



Arkansas State Board of Pharmacy

Published to promote compliance of pharmacy and drug law

101 E Capitol, Suite 218 • Little Rock, AR 72201 • Tel: 501/682-0190 • Fax: 501/682-0195

New Web Site – PharmacyBoard.Arkansas.Gov

Renewals are underway for the following permits/registrations, which will expire December 31, 2012: pharmacy technicians, charitable clinic pharmacies, institutional pharmacies, wholesale distributors, List 1 chemical distributors, hospital pharmacies, and durable medical equipment permits. Charitable clinic permits cannot be renewed via the Internet, but all others may be renewed through the Arkansas State Board of Pharmacy's Web site. Once again, renewing these permits via the Internet will allow use of a credit card for payment and will also greatly reduce the turnaround time for delivery of the new permits. Penalties apply for late renewal in February and March 2013, and any permit that is not renewed by April 1, 2013, is void.

DEA Stance on Controlled Substance Refill Requests

There has been talk back and forth around the nation regarding the Drug Enforcement Administration (DEA) stance on pharmacy requests for refills on controlled substances (CS). While there have been multiple opinion pieces aimed at this subject, there are some points in this conversation that are useful for all pharmacies and pharmacists to take note of. The DEA stance on refill requests generated from pharmacies/pharmacists does not allow a pharmacy or pharmacist to send a pre-populated or prepared prescription to be approved by the prescriber and returned. While many software systems and pharmacies have held this as a common practice in the profession, this is not seen by DEA as being either a legal or acceptable method to obtain approval for CS from prescribers. So what can a pharmacy do? Pharmacies can request a new prescription from the prescriber via fax, phone call, or electronic transmission, but the request should be for a new prescription, not just a signature on a form prepared by the pharmacy. Some pharmacies have also included the past information from the prescriptions in their faxes with a blank area on the page for the prescriber to write a new prescription for the patient. This blank area should not contain any information pertinent to the prescription, but could have designators similar to a form that would outline what would be needed for a legal prescription such as name, address, drug, instructions, etc, so the prescriber would fill in the specific patient name, the patient-specific address, the specific drug, etc. As a reminder, pharmacists can still receive verbal orders for any Schedule III-V CS as well. The Board realizes that this will be a surprise to many pharmacies/pharmacists in Arkansas and the Board would suggest that you might also seek out other articles related to this issue. As an example, the Board believes that the Missouri Bureau of Narcotics and Dangerous Drugs has done a very good job of outlining this issue at <http://health.mo.gov/safety/bnadd/pdf/noprepopulate.pdf>.

Arkansas's Fifth Prescription Drug Take-Back Day Held September 29, 2012

During the September 29, 2012 DEA National Prescription Drug Take-Back Day, Arkansans returned an astounding 12,042 pounds of

unused medication through the efforts of law enforcement agencies throughout the state. This collection has brought the Arkansas take-back totals to over 47,352 pounds of unused medications. Nearly 24 tons of unused medication has been gathered around Arkansas during the five Take-Back days, each utilizing a four-hour window of time. Furthermore, this weight represents an estimated 65.9 million pills and dosage units of medications that are no longer wanted or needed that have been properly disposed.

Once again, through the efforts of our law enforcement and partner agencies in Arkansas, our state has made a tremendous effort to address the prescription drug abuse problems that we face, especially with our youth. The Board looks forward to future efforts in this endeavor and hopes that you will encourage law enforcement in your own area to continue working with the Arkansas prescription drug take-back initiatives and will take a look at www.artakeback.org for more information.

Local Medicare Help for Arkansans – Message from the Arkansas Insurance Department

The Arkansas Insurance Department division of Senior Health Insurance Information Program (SHIIP) can help Arkansans navigate Medicare. SHIIP is a part of Arkansas State Government and grant-funded by the Department of Health and Human Services Centers for Medicare & Medicaid Services (CMS).

SHIIP offers free, unbiased assistance to help Arkansans save money and make informed decisions about Medicare. SHIIP does not sell insurance, recommend specific plans or companies, or offer legal advice.

SHIIP operates a statewide program and contracts with local organizations known as Area Agency on Aging (AAA) Programs. All SHIIP and AAA staff complete a Medicare Counselor Certification Program.

The SHIIP network can help with the following:

- ◆ Medicare enrollment
- ◆ Parts of Medicare
- ◆ Medicare costs
- ◆ Employer or retiree insurance coordination of benefits
- ◆ Medicare supplement insurance (Medigap)
- ◆ Medicare drug plans
- ◆ Medicare advantage plans
- ◆ Medicare savings programs
- ◆ Extra Help
- ◆ Drug manufacturer assistance programs
- ◆ Medicare claims
- ◆ Medicare appeals
- ◆ Durable medical equipment contract suppliers
- ◆ Medicare fraud
- ◆ Medicare rights and protections
- ◆ Long-term care insurance



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.

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



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.

Medicare Annual Election Period

The Medicare Annual Election Period when Medicare recipients can shop, compare, and change plans begins October 15 and ends December 7, 2012. SHIIP helps Medicare recipients and their caregivers shop and compare plans.

SHIIP asks for a list of current medications and uses the www.medicare.gov Web site to make comparisons. SHIIP provides information on the three least expensive plans available that cover the person's prescription medications. SHIIP will check drug restrictions and the pharmacy network as well. If the Medicare recipient wants to change plans, SHIIP will help.

Limited Income Newly Eligible Transition Program

CMS created the Limited Income Newly Eligible Transition (LINET) Program as temporary prescription insurance to provide:

- ◆ Point-of-sale prescription drug coverage for individuals with Low-Income Subsidy, also known as Extra Help, who are not yet enrolled in a Medicare Part D prescription drug plan.
- ◆ Retroactive prescription drug coverage for new dual eligibles, those with both Medicare or Medicaid and Supplemental Security Income.

LINET enrollees do not receive an insurance card. Proof of eligibility may include an Award Letter for Extra Help from the Social Security Administration or a Medicaid card.

The highest income and asset limits allowed by the Extra Help program include:

- ◆ Individual
 - Gross Monthly Income: \$1,396.25
 - Assets: \$13,070
- ◆ Couple
 - Gross Monthly Income: \$1,891.25
 - Assets: \$26,120

Extra Help does not count the following items as assets: individual's primary residence or one vehicle. Additionally, there is no Estate Recovery for individuals receiving the Extra Help benefit (government will not take assets on death). SHIIP assists with Extra Help applications via www.ssa.gov/prescriptionhelp.

For more information about SHIIP, call 800/224-6330 toll-free, e-mail insurance.shiip@arkansas.gov, or visit www.insurance.arkansas.gov and click the link to SHIIP.

Newsletter/Notification Changes

The Arkansas State Board of Pharmacy periodically sends out updates, *Newsletters*, current topics, and notifications by mail and/or e-mail. During the June 2012 meeting, the Arkansas State Board of Pharmacy voted to phase out the mailing of *Newsletters* in favor of sending electronic reminders of current issues as well as links to the

quarterly *Newsletter* as posted on the Arkansas State Board of Pharmacy Web site. As a part of this process, it is important to ensure that your contact information is current with the Board office including your e-mail address as a point of contact.

If you would like to check your contact information you may do so through the Board Web site by clicking on the License Maintenance link. Once you reach that screen, enter your license number, which includes PD as a designator for pharmacists and PT for technicians followed by a five-digit number. If your license only has four numbers then you put a zero in front of those four digits such as PD01234 for the number 1234. Also, per pharmacy regulations, do not forget to update your information if you move or change jobs.

Special Notice About the Arkansas State Board of Pharmacy Newsletter

The Arkansas State Board of Pharmacy has designated this *Newsletter* as an official method to notify pharmacists licensed by the Board about information and legal developments. Please read this *Newsletter* and keep it for future reference because this *Newsletter* will be used in hearings as proof of notification of the *Newsletter's* contents. Please contact the Board office at 501/682-0190 or asbp@arkansas.gov if you have questions about any of the articles in this *Newsletter*.

Arkansas Pharmacy Support Group Help Line
870/636-0923

Page 4 – December 2012

The *Arkansas State Board of Pharmacy News* is published by the Arkansas State Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote 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.

John Kirtley, PharmD - State News Editor
Carmen A. Catizone, MS, RPh, DPh - National News Editor
& Executive Editor
Larissa Doucette - Communications Manager

Presorted Standard
U.S. Postage
PAID
Chicago, Illinois
Permit No. 5744

National Association of Boards of Pharmacy Foundation, Inc
1600 Feehanville Drive
Mount Prospect, IL 60056
ARKANSAS STATE BOARD OF PHARMACY