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News



Virginia Board of Pharmacy

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Board Member Appointments

Two new Virginia Board of Pharmacy members, Cynthia Warriner and Rebecca Thornbury, were recently appointed by Governor Bob McDonnell to the Board. Ms Warriner is a practicing pharmacist who resides in the central Virginia area and Ms Thornbury is a practicing pharmacist and attorney who resides in southwest Virginia. In addition to welcoming these new members, the Board would like to extend its gratitude to Gill Abernathy and Brandon Yi for their dedication, leadership, and professionalism during their tenure on the Board of Pharmacy.

Immunization Update 2012 – Free CE October 2, 2012

The Virginia Department of Health, Project Immunize Virginia, and the Virginia Pharmacists Association will cosponsor a live Webcast on **October 2, 2012**, from **7 PM to 8 PM EST**. No pre-registration is necessary. The continuing education (CE) program for pharmacists and pharmacy technicians will provide an update on recent and significant changes in the field of immunization. Topics covered include vaccine-specific recommendations, administration guidelines, and use of the Virginia Immunization Information System. Vaccines most commonly administered in the pharmacy setting including influenza, pneumococcal, Tdap, zoster, and hepatitis B vaccines will be discussed. The one-hour Webcast is free and will include a question and answer session. Continuing pharmacy education credit (1.0 contact hour/ 0.10 continuing education unit) will be available for pharmacists and pharmacy technicians who successfully complete the live Webcast and post-course evaluation. The program will be recorded and available from October 7, 2012 through December 31, 2012, for viewing as a self-study course as well. Please note, CE credit will only be granted to individuals who participate in the October 2 Webinar. CE is not available for those that review it as a self-study course.

For login information, please visit the Virginia Department of Health Division of Immunization Web site: www.vdh.virginia.gov/Epidemiology/Immunization/.

Please note that participation is limited to the first 125 phone connections and 250 Internet connections. Voice over Internet Protocol (VoIP) is required for additional audio participants over the first 125. Desktop VoIP requires a computer-connected headset with microphone and prior download of the Genesys Meeting Center application at www.genesys.com/go. Individuals who encounter difficulties connecting should contact the Genesys Global Help Desk at 1-866/GENESYS (436-3797).

Pharmacist and Pharmacy Technician Renewal

Current pharmacist licenses and pharmacy technician registrations expire at midnight on December 31, 2012. Please note that practicing on a lapsed license or registration is unlawful and constitutes grounds for disciplinary action by the Board. Renewal notification letters will be mailed in early November to your address of record. If your address of record has changed since the last renewal, please update the address either online utilizing "Update Your Information" at www.dhp.virginia.gov/Pharmacy/ or by e-mailing a request to change your address to pharmbd@dhp.virginia.gov.

After the renewal notification letters have been mailed, pharmacists and pharmacy technicians may renew their license or registration via the online renewal process on the Board of Pharmacy's Web page using a personal identification number (PIN). Either an established login and password for a previous renewal cycle may be used to gain access or licensees may use the license number and PIN provided in the renewal letter. Licensees are encouraged to renew online. If you are unable to renew online, the notification letter will include instructions for obtaining a paper renewal form that may be mailed to

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AHRQ Toolset Can Assist Pharmacies Using e-Prescribing

A toolset released by the Agency for Healthcare Research and Quality (AHRQ) can assist independent pharmacies with the implementation of e-prescribing and may also provide useful guidance to those pharmacies already using e-prescribing. The toolset for independent pharmacies consists of seven chapters that provide guidance on topics ranging from planning the implementation process and launching the system, to troubleshooting common problems and moving into more advanced pharmacy services, states AHRQ. Flyers for use in communicating the launch to patients, templates for communicating with providers about the launch, tools for assessing pharmacy workflow, and a spreadsheet to determine return-on-investment, among other tools, are also available to pharmacies. The toolset can be downloaded from the AHRQ Web site at http://healthit.ahrq.gov/portal/server.pt/community/health_it_tools_and_resources/919/a_toolset_for_e-prescribing_implementation_in_independent_pharmacies/30595.

FDA Database Provides Information on Pediatric Medications

A Food and Drug Administration (FDA) database provides information on pediatric medications, making it easier for both health care providers and caregivers to locate this information. The Pediatric Labeling Information Database is a one-stop resource, where providers and caregivers can search for information by the product's commercial or chemical name, or by the condition for which it was studied. The database was developed by FDA's Office of Pediatric Therapeutics (OPT), in collaboration with the Center for Drug Evaluation and Research. The OPT also provides a Safety Reporting page with information on products that have been tied to safety problems that specifically relate to children. Additional information and a link to the database is available in the Consumer Updates section of the FDA Web site at www.fda.gov/ForConsumers/ConsumerUpdates/ucm305040.htm.

Inattentional Blindness: What Captures Your Attention?



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 an 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.

A pharmacist enters a prescription for methotrexate daily into the pharmacy computer. A dose warning appears on the screen. The pharmacist reads the warning, bypasses it, and dispenses the medication as entered. The patient receives an overdose of the medication and dies.

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This error, and many more, have happened because the person performing the task fails to see what should have been plainly visible, and later, they cannot explain the lapse.¹ People involved in these errors have been labeled as careless and negligent. But these types of accidents are common – even with intelligent, vigilant, and attentive people. The cause is usually rooted in inattentional blindness.¹

Accidents happen when attention mistakenly filters away important information and the brain fills in the gaps with what is aptly referred to as a “grand illusion.”² Thus, in the example above, the brain of the pharmacist filtered out important information on the computer screen, and filled in the gaps with erroneous information that led him to believe he had read the warning appropriately.

Inattentional blindness is more likely to occur if part of your attention is diverted to secondary tasks, like answering the phone while entering prescriptions into the computer, or even thinking about your dinner plans while transcribing an order.

Low workload causes boredom and reduces the mental attention given to tasks, as does carrying out highly practiced tasks, such as counting out medication. We spend a large majority of our waking life functioning with the equivalent of an automatic pilot, with occasional conscious checks to ensure tasks are being carried out properly. This makes us particularly prone to inattentional blindness.

Our past experiences also teach us what is relevant. Errors occur when new or unusual circumstances happen in highly familiar situations. The pharmacist who did not notice important information on a computer warning had rarely encountered a clinically significant computer alert. The pharmacist had subconsciously learned that there was nothing important to see when reading alerts. Nothing had ever happened, so attention was automatically filtered away from the details to conserve mental processing.

Conspicuity is the degree to which an object or piece of information “jumps out” and captures your attention. The best way to achieve this effect is through use of contrast, color, or shape to call attention to differences in packaging or text.

It is difficult to reduce the risk of inattentional blindness, as it is an involuntary and unnoticed consequence of our adaptive ability to defend against information overload. Error-reduction strategies such as education, training, and rules are of little value. Instead, efforts should center on increasing conspicuity of critical information, and decreasing diversions of attention and secondary tasks when carrying out complex tasks.

1. Green M. “Inattentional blindness” and conspicuity. Visual Expert. 2004. Accessed at www.visualexpert.com/Resources/inattentional_blindness.html, March 1, 2012.
2. Angier N. Blind to change, even as it stares us in the face. The New York Times. April 1, 2008.

Know Your Dose Game Teaches Safe Acetaminophen Use

As part of the Know Your Dose campaign, the Acetaminophen Awareness Coalition has developed an interactive educational game to teach safe use of acetaminophen. The game not only answers some of the most common questions surrounding the safe use of acetaminophen, it gives an engaging face to the issue. The game, available on the

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Know Your Dose Web site at www.knowyourdose.org/game, invites consumers to follow three characters through a typical day of aches and pains while helping the characters learn how to take medicine that contains acetaminophen safely.

Contraception Products Sold Online With No Prescription Required, Endangering Public Health

Health care providers should help to educate patients about the risks of prescription contraceptive products marketed online as “no prescription” and “over-the-counter” products, pharmaceutical security researchers conclude. A study by these researchers found that Google searches returned results for prescription contraceptive products such as injections, oral contraceptives, and patches, as well as intrauterine devices (IUDs). All of these products were marketed as available without a prescription and researchers found that sellers provided links to YouTube videos with IUD instructions. The researchers also found that these products were being promoted on social media channels, including Facebook, Twitter, SlideShare, and Flickr. Researchers Bryan A. Liang, MD, JD, PhD, Tim K. Mackey, MAS, and Kimberly M. Lovett, MD, conclude that such online contraceptive sales represent patient safety risks and also suggest that policy makers should “employ legal strategies to address these systemic risks.” The study, “Suspect Online Sellers and Contraceptive Access,” is available in the May 25, 2012 issue of *Contraception*.

New FDA Drug Info Rounds Training Video

FDA Drug Info Rounds, a series of online training videos, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better medication decisions. In the latest Drug Info Rounds video, available at www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm313768.htm, pharmacists discuss the Accelerated Approval Program and how FDA helps make new, potentially lifesaving drugs available more quickly. Drug Info Rounds is developed with contributions from pharmacists in FDA’s Center for Drug Evaluation and Research, Office of Communications, and Division of Drug Information.

FDA Resources Help Raise Awareness About Health Fraud Scams

To help raise consumer awareness about health fraud scams, FDA provides numerous educational resources in the Health Fraud Scams section of its Web site. Educating consumers on how to avoid such scams, FDA videos present information on various types of fraudulent products such as fake diet, sexual enhancement, and body building products. Consumers can also access information about specific products that are the subject of FDA warning letters, recalls, public notifications, and safety alerts. FDA news releases related to health fraud are also accessible through this section of the Web site.

NABP Accepting Award Nominations for 109th Annual Meeting

The National Association of Boards of Pharmacy® (NABP®) is currently accepting nominations for the Association’s 2013 awards that will be presented during the 109th Annual Meeting, to be held May 18-21, 2013, at the Hyatt Regency St Louis at the Arch in St Louis, MO.

Nominations are currently being accepted for the following awards: 2013 Lester E. Hosto Distinguished Service Award (DSA), 2013 NABP Honorary President, 2013 Fred T. Mahaffey Award, and 2013 John F. Atkinson Service Award.

Nominations for these awards must be received at NABP Headquarters no later than December 31, 2012. New this year, individuals wanting to submit a nomination will be asked to fill out and complete a nomination form, which may be accessed by visiting the Meetings section on the NABP Web site at www.nabp.net/meetings. Criteria for award nominees will also be posted to the Web site. Nomination forms should be sent to the NABP Executive Director/Secretary Carmen A. Catizone at NABP Headquarters, 1600 Feehanville Dr, Mount Prospect, IL 60056. Directions for electronic submission will be available on the online form. The NABP Executive Committee will review the nominations and select the award recipients.

For more information, please contact the NABP Executive Office via e-mail at exec-office@nabp.net.

NABP Looking for Exam and Assessment Item Writers

NABP is seeking individuals to serve as item writers for the North American Pharmacist Licensure Examination®, the Multistate Pharmacy Jurisprudence Examination®, the Foreign Pharmacy Graduate Equivalency Examination®, the Pharmacy Curriculum Outcomes Assessment®, and the Pharmacist Assessment for Remediation EvaluationSM. Pharmacists in all areas of practice, and faculty from schools and colleges of pharmacy are encouraged to apply. Interested individuals should e-mail, fax, or mail a letter of interest indicating their current practice/educational setting, specialties/certifications, and years of experience, along with a résumé or curriculum vitae:

- ◆ via e-mail at exec-office@nabp.net;
- ◆ via fax at 847/391-4502; or
- ◆ via mail to NABP Executive Director/Secretary Carmen A. Catizone at 1600 Feehanville Drive, Mount Prospect, IL 60056.

Please note, applications are accepted on a continuous basis and kept on file for a period of five years. For more information about item writing, contact NABP at custserv@nabp.net. Additional information may also be found in the August 2012 *NABP Newsletter*.



Pharmacists & Technicians:
Don't Miss Out on Valuable CPE Credit.
Set Up Your NABP e-Profile and Register for CPE Monitor Today!

CPE Monitor™ integration is underway. Soon all Accreditation Council for Pharmacy Education (ACPE)-accredited providers will require you to submit your NABP e-Profile ID, assigned when you set up your NABP e-Profile, along with your date of birth (MMDD), in order to obtain continuing pharmacy education (CPE) credit for any ACPE-accredited activity. Many have already begun to do so.

Visit www.MyCPEmonitor.net to set up your e-Profile and register for CPE Monitor and avoid possible delays in your CPE reporting.

CPE Monitor is a national collaborative service from NABP, ACPE, and ACPE providers that will allow licensees to track their completed CPE credit electronically.

the Board. Fees for renewals received by the Board by December 31, 2012, are as follows: pharmacist current active license – \$90; pharmacist current inactive license – \$45; and pharmacy technician registration – \$25. You are encouraged to renew early as an additional late fee of \$30 for current active pharmacist licenses, \$15 for current inactive pharmacist licenses, and \$10 for pharmacy technicians must be submitted for renewals received by the Board after December 31, 2012.

In addition to submitting the renewal fee, each current active pharmacist or pharmacy technician must attest to having successfully obtained all necessary CE hours during the 2012 calendar year. Each year pharmacists are required to obtain 15 hours per calendar year and pharmacy technicians must obtain five hours per calendar year. Individuals that have not obtained the appropriate amount of CE during 2012 may request a one-time extension for no cause shown. Any subsequent extension requests will be granted for good cause only. Such requests must be made in writing and **prior** to renewing the license. Any individual who requests an extension will have his or her CE audited the following year and be required to submit the original CE documents as proof of compliance. Refer to Guidance Documents 110-4 and 110-42 at www.dhp.virginia.gov/pharmacy/pharmacy_guidelines.htm for more information related to CE.

Inspection Process and Frequently Cited Deficiencies

In July 2010, the Board went live with the new inspection process for “community” pharmacies and expanded the process to all pharmacies in July 2011. The following is a description of frequently cited inspection deficiencies. References to “Major” and “Minor” refer to deficiencies listed in Guidance Document 110-9, which may be accessed at www.dhp.virginia.gov/Pharmacy/pharmacy_guidelines.htm.

Inventories

Four of the most frequently cited deficiencies involve inventories. The most frequently cited deficiency is the perpetual inventory not being maintained as required (Major Deficiency No. 15). Board Regulation 18VAC110-20-240 states each pharmacy shall maintain a perpetual inventory of all Schedule II drugs received and dispensed, with reconciliation at least monthly. The Board established parameters for citing this deficiency by establishing a window for when the inventory may be performed. The monthly perpetual inventory may be performed as early as seven days prior to the applicable calendar month and taken as late as seven days after the applicable calendar month. For example, the July perpetual inventory may be performed as early as June 24, and as late as August 7. A deficiency will be cited when a perpetual inventory is

performed more than seven days prior or more than seven days after the designated calendar month for which an inventory is required.

The second most frequently cited deficiency (Minor Deficiency No. 13) is when a required inventory is taken on time but does not include required components such as not being signed and dated by the person taking the inventory, failing to indicate whether the inventory was taken prior to the opening of business or after close of business, and not listing drugs in Schedule II separately from drugs in Schedules III, IV, and V. Additionally, it is cited when pharmacies open 24/7 fail to clearly document whether the receipt or distribution of drugs on the inventory date occurred before or after the inventory was taken.

Other commonly cited deficiencies involving inventories include Major Deficiency No. 13 and Major Deficiency No. 14. If the biennial inventory has not been taken within the required time frame or if it was taken over 30 days late, Major Deficiency No. 13 will be cited. Please note that the biennial inventory shall be taken on any date which is within two years of the previous biennial inventory and that the inspector may use the date on a prior biennial inventory to determine if the inventory was taken within the required time period. If no incoming change of pharmacist-in-charge (PIC) inventory has been taken within five days of the required time frame, then Major Deficiency No. 14 will be cited. Please note that when there is a change of PIC, the incoming PIC is required to take an inventory of all Schedule I, II, III, IV, and V drugs on the date he or she becomes PIC and prior to opening for business on that date. The inspector will use the “Effective Date of Change” on the application submitted to the Board to determine the date the inventory should have been taken.

Alarm

Another commonly cited deficiency is Major Deficiency No. 9a. It is cited when a pharmacy’s security system is incapable of sending an alarm signal to the monitoring entity when breached if the communication line is not operational. This requirement in Board Regulation 18VAC110-20-180 became effective in September 2009. During a routine inspection, the inspector will ask the pharmacist to document or demonstrate that the security system complies with this requirement.

Pharmacy Technicians

Major Deficiency No. 3 is commonly cited and is noted by the inspector when an individual performing the duties of a pharmacy technician as described in §54.1-3321 is not registered by the Board as a pharmacy technician or enrolled in a Board-approved pharmacy technician training program. Please note that when a person is enrolled in a Board-approved pharmacy technician training pro-

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gram, the individual may not perform duties restricted to a pharmacy technician for more than nine months without becoming registered. In Guidance Document 110-20, the Board has interpreted the restriction of nine months of practice for a pharmacy technician trainee to mean nine **consecutive** months from the initial enrollment date in a Board-approved pharmacy technician training program regardless of whether the trainee successfully completes the program or enrolls in a different training program during those nine months. For example, a pharmacy technician trainee who enrolls in a pharmacy technician training program on January 1, may conduct tasks restricted to a pharmacy technician until October 1, of that year. If he or she ceases enrollment in the pharmacy technician training program in March and enrolls in a second pharmacy technician training program in July, he or she may still only perform tasks restricted to a pharmacy technician until October 1, of that year. By that date, the trainee must either be registered with the Board as a pharmacy technician or cease performing any tasks restricted to pharmacy technicians.

During a routine inspection, the inspector will ask for documentation of enrollment in a Board-approved pharmacy technician training program for any individual performing pharmacy technician duties that is not registered by the Board. Please note that applying to take the Pharmacy Technician Certification Board (PTCB) examination is not considered to be enrollment in a Board-approved pharmacy technician training program. Additionally, an individual who is not enrolled in a Board-approved pharmacy technician training program, but maintains PTCB certification may not perform duties as a pharmacy technician until he or she obtains a pharmacy technician registration from the Board of Pharmacy.

Partial Filling

Minor Deficiency No. 19 is often cited and is noted when the pharmacist has not properly documented the partial filling of a prescription. For each partial filling or dispensing, a dispensing record must exist that includes the dates of filling, quantities of drug dispensed, and the initials of the dispensing pharmacist(s). During a routine

inspection, the inspector will request and review documentation that a record containing the required information is maintained for each partial filling of a prescription.

Refrigerator and Freezer

Another commonly cited deficiency is Major Deficiency No. 8, which is noted when the temperature of the refrigerator or freezer is out of range greater than +/- 4 degrees of the required temperature. During a routine inspection, the inspector will use a calibrated thermometer to check the temperature in refrigerators and freezers used for the storage of drugs. If during the inspection the inspector observes that the pharmacy does not have a thermometer in its refrigerator or freezer to monitor temperatures or the thermometer is a non-functioning thermometer, but the refrigerator or freezer is within the required temperature range +/-4 degrees, a Minor Deficiency No. 5 will be cited. Please note that in addition to the cited deficiency, vaccines and other drugs that are not properly stored at the required temperature range may be embargoed by the inspector.

More information regarding the routine pharmacy inspection process may be accessed at www.dhp.virginia.gov/pharmacy/pharmacy_faq.htm#Inspection and the *Pharmacy Inspection Report* entitled Guidance Document 76-21.1 may be accessed at www.dhp.virginia.gov/Enforcement/enf_guidelines.htm.