



# Missouri Board of Pharmacy

*Published to promote compliance of pharmacy and drug law*

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## 2012 Legislative Changes

The Missouri Board of Pharmacy's [2012 Regulatory and Legislative Update](#) Webinar is now available online. The Webinar provides general information regarding state legislative changes that became effective on August 28, 2012, including the following:

- ◆ [HB 1563](#): Authorizes licensees to receive legend drugs from entities not licensed or registered with the Board, **as provided by the Board by rule**. *Note: The Board's implementing rules have not been promulgated. In the interim, licensees may **only** receive legend drugs from entities licensed or registered with the Board.*
- ◆ [Controlled Substance Dispensing](#): HB 1563 also amended Missouri law governing controlled substance prescribing practices. A [Bureau of Narcotics and Dangerous Drugs \(BNDD\) guidance statement](#) on the recent changes is now available online.
- ◆ [Asthma Related Rescue Medications](#): Section [167.635](#), RSMo, was amended to authorize school districts to obtain "asthma related rescue medications" by prescription. To be valid, the prescription must be issued by an authorized practitioner with the school district designated as the patient. Additionally, the name of a school nurse must be included on the prescription. Effective August 28, 2012, pharmacies may fill a valid prescription that complies with [§167.635](#), RSMo. *Note: Section [167.635](#) does not define "asthma related rescue medications." Pharmacists should utilize their professional discretion when filling prescriptions under the new law.*

## Pharmacy Technicians Prohibited from Working

Section 338.013.6, RSMo, provides "No person whose name appears on the employment disqualification list shall work as a pharmacy technician." Pharmacies are reminded to check the Board's Employment Disqualification List for all new pharmacy technician hires as well as current technicians. The Employment Disqualification List can be

found on the Board's Web site at <http://pr.mo.gov/boards/pharmacy/disqlist.pdf>. Pharmacy technician applicants cannot work on a pending application if the applicant is on the Employment Disqualification List. Also, a list of pharmacy technicians who have been issued a conditional registration may be found on the Board's Web site at <http://pr.mo.gov/boards/pharmacy/Conditional%20list.pdf>.

## Refill Transfers

Board regulation [20 CSR 2220-2.120](#) requires a pharmacy to transfer a patient's valid refill(s) to another pharmacy within one business day of receiving the request. The request may be from the patient or from another pharmacy at the patient's request. Pharmacies may not deny a refill transfer request if the prescription has valid refills remaining.

The Board is aware of pharmacies improperly denying refill transfers due to patient-pharmacy disputes, pharmacy-pharmacy disputes, unpaid patient accounts/bills, or refills being too soon. If the refill appears to be too soon, the transferring pharmacy may call attention to the early refill to the requesting pharmacy but **cannot** deny the request. The receiving pharmacy is responsible for reviewing the prescription before dispensing, including determining if the refill is too soon.

Pharmacies transferring controlled substance refills using electronic means need to be aware that [20 CSR 2220-2.120](#) and Drug Enforcement Administration (DEA) regulation [21 CFR 1605.25](#) requires that all information for controlled substance refills must be transferred directly between two pharmacists. The transfer of controlled substances refills without the direct involvement of two pharmacists is prohibited. DEA reiterated this in their response to comments to the Electronic Prescriptions for Controlled Substances regulation published in the [March 31, 2010 Federal Register](#), page 16268:

DEA has never permitted the transfer of a controlled substance prescription without the

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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](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](http://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](http://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](http://www.ismp.org). ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).*

A pharmacist enters a prescription for methotrexate daily into the pharmacy computer. A dose warning appears on the screen. The phar-

macist 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.<sup>1</sup> 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.<sup>1</sup>

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.”<sup>2</sup> 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](http://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](http://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](http://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 109<sup>th</sup> 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 109<sup>th</sup> 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](http://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](mailto: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 Evaluation<sup>SM</sup>. 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](mailto: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](mailto: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](http://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.*

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involvement of two licensed pharmacists, regardless of whether the two pharmacies share a common database.

Licensees should review their transfer procedures to ensure compliance with state and federal law.

### ***BNDD Statement on Pre-Populated Controlled Substance Prescription Forms***

BNDD has issued a [guidance statement](#) regarding pharmacies not being authorized to pre-populate controlled substance prescription forms. Licensees should review the [guidance statement](#) and governing law to ensure compliance.

### ***Web Site Updates***

The following resources are now available on the Board's Web site:

- ◆ [Medication Therapy Services Protocol Compliance Guide](#)
- ◆ [Notification of Intent Public Listing](#) (public listing of all pharmacists with a filed notification of intent to immunize by protocol)
- ◆ [2012 Regulatory and Legislative Update Webinar](#)
- ◆ [2012 Review of Pharmacist Immunization/Administration Regulations Webinar](#)

### ***Disciplinary Action***

#### **Revision to Action**

**Germon E. Hill**, #2012014164 – Colleyville, TX – August 2, 2012. Restricted pharmacist license order rescinded and license issued without restriction.

#### **Pharmacists**

**Sarah M. Allen**, #2010030707 – Webb City, MO – August 8, 2012. Public censure. Immunized without signing an immunization protocol. Section 338.055.2(6) and (15), RSMo.

**Colton P. Hall**, #2011020064 – Rocky Mount, MO – September 19, 2012. Two (2) years probation. Violation of discipline involving administration of influenza vaccine; failed to apprise the Board of current work address/telephone number; failed to provide copy of disciplinary order to employer; and failed to obtain and submit written notification acknowledging employer receipt of the order.

**Daniel J. Hollaway**, #040431 – St Charles, MO – September 12, 2012. Two (2) years suspension followed by five (5) years probation. As owner and pharmacist-in-charge, misappropriated controlled substances from pharmacy; dispensed controlled substances to himself without a prescription, without proper labeling, and without directions. Section 338.055.2(1), (5), (6), (13), (15), and (17), RSMo.

**Patrick E. Magee**, #027646 – Matthews, MO – August 2, 2012. Five (5) years probation. Tested positive for

controlled substances; did not have valid prescription(s); alcohol addiction or misuse. Section 338.055.2(5), (13), (15), and (17), RSMo.

**Richard A. Ridder**, #028708 – Richmond, MO – August 29, 2012. Public censure. Improperly labeled a legend drug and dispensed a misbranded controlled substance without a valid prescription. Section 338.055.2(6) and (15), RSMo.

#### **Pharmacies**

**CVS Pharmacy, #8607**, #2006017639 – Grandview, MO – September 20, 2012. Three (3) years probation. Controlled substance losses, failed to protect against loss of controlled substances and diversion, failed to maintain adequate security over its controlled substance inventory. Section 338.055.2(5), (6), (13), and (15), RSMo.

**Family Care Pharmacy**, #2000157562 – St Louis, MO – September 11, 2012. Two (2) years probation. Failed to maintain adequate security to deter theft of drugs, failed to monitor controlled substances inventory, failed to properly store controlled substances, failed to ensure pharmacy procedures for handling/dispensing of controlled substances are in compliance with state/federal laws, and failed to properly supervise pharmacy personnel. Section 338.055.2(5), (6), (13), and (15), RSMo.

**United Scripts LTC LLC**, #2012030984, Maryland Heights, MO – September 4, 2012. Permit issued on probation until June 29, 2013. Prior license on probation for practicing without a license. Section 338.055.2(6), RSMo.

#### **Drug Distributors**

**Gulf Coast Pharmaceutical, Inc**, #2009033966 – Ocean Springs, MS – September 11, 2012. Voluntary surrender of drug distributor license on August 1, 2012. Disciplinary action by another state involving failure to establish and maintain adequate controls and systems that protect against, detect, and document instances of theft, diversion, or counterfeiting. Section 338.055.2(8) and (13), RSMo.

**Oz Arc Gas Equipment & Supply, Inc**, #2012005231 – Farmington, MO – August 15, 2012. Four (4) years probation. Operated with an expired license, and changed locations and shipped drugs from the new location without first notifying the Board. Section 338.055.2(6), RSMo.

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