1-3435.02 of the Drug Control Act, which states that a pharmacy may engage in wholesale distributions of small quantities of prescription drugs without being licensed as a wholesale distributor when such wholesale distributions are in compliance with federal law as follows: such wholesale distributions of controlled substances do not exceed 5% of the gross annual sales of prescription drugs by the relevant permitted pharmacy or such wholesale distributions of Schedules II through V controlled substances do not exceed 5% of the total dosage units of the Schedule II through V controlled substances dispensed annually by the relevant permitted pharmacy.

Confusion, however, seems to surround the proper procedure for performing these distributions. Occasionally, a physician will issue the pharmacy a prescription indicating "For Office Use Only" in the name field. This, however, does not constitute a valid prescription, because it is not issued in the name of a specific patient for a specific drug that resulted from a bona fide practitioner-patient relationship. Therefore, pharmacists must not dispense prescriptions written "For Office Use Only."

To properly transfer the requested drugs, the pharmacy must create an invoice containing the following information: the date of transfer, the name and address of the physician or pharmacy to which the drugs are to be transferred, the name and address of the pharmacy from where the drugs were transferred, and the kind and quantity of drugs transferred. The transferring pharmacy maintains the original invoice for two years from the date of transfer and provides a copy to the receiving physician or pharmacy. Once received, the physician or pharmacy must indicate the date of receipt on the invoice and maintain the invoice for two years from the date of receipt. If the requested drug is classified in Schedule II, then the pharmacy or physician wishing to obtain the drug must execute a Drug Enforcement Administration (DEA) Form 222 as the "purchaser" and provide this form to the transferring pharmacy. The transferring pharmacy would then complete DEA Form 222 acting as the "supplier" in this instance. Copies of DEA Form 222 must then be properly forwarded as required by federal law.

## **Issues in Pain Management and the Prescribing of Controlled Substances – Free CME**

Pharmacists who are looking to get an early start on their 2009 continuing education (CE) requirements may access the webcast of the November 15, 2008 conference sponsored by the Prescription Monitoring Program (PMP) and Inova Health System. Pharmacists may earn up to four-and-a-half hours of free Category I continuing medical education, which meets the Virginia Board of Pharmacy's criteria for approved pharmacy CE. To access the webcast, visit [www.fsmb.org/m\\_svceducation.html](http://www.fsmb.org/m_svceducation.html), find the November 15, 2008 presentation under "Calendar of Events," and then click on the "Register Now" tab. Access to the webcast will be available until November 2009. This webcast is provided by the Federation of State Medical Boards (FSMB), and the continuing medical education is provided by Inova Office of Continuing Medical Education.

Speakers and topics include Dr L. Reuven Pasternak of Inova Health System; a presentation by Dr Scott Fishman, author of *The War on Pain and Responsible Opioid Prescribing*; a prescribing case study by Gene Rossi, of the Office of the US Attorney, Eastern District of Virginia; a discussion of enforcement efforts by Joseph T. Rannazzisi, deputy assistant administrator, Office of Diversion Control, DEA; a synopsis of federal data and efforts to address prescription drug abuse by Nicholas Reuter, MPH, senior public health analyst, Substance Abuse and Mental Health Services Administration; a synopsis of research results from southwest Virginia by Dr Martha J. Wunsch, associate professor, University of Kentucky; and an introduction to the PMP by Ralph Orr, director, Prescription Monitoring Program.

### **Prescription Monitoring Program Update**

The PMP processed over 43,000 requests for information in 2008. Pharmacists made 12% of those requests and prescribers made 76%. In 2009, the PMP will unveil 24/7 access to the database. This greater access will be of significant benefit for pharmacists trying to determine the validity of a prescription for a Schedule II, III, or IV controlled substance when working in pharmacies with evening, night, and weekend hours. Additionally, approximately 96%-98% of requests should be processed in one minute or less. Once the new software is in place and has been tested, all pharmacists licensed in Virginia will receive a mailing announcing the availability of access to the system 24 hours a day, 7 days a week. The mailing will include information about the PMP, and a brochure will be provided, which may be used as a folder to store future correspondence for future reference. Such correspondence may include information on pain management updates, tips and updates from law enforcement concerning diversion tactics, addiction treatment resources, and other items that may be of interest. The program asks all pharmacists to register to use the program now so that they will be ready to take advantage of the new enhancements when available. The registration form is available by clicking on *Prescription Monitoring Program Internet Datacenter Registration Form*.

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Elizabeth Scott Russell, Executive Director - State News Editor  
Carmen A. Catizone, MS, RPh, DPh - National News Editor & Executive Editor  
Larissa Doucette - Communications Manager