



Oklahoma State Board of Pharmacy

Published to promote compliance of pharmacy and drug law

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Board Welcomes New Board Member



James Spoon, DPh, of Sand Springs, OK, has been appointed for a five-year term beginning July 1, 2012 and ending June 30, 2017. Dr Spoon previously served on the Oklahoma State Board of Pharmacy from 2001 to 2011 and replaces Board member Bill Osborn who served two consecutive five-year terms.

Dr Spoon is the owner of several pharmacies in the Tulsa, OK, area. He is a past president of the Oklahoma Pharmacists Association, Pharmacy Providers of Oklahoma, and the Sand Springs Public School System. Dr Spoon earned his bachelor's degree in pharmacy from Southwestern Oklahoma State University College of Pharmacy and a doctor of pharmacy degree from the University of Oklahoma College of Pharmacy.

From the Inspector's Desk

♦ **12.22. Drug Diversion Prevention & Detection Plan:** The Board requires pharmacies and other registrants to have a written drug diversion prevention and detection plan. Each plan should be tailored to your individual needs and be followed. Hydrocodone and alprazolam are the most highly diverted and abused drugs in the nation and Oklahoma ranks among the highest in the nation. Pharmacists should treat these drugs accordingly. Instead of inventorying them once a year as required minimally by the law, the Board recommends that these products be either (1) placed on a perpetual inventory or (2) audited for their use on a weekly or monthly basis by comparing purchases and dispensing records against current inventory to ensure that there is no diversion taking place. Many times in the past, situations have occurred whereby up to \$10,000 of inventory has been diverted before the pharmacy became aware that any drugs were missing. It only came to their attention after the technician was stopped while driving and several bottles of 500-count hydrocodone or alprazolam were found in the technician's car. The Board will be holding the pharmacy and pharmacists accountable when safeguards against diversion were not in place. Our profession has been

granted the obligation to safeguard our nation's drug supply. We must strive to be one of the solutions to prevent prescription drug abuse.

- ♦ **12.23. Theft and Loss Procedures:** Any time there is a theft or loss of controlled substances by a registrant, it must be reported on Drug Enforcement Administration (DEA) Form 106. Rules require that one copy must be submitted to the DEA and one copy to the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD). The Board also requests that a copy be submitted to the Board of Pharmacy. A link to the electronic DEA Form 106 may be found on the Board's Web site on the "Related Links" page (www.ok.gov/OSBP/Related_Links/index.html). You will need four copies: one copy each to the DEA, OBNDD, and Board of Pharmacy, and one copy for your pharmacy's records.
- ♦ **12.24. Accurate DEA Numbers:** Be sure that you are submitting accurate DEA numbers to the Prescription Monitoring Program on controlled prescriptions. The Board is still seeing DEA numbers such as ER5555555. You also must be sure to submit the correct prescriber. If a mid-level practitioner has prescribed a controlled substance, then his or her name must appear on the label and not his or her supervising physician. The Board is checking for this during its routine inspections.
- ♦ **12.25. Veterinary Issues:** The Board has had several complaints recently from veterinarians. If your pharmacy is filling prescriptions for animals, it is important to understand the unique needs of veterinarian clients. For example, insulin for animals is often dosed 40 units per ml and needs U-40 syringes rather than U-100 syringes. These are available from the veterinarian if your pharmacy is unable to obtain them. Hydrocodone for dogs cannot be substituted with hydrocodone w/acetaminophen because acetaminophen is toxic to canines. Do not make changes to veterinary prescriptions without contacting the prescriber.
- ♦ **12.26. Tramadol Classified as Schedule IV:** Effective November 1, 2012, tramadol and all tramadol-containing products will be classified as Schedule IV in the state of Oklahoma. Pharmacies are required to take an inventory of their tramadol products on November 1, and keep it with their annual controlled dangerous substances (CDS) inventory. Make sure that

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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.

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

Compliance News

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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.

you start submitting all tramadol prescription information to the prescription monitoring program as required per OBND rules beginning November 1, as well.

Beginning November 1:

- All tramadol-containing prescriptions older than six months will be expired.
- All tramadol-containing prescriptions less than six months old but with more than five refills already dispensed will be expired.
- All tramadol-containing prescriptions less than six months old but with up to five refills remaining should be valid for the remainder of the six-month period and up to the remaining but not to exceed the five refills on a controlled prescription.

The pharmacist may have to rewrite the prescriptions for filing purposes. Please be sure to reference them back properly to the original prescription number.

Disciplinary Actions

For more information you may view hearing minutes at www.pharmacy.ok.gov.

12.27. June 20, 2012 Board Hearing

Afsana Begum, Tech #15921 – Case 1112: Conducting business while using/abusing drugs. **Revoked.**

Elizabeth Ann Kesler Wilson, Tech #13929 – Case 1114: Admitted to theft, possession of a dangerous drug without a prescription, and possession of a CDS without a prescription. **Revoked.** (Agreed Order.)

Impaired Pharmacist #13742 – Case 1063: Admitted to violating a voluntary or Board ordered rehabilitation program for the impaired contract. **Indefinite suspension.** (Agreed Order.)

12.28. August 15, 2012 Board Hearing

Maria Shetley, Tech #15125 – Case 1113: Furnishing false information on application and falsifying time card at work. **Revoked.**

Patrick T. Gutierrez II, Tech #12045 – Case 1115: Admitted to theft. **Revoked.** (Agreed Order.)

Joshua Orr, Tech #13365 – Case 1117: Theft and possession of a dangerous drug without a prescription. **Revoked.**

Carolyn Shaw, Tech #12824 – Case 1118: Admitted to violation of Board order. **Revoked.** (Agreed Order.)

Lisa Marie Stacy, Tech #14814 – Case 1119: Admitted to theft. **Revoked.** (Agreed Order.)

Jacob Taylor, Tech #15910 – Case 1120: Possession of a CDS without a prescription. **Revoked.**

Alisar Assaf, Tech #15287 – Case 1121: Theft and possession of a CDS without a prescription. **Revoked.**

Allison Marie Paulson, Tech #15450 – Case 1122: Admitted to possession of a CDS without a prescription and abusing alcohol or drugs, using an illegal CDS substance, and/or testing positive for such substance or its metabolite. **Revoked.** (Agreed Order.)

Gina Ryan, Tech #15628 – Case 1123: Admitted to theft and possession of a CDS without a prescription. **Revoked.** (Agreed Order.)

Catherine Mattea Tate, DPh, #14362 – Case 1126: Admitted to failing to guard against diversion; practicing pharmacy without reasonable skill and safety as a result of any mental or physical condition. **Indefinite suspension.** (Agreed Order.)

Impaired Pharmacist #13357 – Case 1091: Appeared to request probation. **Probation granted until August 15, 2022.**

Impaired Pharmacist #13644 – Case 1124: Admitted to theft and possession of a CDS without a prescription. **Ten-year suspension placed on probation until August 15, 2022. Oklahoma Pharmacists Helping Pharmacists (OPHP) contract. \$2,000 fine. Must attend eight-hour law seminar in 2012 and complete 15 hours of live continuing education in 2012, 2013, and 2014.** (Agreed Order.)

Boulevard Pharmacy, Inc, #9-954 – Case 1125: Admitted to receiving two or more warning notices within a 12-month period; misfilling a prescription; failing to establish and maintain effective controls to prevent prescription errors and failing to have a pharmacy manager who supervises employees as they relate to the practice of pharmacy. Software company caused misfills with electronic prescribing which pharmacists failed to correct. **\$2,500 fine.** (Agreed Order.)

Calendar Notes

The Board will meet on **October 3** and **November 7**. The Board will be closed Monday, **November 12**, for Veterans Day; Thursday and Friday, **November 22 and 23**, for Thanksgiving; and Monday and Tuesday, **December 24 and 25**, for Christmas. Future Board dates will be available at www.pharmacy.ok.gov and will be noted in the January *Newsletter*.

Change of Address or Employment?

All pharmacists, technicians, and interns must notify the Board in writing within 10 days of a change of address or change of employment. Online updates through the license renewal page are also accepted as official notification.

Special Notice About the Newsletter

The *Oklahoma State Board of Pharmacy Newsletter* is an official method of notification to pharmacies, pharmacists, pharmacy interns, and pharmacy technicians registered by the Board. Please read them carefully. The Board encourages you to keep them for future reference.

Oklahoma Pharmacists Helping Pharmacists

If you or a pharmacist you care about is suffering from chemical dependency, there is a solution. OPHP is readily available for help. Pharmacists in Oklahoma, Texas, and Louisiana may call the OPHP help-line at 1-800/260-7574, ext. 5773. All calls are confidential.

“This publication is issued by the Oklahoma State Board of Pharmacy as authorized by Title 59 O.S. 353.7. Copies have not been printed but are available through the agency website.”